

## Overview

[The Global Health Education and Learning Incubator at Harvard University](#) (GHELI) supports interdisciplinary education about world health through the production, curation, and dissemination of educational public goods. This exemplar work was a final project for “World Health: Challenges and Opportunities,” a General Education course at Harvard College taught by GHELI Faculty Director Sue J. Goldie. For this creative assessment designed with support from GHELI, students systematically analyze a societal health challenge they care about and create a “real world” product intended to influence policy or motivate change.

## Abstract

A set of posters to inform and empower Black pregnant individuals to have conversations about maternal mortality.

## Artist

Nell Williams (2024)


## Caption

Maternal mortality is a growing issue in America, especially within minority populations, such as Black women. In 2021, the overall maternal mortality rate in the U.S. was 32.9 deaths per 100,000 live births, but for Black women, the rate was much higher, at 69.9 deaths per 100,000 live births. These posters seek to uplift, highlight, and empower the voices of Black pregnant individuals so they can have conversations about Black maternal mortality and make informed decisions about their care. While these posters cannot replace the deep-rooted, systemic changes needed to eliminate medical racism within America, until society catches up, it is important to provide as many resources and pieces of education as possible to the people affected in order to make them feel heard and empowered, as that can also make a difference.

## Artist Lens

This series of posters was made with the idea that when Black individuals go to an OBGYN office, a clinic, etc., they may be nervous about their experience and how they will be treated as a Black person in American healthcare spaces. Many Black individuals in America have experienced trauma from healthcare discrimination or racism and this has especially impacted Black pregnant individuals. So, hopefully seeing these posters hanging in a medical office could empower their voices instead of silencing them and provide comfort as they enter appointments and plan their pregnancy. These posters use the language “Black women,” “mothers,” “families,” etc., but trans and nonbinary people can also be pregnant, and a “family” or “guardian” takes many forms. The language in these posters reflects the language used in the data, which specifically focuses on Black women, but this information can be useful to any Black individual who wants to feel more empowered when pregnant.

The first poster, “Maternal Mortality Disparities,” features some baseline information and statistics on maternal mortality in America and focuses on the experiences of Black women. The infographic is not made to make the



individuals viewing it more nervous, but to educate them on the risks and provide confidence when addressing concerns about their pregnancy with medical providers. The second poster, “Black Doula/Midwife Care,” provides information on doula and midwife care and the benefits for Black communities. When Black families use a Black doula/midwife service, there are fewer complications and better support during pregnancy, birth, and postpartum care. Finally, the third poster, “Beginning Conversations About Race with Medical Providers,” has some quick tips on beginning conversations about the increased risk for maternal mortality for Black women. Hopefully, this poster would encourage these necessary and vulnerable conversations, empowering the voice of the pregnant individual, while also making sure the medical provider is made aware of the mother’s concerns. Each poster has a QR code that lists additional resources to allow anyone viewing it to easily find more information when they leave the doctor’s office in which these posters would be placed.

## Media

Digital

## Maternal Mortality Disparities

Black women in the United States are more likely to experience childbirth and pregnancy complications that result in maternal mortality. Staying informed is crucial to understanding the various risks Black women face.

Black women die at

**2.6x**  
the rate of  
White women

(Hoyert, 2023)

Maternal mortality poses a greater risk for women of color and especially Black women. Many factors in America need to change in order for the overall rate of maternal mortality change and especially to address the racial disparities within the healthcare system.



scan for  
more  
resources

22%

of deaths  
occur during  
pregnancy

(Hoyert, 2023)

25%

of deaths  
occur 0-7  
days after  
delivery

53%

of deaths  
occur 7 days  
- 1 year after  
pregnancy



### Most Common Underlying Causes of Maternal Mortality for Black Women

Eclampsia and preeclampsia 3.93

Postpartum cardiomyopathy 3.42

(MacDorman et al., 2021)

Obstetric embolism 2.56

Obstetric hemorrhage 1.71

Ectopic pregnancy 1.54

It is crucial to diagnose these conditions quickly in order to reduce the maternal mortality of Black women. View the definitions and additional information about each condition by scanning the QR code.

**Racial disparities  
outweigh  
socioeconomic and  
educational  
disparities**

Even with higher income or educational than a White woman, Black women continue to face more serious complications with childbirth.

(MacDorman et al., 2021)



# Black Doula/Midwife Care

Black women in America too frequently face being overlooked when in medical situations and may not feel heard because of their race. A Black doula or midwife would spend more time understanding your wishes for your pregnancy and would be an advocate for such wishes when working with other medical providers. A Black doula or midwife provides a more personal and community centered approach that is proven to reduce the situations of discrimination that Black mothers may face.



scan here for more information



**Doula:** Participate in programs for accreditation, support the pregnancy, birth, and postpartum care through education and physical/emotional supporting the parents without providing medical advice.

**Midwife:** Have degrees, usually have previous experience as a labor and delivery nurse, support the pregnancy, birth, and postpartum care from a medical point of view, and can also deliver the baby.

## Collaborating With an OBGYN

An OBGYN or physician provides medical care, including vaginal and surgical delivery and more specialized or high risk services. A midwife and/or doula can collaborate with a physician to provide the best and most comfortable birth experience that upholds the mothers wishes and advocates for their rights to make the best decision for themselves and their child.

## Additional Time

Doula's dedicate **6-11x more time** to their patient than a OBGYN. By having more attention and care paid to the family before birth, there is also less complications later on for mom and baby. A doula/midwife can also spend more time understanding the mother's wishes and plans for their birth.



## Postpartum Care

Postpartum visits by a midwife, nurse, etc. are linked to better mental health, lower health care costs, and better breastfeeding results. Postpartum care is especially important considering that **52% of maternal mortality occurs after giving birth**. Working with a more person health professional can make providing additional support after birth.

## Case Study: Mamatoto Village

Mamatoto is a non-profit birthing village in D.C. that empowers women of color giving birth and providing medical support to families of color. Their services that provide Black families with Black midwife, doula support, and more, has resulted in **0 infant or maternal deaths** in addition to **92% of patients completing all their postpartum check-ups**. This family and community centered approach provides more culturally competent care and greater emotional and physical support for the families throughout all steps of the process.

(Chalhoub & Rimar, 2018)



# Beginning Conversations About Race with Medical Providers

Conversations about race and the increased risks that Black mothers face when pregnant may be difficult to initiate, but they are important in **establishing a trusting and informed relationship** with your health care providers. The following tips are just the start to making you feel more empowered and comfortable when planning your family and birth plan.

Consider having a family member, doula, midwife, or another person who is familiar with your birth plan and medical history attend your appointments alongside you. They may be another voice who can advocate alongside you and help your voice be heard.

If you have a medical history that correlates with some of the common underlying causes of maternal mortality for Black women- such as high blood pressure or heart problems - bring these up in your appointments so they can be addressed early.



Ask about additional support. Your OBGYN or physician doesn't have to be the only support system for your pregnancy and birth. Consider especially what you want your postpartum care to look like and ask what your doctor recommends in addition to working with additional services. A physician can work alongside other services like an doula or midwife in order to provide you the best care.

**Example conversation starter:**  
"I've been made aware of how Black women are more at risk for complications in pregnancy. That worries me and I'm hoping to be as prepared as I can. How can we [a specific concern such as a plan for postpartum care, monitoring previous medical history, etc.]"

**Find more resources here:**



(Chidi & Cahill, 2020)