

# For Black Birthers: A Checklist For Fighting Racism in Healthcare

Words by Dr. Mare: OBGYN

## Doctor's Visits:

- Address concerns about racism with your provider in the first few visits.
  - TRY:** "I just learned that Black women like me have a higher chance of death and other issues during pregnancy and childbirth than other women and that concerns me. What do you think about these statistics and how do you think we can work together to prevent any of those things from happening?"
  - If you feel a concern is being ignored, you can tell your provider that you would like it documented in your chart that there was no need for further testing for the concern you discussed at that visit.
  - Call out racism when you see it. (Only if you're comfortable.) It can be as simple as letting your provider know that a staff member made you uncomfortable and you would rather not have them involved in your care.

## Care Plans:

- Create a care plan with your doctor that anticipates racism.
- Go through your health history. Focus on risk factors - diabetes, high blood pressure, blood clots, or any other medical problems. Make sure your plan focuses on minimizing those risk factors.
  - TRY:** "I know that Black people who have this like me are more likely to have complications like blood pressure during and after pregnancy. How are we going to monitor my blood pressure so that I can stay safe?"
- Get your blood pressure checked regularly - before, during, and after pregnancy.
  - When black birthers have preeclampsia it presents earlier and more severely than with white women. (½ of maternal deaths happen in the first 42 days postpartum.)
- Always inform your doctor of new or unexpected symptoms - severe headache, vision changes, shortness of breath, chest pains, significant swelling in the hands, face and feet.
- Check the hospital's rules on a support person or a doula. During the pandemic, a support person might not be able to attend clinic visits, but they can always call in to participate. Ask in advance to the delivery date.

## Labor & Delivery:

- Ask what the primary cesarean delivery rates are at your hospital or practice.
  - Black birthers have a higher rate of first time cesarean deliveries than other racial groups.
- Ask your doctor what reasons would make them recommend a cesarean delivery and how it would be done.
  - TRY:** "I want to talk about the statistics about Black women having higher rates of cesarean deliveries. What is the cesarean delivery rate at this [practice/hospital and what would be your reasons for recommending I have one? How can we try to avoid those things?"
- Learn what you can about labor prior to going into labor. Check our blog for recommendations of books by Black authors.
- Take a birthing class to learn what to expect. These provide way more information than a typical prenatal visit.
- Talk to friends who've done this before - remember to take everything with a grain of salt, each birth is unique.
- Make a Birth Preference document and work with your support people to decide what aspects of delivery are most important to you.
  - Your plan shouldn't include "yes or no items." Every labor is different, and flexibility is key on your part and your providers. Bring this plan to your provider before the delivery date.
- Check with your provider what reasons they would have for recommending an induction of labor. (If any)
  - The earliest an elective induction should be done is 39 weeks and 0 days.
- If there is concern for fetal or maternal health they can be done earlier.
  - Ask your provider why they recommend induction (if any) before moving forward with your birth plan. That does NOT mean ignore medical advice from your doctor, it simply means that you should be informed.

## Postpartum:

- Prior to delivery, start by asking your provider how you can better prepare for the postpartum period.
  - TRY:** "I want to try to be as prepared as possible since I know a lot of the pregnancy issues that Black birthers have happen after they deliver. Can we put together a plan to keep me safe and healthy after I've had my baby?"
  - Remember, this period is just as important as the pregnancy. 45% of deaths maternal deaths happen in the 42 days following pregnancy
- Make a postpartum document. Similar to your Birth Preferences, this should include what you feel is most important after discussion with your support people and your doctor.
  - You should include things like planned visits with your doctor, nighttime feeding plans (will you breastfeed on demand or is someone else going to help?), built-in rest schedule (to make sure you get some time away from the baby).
- Ask your provider what they recommend as your postpartum visit schedule. If they don't plan to see you more than once, ask them why. The American College of Obstetricians and Gynecologists (ACOG) has recommended a postpartum visit within 3 weeks of delivery for all postpartum patients. For patients with complicated pregnancies, ACOG recommends a visit within 7-10 days postpartum. Anyone with severe blood pressure issues should be seen within 3-5 days for an evaluation that includes blood-pressure monitoring among other things.
  - TRY:** "I've read that it can be really important for Black people with my medical concerns to be seen sooner than 6 weeks because of a higher risk of postpartum problems. What is your plan for keeping me safe during that period?"
- Pay attention to any new symptoms and ask questions! Ask for help as soon as you are suspicious of something.