

# Maternal Health Equity Report

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## A LIVED-EXPERIENCE DATA BLACK PAPER

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### BIPOC MATERNAL HEALTH SURVEY

MEASURE and the Maternal Health Equity Collaborative developed a survey to assess the unique needs of pregnant people during COVID-19, specifically Black women and Black, Indigenous, and people of color (BIPOC) families. This survey helped to gather lived-experience data from BIPOC mothers' lived experiences in Central Texas.

This report presents the findings of the survey. The survey was conducted August 3-19, 2020 and sent through social media channels and email lists affiliated with the partners in the Maternal Health Equity Collaborative. The target population for the survey was BIPOC persons who were pregnant or had ever experienced a pregnancy. The survey questions sought to capture data on birthing plans, experiences receiving medical care, and additional needs during pregnancy. Due to the COVID-19 pandemic and safety concerns, the survey was only administered through electronic means presenting a limit to fully reaching the target population through other methods. Additionally, while we recognize that the BIPOC community is not a monolith, all persons who did not exclusively identify as white were analyzed as a BIPOC due to the small number of responses.

### BLACK & BROWN MATERNAL HEALTHCARE IN AUSTIN

Nearly 80% of pregnancy-related deaths in Texas could have been prevented, according to a 2018 report from the state's Department of Health Services. This finding underscores a maternal care crisis that is particularly concerning for Black and Brown persons who are more likely to face challenges in accessing adequate pre- and postnatal care.

Centuries of purposefully crafted legislation targeting these groups, including local laws that codified segregation and blocked access to city hospitals and resources, have reinforced these disparities. Now, amid COVID-19, there are **increased concerns about the quality of care during and after birth for people of color**. With this context, assessing the current standing of maternal healthcare and support systems for Black and Brown people in Austin is critical for addressing ongoing challenges.

### ABOUT MEASURE

MEASURE, an Austin-based nonprofit, works to empower people impacted by social disparities by providing data and evaluation support to Black and Brown-led organizations and collaborations. MEASURE believes that, when used strategically, data provides a common language upon which community members can meet and increase their knowledge about the causes and work together to create equitable change and increased awareness.

### ABOUT THE MATERNAL HEALTH EQUITY COLLABORATIVE

The Maternal Health Equity Collaborative is a partnership between Black Mamas ATX, Mama Sana Vibrant Woman, Healing Hands Community Doula Project, Giving Austin Labor Support, and other community stakeholders who are working together for the common goal of improving health outcomes in birth during COVID-19 and beyond.

# 80%

of pregnancy-related deaths in Texas could have been prevented according to the Texas HHS. (2018)

1 "Maternal Mortality and Morbidity Task Force and Department of State Health Services Joint Biennial Report", 2018. Texas Health and Human Services (Texas HHS)

2 "Austin's '1928' Master Plan Unleashed Forces Which Still Shape Austin Today", 2018, City of Austin Website

# Understanding The Impact of HISTORICAL RACISM

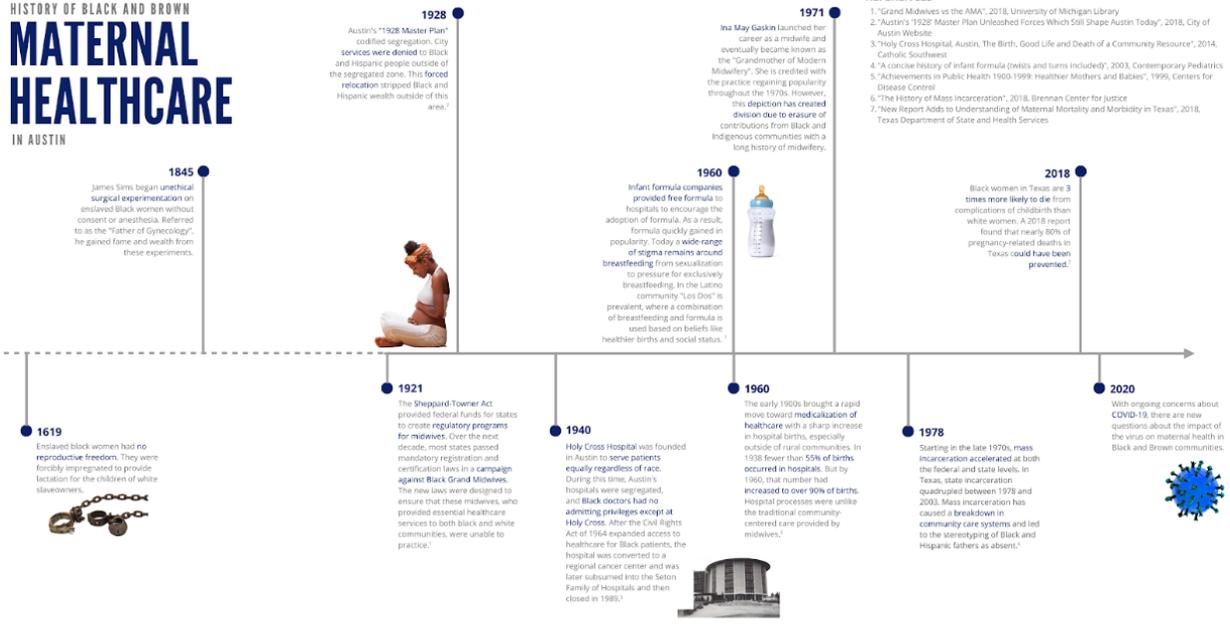
A timeline of historical racism contributes to high rates of poor health outcomes and maternal mortality for Black and Brown mothers, who are more likely to experience barriers in receiving quality care. [Please use this LINK to view the timeline.](#)

## MEASURE

HISTORY OF BLACK AND BROWN

## MATERNAL HEALTHCARE

IN AUSTIN



## AUTHORS

MEASURE, Maternal Health Equity Collaborative

## REFERENCES

1. "Grand Midwives vs the AMA", 2018, University of Michigan Library
2. "Austin's 1928 Master Plan Unleashed Forces Which Still Shape Austin Today", 2018, City of Austin Website
3. "Holy Cross Hospital, Austin, The Birth, Good Life and Death of a Community Resource", 2014, Catholic Southwest
4. "A concise history of infant formula (twice and turns included)", 2003, Contemporary Pediatrics
5. "Achievements in Public Health 1969-1999: healthier Mothers and Babies", 1999, Centers for Disease Control
6. "The History of Mass Incarceration", 2018, Brennan Center for Justice
7. "New Report Adds to Understanding of Maternal Mortality and Morbidity in Texas", 2018, Texas Department of State and Health Services

## OUR EXPERIENCE MUST INFORM CHANGE

The lived-experience of BIPOC mothers is critical to understanding the reason behind continued maternal health disparities. The harm being done is more than emotional harm. Anxiety, loneliness, how mothers feel about their care, and if they feel like their birth team has their back. All leads to physical health consequences. These behaviors are precursors that can lead to physical abuse and birth complications in labor and delivery, postpartum, and the entire health care system.

Data around lived-experiences during COVID-19 will inform each organization's one-on-one approach to service delivery. We must also push forward in advocacy to more remarkable systemic change. One person who experiences microaggressions or racism is unacceptable. Every time someone who is BIPOC, pregnant, and feels ignored or unheard, it creates a window into why care is sub-par. These actions are harmful. This climate must change.





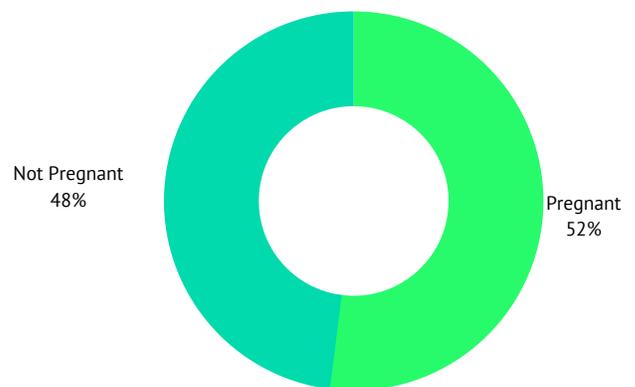
# SURVEY RESULTS SUMMARY

The survey received 77 responses from people who identified as BIPOC who are currently or have experience with pregnancy responded to the survey. BIPOC is defined as any person who did not exclusively identify as white.

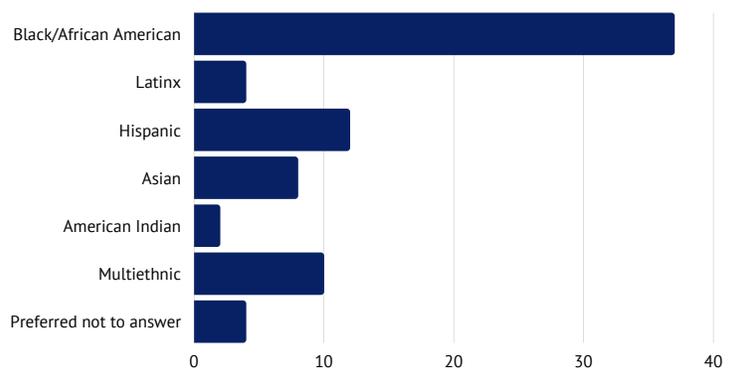


BIPOC who are currently pregnant or have experienced a pregnancy responded to the survey.

Out of the 77 BIPOC respondents, 52% were pregnant at the time of responding.



Of the 77, 48% identified as Black or African American ; 5% identified as Latinx ; 10% identified as Asian or Pacific Islander ; 3% identified as American Indian or Alaskan Native ; 16% identified as Hispanic ; 13% identified as multiethnic ; 5% preferred not to answer.



## LIVED-EXPERIENCE DATA & STORYTELLING

QUESTION: HAVE YOUR FEELINGS ABOUT PREGNANCY CHANGED SINCE COVID-19? IF YES, HOW HAVE YOUR FEELINGS CHANGED?

“It has made me more uneasy about my experience. Initially, I was not thinking of home birth but of a birthing center yet was denied. Afterwards, I reconsidered my option and what was best for me during this time which is my own space - my home. I feel more relaxed, safe and value with choosing my home.”

- Black or African-American Mother

“If I hadn’t already been pregnant when this started, I wouldn’t have become pregnant. It’s was nerve-wrecking being pregnant through a pandemic and saddening to bring a baby into the world at this time.”

- Black or African-American Mother

“Becoming a mother during a pandemic has definitely been one of the hardest things I have ever done. Transitioning from maiden to mother during this time has reminded me of the power us women/mothers harness.”

- Hispanic Mother

“I won’t be able to have the support system I had the last time. Being allowed only one person and not being allowed to leave or have visitors will be hard especially not being able to see my son for three days”

- Asian or Pacific Islander Mother

73%

of 51 BIPOC respondents said that COVID-19 changed their feelings about pregnancy

our experience  
makes us

EXPERTS

DATA INSIGHT #1:  
**OVERT RACISM IS STILL PREVALENT. BIPOC EXPERIENCE MICROAGGRESSIONS THROUGHOUT THEIR BIRTHING EXPERIENCE. THIS CAN LEAD TO A CHANGE OF BEHAVIOR, SUCH AS SWITCHING DOCTORS.**

When asked to what degree respondents agreed or disagreed with a statement:

- 10% of 51 BIPOC respondents said that they agreed that they experienced overt racism.
- 24% of 51 BIPOC respondents said they somewhat or strongly agree they endured microaggressions based on their race or ethnicity during their care.
- 20% of 51 BIPOC respondents strongly agree or somewhat agree that they have been left out of the decision making process in their own birth plan
- 24% of 51 BIPOC respondents reported that they strongly or somewhat disagreed with the statement that their medical team was focused on their needs

DATA INSIGHT #2:  
 ADDITIONALLY, THIS RACISM LEADS TO ISOLATION AND **LACK OF SUPPORT** WITHIN THE HEALTHCARE EXPERIENCE. BIPOC RESPONDENTS REPORTED BEING **IGNORED**, HAVING TO REPEAT THEMSELVES, ETC.

30% of 51 BIPOC respondents **changed doctors**. Of those who changed doctors, 50% did so because of a harmful experience.

16% of 64 BIPOC respondents said they did not feel supported

32% of 51 BIPOC respondents said that they felt ignored or had to repeat themselves during their care

26% of 51 BIPOC respondents said they experienced moments of conflict

Where We Plan to

**GIVE BIRTH**

- 65% of 51 BIPOC respondents plan to give birth in a hospital
- 45% of 51 BIPOC respondents said they considered a home birth

DATA INSIGHT #3:  
MOMS REPORT  
**INCREASED ANXIETY  
AND ISOLATION** AMONG  
RESPONDENTS DUE TO  
COVID-19, AND THESE  
FEELINGS ARE COUPLED  
WITH THE **RACISM,  
MICRO-AGGRESSIONS,**  
AND LACK OF CONTROL  
OVER HEALTHCARE  
INTENSIFIES THESE  
FEELINGS **FOR BIPOC  
MOMS.**

- 73% of 51 BIPOC respondents said that COVID changed their feelings about pregnancy
- Of those respondents, 35 (40%) directly mentioned anxiety as a result of differing feelings and
- Of those 35 respondents, 20% mentioned loneliness and lack of support

DATA INSIGHT #4:  
RESPONDING BIPOC MOTHERS SAY  
THEIR **PAIN IS GLOSSED OVER.**  
HISTORICALLY HEALTHCARE  
PROFESSIONALS ERRONEOUSLY  
ATTRIBUTED BLACK MOTHERS  
WITH A HIGHER TOLERANCE FOR  
PAIN AND LED **MANY PROVIDERS  
TO DENY OR OFFER LESS PAIN  
MEDICATION FOR BLACK WOMEN.**  
THIS SURVEY SIGNIFIES THAT  
BIPOC MOTHERS STILL FACE THIS  
DISCRIMINATION TODAY.

**30%**

of 51 BIPOC respondents said  
they have had their pain  
discounted during their care

The Impact Of  
**COVID-19**

- 73% of 49 BIPOC respondents listed that they were more concerned about their child's health because of COVID-19.