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The Case for Not Giving Birth

Amanda D'Ambrosio
Craig Newmark Graduate School of Journalism

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By: Amanda D'Ambrosio

There are few scarier things in the United States than childbirth.

About 700 women in this country die from pregnancy-related causes every year, making the United States the most dangerous industrialized nation to have a child. More than a third of pregnancy-related deaths occur in the postpartum period — after women have their babies. Access to quality healthcare is critical for new moms; it screens for postpartum depression, cardiac conditions and high blood pressure.

Yet, healthcare after pregnancy is not accessible long after childbirth for many women. Medicaid, which pays for nearly half of all deliveries in the U.S., only covers women for up to two months after they have their baby — not long enough to ensure they don't have severe complications further into the postpartum period.

Celebrity moms have opened up about the struggles they've endured when getting postpartum care. Beyoncé spoke about having a difficult postpartum recovery. Serena Williams endured postpartum blood clots and a pulmonary embolism after giving birth. Media outlets reported the death of Shalon Irving, a Black woman and epidemiologist at the Centers for Disease Control and Prevention that suffered high blood pressure after childbirth. She died three weeks after the birth of her first child.

The racial disparities in maternal deaths have become impossible to ignore; black women are more than three times as likely to die from pregnancy-related causes than white women in the United States.

Medicaid expansion has been touted as the key to solving the United States' maternal healthcare crisis. Expansion would increase the poverty threshold, providing healthcare to a higher proportion of women. Under an expanded Medicaid model, the public insurance would be available for a whole year after childbirth, as opposed to the mere 60-day limit. Among the medical community and policymakers looking to fight the maternal health crisis, Medicaid expansion seemed like the most viable solution.

But expanding public insurance couldn't be the only option for dying mothers in the U.S. Women had been living without healthcare coverage after pregnancy — or healthcare coverage at all — for years. And healthcare access was not the only factor that affected women of color after childbirth. If insurance couldn't save the maternal plague, maybe a return to traditional medicine was what health leaders were missing. Or, was the only answer to bad healthcare in the U.S. up to mothers to solve themselves, leaning on the support of their community?
These thoughts crossed my mind as I sped down the Atlanta freeway, traveling to the *Let's Talk About Sex* conference. The annual event was hosted by SisterSong, a national reproductive justice organization rooted in ideals of female empowerment and diversity. I was certain that

leaders of the reproductive justice movement would have answers to the postpartum healthcare crisis plaguing America's mothers.

Atlanta, deemed a "hub" for reproductive justice work, is home to SisterSong's national office. This year, the organization celebrated the 25th anniversary of the Reproductive Justice framework, which was established by 12 black women and activists. The SisterSong board defines "RJ work" as the human right to maintain bodily freedom (whether that means having children or not) and raise children in safe, sustainable communities.

I pulled up to the driveway of Atlanta's Hyatt Regency Hotel for the conference. The majority of events took place in a ballroom that beamed with pink and purple lights. I found a seat in the front row, hoping to get the best view for talks from feminist celebrities, like spoken-word poet Staceyann Chin and politician Stacey Abrams. I glanced at the welcoming message in my conference pamphlet from Monica Simpson, executive director of SisterSong. *"Let this conference be a charging station for your spirit."*

New mothers certainly needed self-care and spiritual healing. I began to wonder if that healing would be enough to overcome their lack of access to medical care.

The conference began, and Staceyann Chin, a spoken word poet from Brooklyn, began her performance as the audience cheered. Her natural curly hair was dyed a rainbow of pink, blue and orange, and she wore large clear glasses. "Usually when I take the stage, I'm like okay how do I start a fire?" Chin said. "But I'm in a room with fire starters."

Liberation engulfed the ballroom. Was female empowerment enough to help mothers survive, against the odds of pregnancy complications? Maybe it could be.

Stacey Abrams followed Chin's performance. She began by reminding the conference of who she was not — governor of Georgia. But Abrams was not there to talk about the race that gave her national recognition in 2018. She was there to talk about healthcare.

"Apparently, the theory is, if you're too poor, you don't deserve to live," Abrams said.
The audience applauded as Abrams condemned Georgia's leaders for their inaction towards maternal health. The governor's office "put some lipstick on the pig," Abrams said, for saying they would address maternal mortality. But still, there was no Medicaid expansion for women in the postpartum period. Not in Georgia, a state with one of the worst maternal death rates in the nation. A state with a maternal death rate as high as Malaysia.

The audience did not seem discouraged by the news that Abrams delivered. Neither was I. They cheered for healthcare justice. They cheered for justice for new mothers. They believed they could change the narrative. I believed it too.

"I'm here to tell you, SisterSong, that your song carries a lot of melody," Abrams said. There was hope among the sisterhood.

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The Helping MOMs Act is the most recent maternal health bill to move through Congress. It aims to incentivize states to expand Medicaid coverage for mothers for up to a year after birth. Jaime Herrera Beutler, sponsor of the 2018 legislation that standardized national data collection on maternal deaths, commented on the significance of focusing on healthcare after birth.

“Every woman who’s had a baby knows the postpartum period can be the most difficult,” Herrera Beutler said. “If we’re going to get serious about reversing the maternal death rate in America, we need to ensure that women’s access to treatment isn’t abruptly cut off during this vulnerable time.”

Eight pieces of legislation that target maternal mortality have been introduced in the last two congressional terms, three of which include Medicaid expansion for mothers in the postpartum period. The federal government has never focused so much on maternal health.

When the Affordable Care Act was passed, the Obama administration estimated that nearly 9 million women gained access to maternity benefits. Yet, it was not possible for women sign up for healthcare coverage upon getting pregnant. Only after they had a child, were they eligible to sign up for Obamacare outside of the special enrollment period, which was oftentimes too late.

President Bill Clinton breached the topic of postpartum care in a radio address before Mother’s Day in 1996. As “drive-through deliveries” — referring to rushing laboring women in and out of the delivery room — became more prominent, the Clinton administration signed a bill to extend postpartum hospital care. “Saving the life and health of mothers and newborns is more important than saving a few dollars,” Clinton said. He extended mandatory hospital stays to two days after a delivery.

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) was established under the Nixon administration in 1972. President Roosevelt started Title V, the first block grant for the health of women and children.

Even the Book of Genesis covered pregnancy. “I will make your pains in childbearing very severe,” the Lord said to Eve. “With painful labor you will give birth to children.”

The maternal mortality rate doubled in the U.S. over the last two decades; yet industrialized countries around the globe provided us a model for postpartum care. Advances in global modern medicine could resolve the U.S. maternity care crisis.

Nordic countries have a reputation for providing quality pregnancy care during birth and in the postpartum period. Norway was rated the top country to deliver a child in 2015. Sweden’s maternal mortality rate was only four deaths per 100,000 live births, a rate that has not

changed in almost a decade. The cost of having a baby in Finland was less than $60. There were plenty of solutions for our country to turn to.
In Norway, all expecting mothers are entitled to a midwife during birth — a part of the nation's publicly funded healthcare system. Not only is all prenatal care covered by the government, but women who have been employed for more than six months also get 42 weeks of paid leave. And they receive a $5,000 dollar lump sum after the birth. Plenty of time and money to get postpartum care.

The average cost for an uncomplicated vaginal birth in the U.S — before insurance — is $32,093. For a C-section, the price tag jumps to $51,125.

Swedish mothers had similar benefits. In 2012, the country passed a law that allowed new fathers 30 days of flexible paid leave for up to a year after birth. Researchers from Stanford found that giving fathers the ability to take intermittent, unpaid days off improved postpartum health for new moms. After the enactment of this policy, the researchers noticed that there were 26% less prescriptions for anti-anxiety meds in the first six months after delivery. The study also noted reduced hospitalizations and antibiotic prescriptions.

Sweden allows new mothers and their partners a combined 16 months of paid leave after having a child. In the U.S., seven states have also passed paid family leave policies. Rhode Island grants new mothers four weeks.

The Nordic countries offered the U.S. options to reduce our own pregnancy complications. But there were the countries on the opposite end of the spectrum. More than 800 women each day die of pregnancy complications, most of which are preventable. In 2017 almost 300,000 women around the world died following childbirth, and many of these deaths occur in low-resourced areas.

The maternal mortality rate in Haiti is 300 deaths per 100,000 live births. Ninety percent of births occur at home, as a lack of transportation prohibits women from getting to distant hospitals. When a group of midwives and professors from Midwestern State University in Texas visited Haiti to research birth practices, they found that home births — many of which occur in residences with thatched roofs and mud floors — were attended by an untrained midwife in unsanitary conditions.

Iraq is one of 68 countries that contribute to 97% of global maternal deaths. War, conflict and violence have led Iraqi citizens — including physicians — to flee the country, and a study in *The Lancet* found that 70% of medical specialists left the nation since 2003.

Mothers in Iraq have paid the price of a health system affected by conflict and political instability. In a study conducted by the World Health Organization, researchers found that Iraq's new mothers had a largely negative view of childbirth and postnatal care. Women were dissatisfied with the dwindling number of doctors, the lack of information they received about how to care for their babies and poor hygiene in hospitals.

A quarter of the women were upset with the lack of autonomy during childbirth — particularly, that they were denied the right to practice cultural birth traditions. They wanted to protect their child from the evil eye after birth, shielding their innocent child from the cursed gaze of the supernatural. They wanted to eat traditional foods and take the recommended 40 days of rest.

I questioned whether or not the American medical system honored cultural birth and postpartum traditions. Maybe the answer to fixing our system was legislation. But maybe it wasn't.

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The *Let's Talk About Sex* conference featured workshops about healthcare access for new mothers. I browsed the selection, checking out sessions on *Medicaid as a Tool for Sexual Freedom* and *Perinatal Cannabis Use.*

I sat in the middle row of a session about community-based support doulas. The facilitator, Jessica Roach, was the director of a birthing organization called Restoring Our Own Through Transformation, or ROOTT. She spoke to a room of both mothers and activists about maternal healthcare access for African American women, and the role of grassroots organization. ROOTT not only trained doulas; the organization also advocated for policy change such as Medicaid expansion, and hosted racial bias trainings for medical professionals.

"A part of the reason that this war started was because I myself had a preterm infant," Roach said. Roach got pregnant with her first child when she was a teenager. Her doctors told her she was at risk for pregnancy complications as a young black woman. But she had a healthy and uncomplicated birth. Healthcare during her first pregnancy was guided by traditions passed down by her great-grandmother, who was still alive for the birth of her first child and took care of her after delivery. She was surrounded by family and community.

When Roach got pregnant again, her circumstances changed. She was no longer a pregnant teenager, but a well-established woman that met all of the social determinants of health. She had a stable home. She was educated. She had a job. She was partnered. She had no reason for postpartum complications.

Yet again her doctors reminded her of her risk as a Black woman. And while she met all of the qualifications of being "healthy," she still developed preeclampsia, a pregnancy condition characterized by high blood pressure. She had her baby at 34 weeks, four before term. After the birth she suffered from postpartum depression.

"In any piece of this, these women can die if they are not being held in the right space," Roach said.

Angela Aina, the director of the Black Mamas Matter Alliance, said that the challenges that Black women face when encountering healthcare during pregnancy occur regardless of whether or not they meet social determinants of health. “No matter their socioeconomic status, no matter their educational attainment, Black women are not receiving consistent quality care at all points,” Aina said.

Aina believes postpartum care should start as soon as the baby is delivered. But when women don’t have consistent and quality care throughout the whole pregnancy, it becomes more difficult to follow up after birth. Black women have a higher chance of becoming hypertensive, developing high blood pressure and developing gestational diabetes. They also have a chance of encountering racism within the medical system.

“When you are Black and pregnant, these are the things that go through your head,” Roach said.

Affirmative hums rose from the women in the room. Some were no strangers to the experiences Roach talked about. Others were nervous for what was to come.
A young woman raised her hand. She was a full-spectrum doula and birth coach for women from the black community.

“I find so much joy in birth,” she said. Yet while she believed childbirth was a beautiful experience, it was something she could not see herself taking part in as a Black woman. She struggled with the idea that as a doula, she gave her clients false hope. When working with expecting mothers, she thought about whether or not their babies would survive. She thought about whether or not they would survive.

“I’m always carrying that with me in the birthing space,” she said.

The room fell silent as the young woman spoke through tears. The affirmative hums became sympathetic sighs. Roach and the other facilitators stood at the front of the room, listening to the concerns that were not unique to this member of the audience. An older midwife said that positive energy was important to take into the birthing space, for doulas and new mothers. If reproductive justice leaders didn’t bring positivity and support, then who would?

Despite the push to expand healthcare coverage, despite attempts to increase bias trainings in the medical community, despite community activism and female empowerment, these women did not have all of the answers.

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The research says that Western cultures are not attentive to the health of mothers during the postpartum period. The United States and several European countries focus primarily on immediate physical health of the infant and the mother. Western culture focuses on the issues that modern medicine can fix.

Research led by Cindy Lee-Dennis, Women's Health Research Chair at the University of Toronto and St. Michael's Hospital, said that the *technocentric* culture that pervades Western society — that is, a value system centered on technological innovation — only necessitates postpartum care for a few days after delivery. Yet in cultures defined by *ethnokinship* — such as East Asian, South Asian and Middle Eastern cultures — postpartum care extends far beyond the few days after a baby leaves the womb.

Japanese women practice the tradition of *Satogaeri bunben,* in which a woman travels to her family home at 32–35 weeks' gestation. After a woman gives birth in Japan, she remains in the care of her own mother for up to eight weeks post-delivery. Chinese women also prolong the duration of their recovery by practicing *zuo yuezi*, or "sitting the month." During this formal, month-long period of rest women are prohibited from reading, watching television and crying, to prevent eye problems. Historically, sitting the month is regarded as a "gateway" period, as it represents a shift from one existence to another — a life without a child transformed by a life with one.

Other cultures find lack of rest to be shameful. In Vietnamese culture, facial wrinkling after pregnancy is an embarrassment, and possible signifier that a woman had poor familial relationships. In Cambodia, violating postpartum traditions may result in illnesses known as *toas*. Cambodian people also believe that if a woman feels unsupported, particularly by her partner, she may develop *pruey cet,* or "sad heart" — more commonly known as postpartum depression.

Many eastern cultures hold the belief that diet, bodily temperature and physical environment affect postpartum health. Informed by the duality of yin and yang, Chinese culture balances the "cold" state of pregnancy and birth with hot foods. Chinese women are encouraged to eat fermented rice and eggs, ginger, rice wine and chicken and noodles in a brown sugar broth, which are thought to control postpartum bleeding by discharging dirty blood. Indian women consume milk, ghee, nuts and jagerry — foods that help women regain their balance during the postpartum period.

Marina Gonzalez Flores, a doula that practiced in Mexico's Yucatan peninsula, learned from the practices of Mayan midwifes. One of the midwives buried the umbilical cord after a woman gave birth to strengthen her connection with the land. Others tightly wrapped new mothers head-to-toe in rebozos, long scarves worn in indigenous Mexican communities. One even encouraged a woman to bring strawberries to her birth, so that she could make a strawberry placenta milkshake after delivery.

"This midwife encouraged her clients to eat the placenta for its health benefits," Gonzalez Flores said. The midwife often cooked it with eggs after birth. If the family did not want the placenta, this midwife repurposed the organ to make soaps and sell in the community.
"In my work as a doula, I truly encourage people giving birth to follow their cultural practices of postpartum and to ask family members for support," Gonzalez Flores said. Her culture holds sacred the period of *cuarentena*, a 40-day time of rest in Latin American cultures. While

Gonzalez Flores said she respects the cultural traditions of doulas and midwives, she thinks that the best model is one where they integrate with modern medicine.

“Everyone should want the same thing,” Gonzalez Flores said. “If physicians and healthcare workers are overworked and understaffed and don’t know patients’ names, doulas can help with making the birthing process more personal.”

Some cultures see postpartum care as a sacred time, and an opportunity to preserve cultural tradition and familial relationships. Others are repulsed by it.

The postpartum period is considered a time of uncleanliness in Arabic, Chinese and Thai cultures. Many women are considered unclean until the postpartum bleeding, or forty-day rest period is up. Women are prohibited from having sex and entering other people’s homes. Family members may be unwilling to eat the food that women prepare in the postpartum period for fear of contracting illness or death. For Hmong women, any material that touches childbirth blood must be washed and buried in the dirt, for fear of attracting attention from spirits.

Postpartum uncleanliness was an idea I’d heard before. There were plenty of people that saw women on welfare after birth as “dirty.” I was familiar with the U.S. House of Representatives. Former speaker Paul Ryan attempted to halt Medicaid expansion in 2017, proposing a plan to cut 834 billion from the program’s federal funding.

Mitt Romney, former presidential candidate, opposed expanding Medicaid to people up to 138% of the federal poverty level in Utah.

“Medicaid expansion is a very complex issue,” Romney told reporters in 2018. “It requires extensive research and analysis and I think is generally done best by elected representatives of the people.”

Merrill Matthews, PhD and resident scholar at the Institute for Policy Innovation, said that expanding Medicaid, the “worst insurance in America,” does more harm than good. Access to health insurance is not the same as access to health *care*. The exploding population on Medicaid, a population that will only continue to come ‘out of the woodwork,’ will cost far more than states’ projected budgets.

But it seemed to me as if they didn’t want Black women to have babies.

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After leaving the workshop about community-based support doulas, I wondered if I had come to the right place to find answers to the maternal healthcare crisis. There was despair among this community, the group of women most likely to die during and after childbirth. I wondered why women chose to give birth in the first place.

Lakeisha Williams was volunteer at the conference. She wore a white SisterSong t-shirt, blue jeans and sneakers. Her newborn baby boy slept in a wrap carrier against her chest. This child was not her first. She had two other children prior to the birth of her newborn. But she said that the childbirth and recovery after her most recent delivery were different.

After the births of her first two kids, Williams did not have support in the postpartum period. When she went back to work just a few weeks after having her second child, she saw changes in her physical and mental health. But excessive bleeding and signs of postpartum depression were no excuse not to get back to work. So, she ignored it. It wasn't until she passed out on the job that she realized she needed to slow down.

Williams suffered postpartum depression after both of her pregnancies. She was sad and angry; but mostly lonely. "Once that baby comes, it's like a whole other world," she said. "I don't think people take it seriously."

She emphasized that new mothers need support and rest during pregnancy and the first week after they give birth. But what is more important, Williams said, is the support they have starting week two postpartum and beyond.

When Williams prepared to give birth to her last child, she knew she would need more help than she had after her previous two births. She hired a doula. In addition to birthing support, she needed someone to help cook, pick up her other two kids, watch the baby while she caught up on sleep and help her with laundry. Williams was a doula herself. She knew that the care women needed during the postpartum period was more than what her insurance would cover, and more than the medical system would give.

After the birth of her last child, she said that she would have again suffered from postpartum depression without the help of a doula. "If you want to sum it all up, it's just support," Williams said.

The sisterhood was all that Williams needed. Or was it all that she had? On Medicaid, she said she didn't have much of an option for healthcare after giving birth.

Maybe the leaders of the reproductive justice movement had more answers than I thought. They had hope that maternal and female empowerment would improve health access for birthing people. They had despair for the loss of mothers and fear for the future. But they also had realized that they had to lean on the sisterhood.

As a doula, Williams supports women in managing new motherhood. "We don't enjoy it," she said, eyeing the child on her chest. "We want to. But I can't stop. I can't turn off being a mother to my other kids."

The baby strapped to Williams chest began to stir, letting out whimpers that would quickly become wails. It was time to feed him again.