

# Ensuring Quality Maternal Health for Women and Girls of African Descent



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In the Americas, maternal mortality rates are on the rise, and women and girls of African descent are being hit the hardest.

*Maternal Health Analysis of Women and Girls of African Descent in the Americas* that African descent women and girls are systematically neglected and mistreated and more likely to die during childbirth than almost every other racial and ethnic group.

“ Systemic racism and sexism lead to poor maternal health outcomes for women and girls of African descent.”

## Trends in maternal health in Afrodescendent communities

- ▶ **Only 11 out of 35 countries** in the Americas collect maternal health data broken down by race.
- ▶ In the United States, **Black women are three times more likely to die** than white women.
- ▶ Only one third of the 32 national health plans surveyed identified Afrodescendants as a population that **experiences barriers to health**.
- ▶ **Higher income and education offer little protection:** Maternal deaths among African American college graduates in the United States are 1.6 times higher than among white women with less than a high school diploma.



*Maternal Health Analysis of Women and Girls of African Descent in the Americas*, UNFPA, July 2023



# Behind the disparity in health outcomes of women and girls of African descent

## Why do Afrodescendent Women and Girls Have Worse Maternal Health Outcomes?

### 1 DISCRIMINATORY ATTITUDES AND BEHAVIORS AMONG HEALTH SERVICE PROVIDERS

#### Obstetric mistreatment by health providers

Structural determinant of health	→	Impact/result
Engage in verbal or physical abuse of pregnant person		<ul style="list-style-type: none"> <li>Increased maternal injury</li> <li>Increased birth injuries</li> <li>Reduced likelihood of seeking post-partum care</li> <li>Reduced use of all health services, not just gynaecology</li> </ul>
Disregard traditional beliefs		<ul style="list-style-type: none"> <li>Reduced cultural acceptability of health services</li> <li>Reduced use of all health services, not just gynaecology</li> </ul>
Turn pregnant Afrodescendent women away from the first hospital they visit		<ul style="list-style-type: none"> <li>Increased obstetric complications</li> <li>Reduced use of all health services, not just gynaecology</li> </ul>
Provide less appropriate and timely prenatal, labor, and newborn care to Afrodescendent women and girls		<ul style="list-style-type: none"> <li>Increased maternal injury and death;</li> <li>Reduced use of health services;</li> <li>Increased birth complications</li> </ul>
Deny laboring Afrodescendent women anaesthesia due to beliefs about Afrodescendants and their ability to feel pain		<ul style="list-style-type: none"> <li>Increased maternal injury</li> <li>Increased birth injuries</li> <li>Reduced likelihood of seeking post-partum care</li> <li>Reduced use of all health services, not just gynaecology</li> <li>Increased C-section rate</li> </ul>



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### 2 RACIALLY BIASED MEDICAL EDUCATION

#### Erroneous curricular content

- The inability of Afrodescendants to feel pain
- Afrodescendants have thicker skin/less sensitive nerve endings than whites, hence less pain sensation
- Afrodescendants' blood coagulates more quickly than whites
- Afrodescendants have a higher propensity towards drug addiction than whites
- Increased maternal injury
- Increased birth injuries
- Reduced likelihood of seeking post-partum care
- Increased post-partum hemorrhage (slower intervention to stem bleeding)
- Increased maternal mortality
- Service denial
- No pain treatment

#### Curricular omissions

- Normal variations in the shape of the pelvic opening for birth and delivery adaptations
- Treatment of Afrodescendent women and girls' bodies as problematic
- Increased risk of obstetric intervention during birth
- Poor maternal outcomes.

### 3 HEALTH POLICY

Health policies in the region rarely name Afrodescendants among groups that experience barriers to health

- Reduced incentive to collect better data on Afrodescendants

Maternal health policies rarely include indicators of racial differences in outcomes

- Absence of interventions for Afrodescendant and Indigenous women and girls
- Lack of initiatives to address adolescent pregnancy for Afrodescendant and Indigenous girls

## Delivering justice and equality for people of African descent

Guided by the 2030 Agenda for Sustainable Development, the International Decade for People of African Descent and several other international frameworks, UNFPA, the United Nations sexual and reproductive health agency, works to advance the cause of Afrodescendants, particularly women, girls, and young people, and to help fulfill their human rights, their dignity and their potential. Through our role in collecting and analyzing data we increase visibility and trigger targeted action.

UNFPA published *Maternal Health Analysis of Women and Girls of African Descent in the Americas* in 2023 with the participation of UN Women, the Pan American Health Organization, UNICEF and the National Birth Equity Collaborative.



## Recommendations for ensuring quality maternal health for women and girls of African descent



Governments, international organizations, education systems and health sectors must take targeted actions to address the structural causes of inequalities and reduce high rates of maternal mortality.

Countries must collect disaggregated data by race and gender and invest in training Afrodescendant women to increase their representation in the workforce.

Governments should increase the participation of Afrodescendent women and girls in maternal health policy design.

Hospitals and health institutions must establish policies to end the mistreatment of those giving birth, including physical and verbal abuse.

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