

Radical Redress: Black Birth Workers Respond to Maternal Mortality

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ABSTRACT

Since the postpartum death of #BlackLivesMatter activist Erica Garner in December 2017 and the harrowing birth narrative released by tennis champion Serena Williams in January 2018, an apparent crisis of Black maternal mortality has breached public discourse in the United States (Mitchell, Haskell). The public's uptake of this tragedy aligns with the nation's anti-Black preoccupation with sensationalizing Black pathology (Cole). Media representation of the crisis elides the pre-existing grassroots activism through which Black people directly confront the social structures that endanger Black birthing people. This paper centers the narratives of Black birthers and birth workers — midwives and doulas — to reveal the practices through which Black people heal themselves and one another through birth work. I will briefly analyze the media coverage of Black maternal mortality and establish how Black birth workers address it through counter-representational movements toward honoring Black embodied knowledge. Using qualitative interviews with seven Black doulas and midwives, I argue that Black birth workers draw from their positions as Black people in an anti-Black society to oppose obstetric violence. This study demonstrates how Black people enact radical care to combat popular media's pathologizing treatment of Black birth and consolidate birth and racial justice agendas.

#BLACKBIRTHSMATTER

On Feb. 18, 2019, Ancient Song Doula Services, a community-based birth justice organization, and BYP100, a national racial justice organizing coalition, rallied outside of Kings County City Hospital in Brooklyn, New York. I streamed their rally via Instagram Live at 1 p.m.,ⁱ becoming one of hundreds of global participants witnessing the storytelling of Black birth workers and birthing people.ⁱⁱ One birth worker, a doula and student midwife named Efe, spoke at the rally with a mother for whom she had provided doula care. New York had recently proposed a Medicaid expansion to cover doula services, but Efe’s speech sought to steer the conversation away from this decision. Efe shifted focus toward the importance of Black and Indigenous midwives, who she said laid the groundwork for the very inception of doula care.

Efe’s storytelling reframes doula care’s potential for redressing Black maternal mortality, calling attention to Black midwifery as a radical tradition being systematically effaced. To begin, Efe retold the story of hospital birth as an emerging norm: Black women home-birthing throughout the 20th century due to anti-Black hospital discrimination. Black and Indigenous grand midwives “stepped up” to act as holistic healthcare providers “while they were being criminalized and over-regulated.” According to Efe, there is a history of Medicaid and other state health departments “eradicating” Black and Indigenous grand midwives and “only then” allowing Black people into hospitals in lieu of Black midwifery. She argued that “bringing our midwives back into our hospitals” should be a key fight under the banner of birth justice, asking, “Why isn’t [midwife support] our focus? So that doulas can continue to act as bodyguards?” She said that she was tired of being “kicked out of hospital rooms” and “cornered by nurses” so that her clients could be manipulated and abused. Efe explained that doula care alone cannot sufficiently shift a system built to silence and harm Black birthing people and birth workers.

Efe's birth work is informed by a larger project of racial justice, and she provides care in connection to the history of criminalization marking Black midwifery in the U.S. For Efe, as she would go on to state in our later interview, radical Black doula care requires the genuine recuperation of Black midwifery. These coupled care practices vitally disrupt a birth industry in which obstetricians hold the greatest power.

Efe's client shared her own experience at Kings County. Her words demonstrate her imagination of what birth justice could afford her and other birthers: "The reason I'm out here is so simple: my next birth is gonna be different. It's gonna be so different, because I'm not gonna have to feel like I'm not gonna be heard. I'm not gonna have to feel like I'm gonna walk into a hospital, and they're gonna do whatever the hell it is that they're gonna want to do with my body without my consent. ... That's gonna be a story that's not gonna be told anymore."

This speaker participated in this rally to register her outrage and manifest her vision of repair. She asked whether the disregard she experienced in a city hospital was due to her race, age, or her use of Medicaid. She queried whether some facet of her social identity determined her experience. She asked, "Why? Why do you treat us this way?!" Her voice and body shook, as she exclaimed, "How can you strap me down to perform a c-section? I'm the last person to hold my baby! I had to wait a whole 24 hours to hold my son! He was in the NICU; I didn't know why!"

This mother shared her trauma to demonstrate the violent alienation and dehumanization Black birthing people experience in labor and the postpartum period. While the popular media stories about Black maternal life focus on sudden death and neglect, Black birth workers and birth justice activists have long exposed the subtler wounds inflicted on birthing people. These wounds accumulate in the body and result in a disproportionate risk of death.

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The protesters marched to another city hospital with a similar reputation of harming Black birthing people. Organizers made it clear that the second hospital, which predominantly served Black people, had such poor quality of care that it was “basically a grave site.” The Instagram Live ended as organizers remarked, “Black death is literally in the air as we stand.” Several people can be seen gripping their coats closer to their skin, as if to seal themselves up from lingering fragments of literal and “social death” (Dumas and Ross 429).

I open with this vignette to illustrate the powerful organizational and personal partnerships characterizing Black birth as a site of activism and radical care. Efe and her client illustrate how birth workers and birthing people ally in their Blackness to reconstruct the stories told about Black birth.

THE BIRTH JUSTICE BANNER

The previously-detailed rally aimed to advance birth justice. The Black women-led birth justice grassroots organization Black Women Birthing Justice defines birth justice as the end-state that results when “women and transfolk are empowered during pregnancy, labor, childbirth, and postpartum to make healthy decisions for themselves and their babies” (“What is Birth Justice?”). Birth justice attends to the ways in which social structures determine one’s experience of the physiological event of birth, perinatal care, and childrearing. Birth justice activists such as the organizers in the vignette confront racial disparities in childbirth, contending with Blackness as a social position shaping one’s birth.

In 2016, a jarring statistic from the Centers for Disease Control and Prevention, or CDC, circulated via numerous media pieces, such as “Black mothers die at three to four times the rate of white mothers” (Montagne and Martin). In 2017, ProPublica and NPR co-published the story of Shalon Irving, a Black mother who died postpartum despite having attained high levels of

education and financial security, factors generally expected to protect birthing people from adverse outcomes (ibid). This story led a wave of news coverage that seemed to suggest Black birthing people were dying of their own accord; a media sensation emerged, fixated on a pathological image of Black birth. This paper will illuminate the approaches, practices, and networks through which Black people redress Black maternal mortality through birth work, centering the (counter) stories they tell about Black birth.

This research focuses on doula care and midwifery as forms of birth work, although birth work is a term representing a wide umbrella of professions and roles enlisted to support the perinatal experience. A doula is “a trained childbirth [aid] who provides emotional, physical, and informational support to women during labor, delivery, and the immediate postpartum period” (Thomas et al. 60). This quote characterizes doula work as a “profession” but many doulas, especially those interviewed as part of this thesis, such as Efe, reflected an understanding of doula work that resists professionalization. Doula care has been proven to improve birth outcomes for marginalized populations, significantly lowering preterm births, improving birth weight, and bettering birthing people’s chances of completing often life-saving postpartum visits (60-61).

An under-examined underpinning to the efficacy of doula care is its continuity with the community-based care of granny midwives. Granny midwives, who Efe mentioned in her rally speech, are generally local female elders who assist births and provide other health resources (Smith 119). Granny midwifery leverages ancestral knowledge; it is a practice passed down generationally, initiated during the time of Black enslavement and eroded by governmental intervention (Smith, Logan). Birth justice activists and birth workers nationwide have mobilized behind doula access, but my conversations with Black birth workers suggests a pivot in focus

toward healing the historical denigration of Black midwives. By centering and honoring Black birth workers as authorities on Black birth, we extract a richer picture of the care and crises intermingled in the Black perinatal experience in the U.S.

THEORIZING BIRTH JUSTICE

The birth workers featured in this research actively generate racialized birth theory through which they imagine justice. The social location of Blackness in an anti-Black society shapes the relationships Black people have with structures of the U.S. medical complex. This research will wield the following assumption about what it means ontologically to be racialized as Black in the U.S.: “Antiblackness is endemic to, and is central to how all of us make sense of the social, economic, historical, and cultural dimensions of human life” (Dumas and ross 429).

This tenet of Black critical race theory, BlackCrit, comes out of the project of Afro-pessimism. Afro-pessimism holds that there has never been a discontinuation breaking contemporary Black life from the traumatic condition of enslavement. This continuity means that Blackness is always “already targeted for death, in the literal sense and in terms of what Orlando Patterson (1982) calls ‘social death,’” which is where “the participation of Black people in civic life, as citizens, is made unintelligible by the continual re-inscribing and re-justification of violence on and against Black bodies” (ibid). Anti-Blackness, which is the belief that the Black body exists as mutually exclusive from the human (Wynter), is consistently present as racialized subjects move through the medical complex of the U.S. (see Bridges for examples regarding pregnancy). Throughout this nation’s history, extreme policing has marked Black peoples’ birthing experiences, codifying Blackness as a social location characterized by reproductive oppression (Roberts). Birth justice is an end-state in which one may birth and parent outside the

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reach of harm regardless of one's social location; birth justice activists engage resistance tactics to work toward this vision.

TOWARD JUSTICE: DEFINING BIRTH WORKER'S FIELD OF ACTION

I pull the term "field of action" from Saidiya Hartman's "Scenes of Subjection" (50). "Field of action" describes the context in which resistance is performed. For birth workers, this context is defined by historically-rooted obstetric violence and the structures that protect it. Deidre Cooper Owens' "Medical Bondage: Race, Gender, and the Origins of American Gynecology" analyzes the torture of enslaved Black women at the hands of James Marion Sims, the American Father of Gynecology. Owens explains obstetrics' foundations in this violence. Owens says, "Slavery, medicine, and science had a synergistic relationship," in that "the various medical interventions performed on enslaved women's bodies were the sine qua non of racialized medicine and the legitimization of medical branches like obstetrics and gynecology" (11). Owens narrates how the emergence of obstetrics as a medical profession required the eradication of Black midwifery, providing obstetrics with Black bodies as sites of experimentation. He explains, "When white men integrated obstetrics and gynecology, pregnant enslaved women who experienced difficult birthing processes became disproportionately represented in surgical cases in which doctors used blades and forceps to remove fetuses. Surgeries were quite rare in the first half of the nineteenth century, so it is astounding how many medical journal articles listed enslaved women as surgical patients" (54).

Black birthing people were not overrepresented in medical journals due to some recurrent racial birthing pathology; they were overrepresented as medical subjects because they were made more available for intervention. In the early- to mid-1800s, physicians targeted Black midwives and healers alongside their birth-giving clients. Midwives were subject to punishments including

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execution, although their practices were often regarded amongst enslaved Black and white women alike as “more efficacious” (Washington 48-64). Dorothy Roberts’ “Killing the Black Body” depicts how Black birthers, there gendered as women, are disproportionately vulnerable to policing and surveillance, because the state assumes that they will pass their inherent “degeneracy” down to their offspring (9). The over-policing of Black birthing people more contemporarily is continuous with the logic of slavery-era obstetricians and gynecologists who, “[w]hen infants died, castigated the sloth and ignorance of their mothers and the black midwives who attended them” (Owens 63). Black birthers and midwives were blamed for the deaths, ignoring “antebellum doctors’ disdain for hand washing” and the unsanitary settings to which slave shacks were relegated to keep them as far as possible from “whites’ dwellings” (62). Conditions and context, as well as the harmful practices of white authorities, were overlooked in favor of criminalizing the Black body.

Obstetricians mobilized racialized imagery to construct midwives’ Blackness as a source of contagion claiming Black infant lives. For example, in 1925, a doctor “read a paper before the Southern Medical Association in which he described the black midwife as ‘filthy and ignorant and not far removed from the jungles of Africa, laden with its atmosphere of weird superstition and voodooism’” (Smith 125). Interestingly, as recently as 2018, birth workers described obstetricians who said similar things to their Black clients. One said, “I was once assisting a mom from Sudan who didn’t want to do a vaginal exam because she was a victim of female genital mutilation ... Later, when this mom was having trouble pushing, I remember the doctor saying, ‘What’s your problem, you have other kids. Didn’t you give birth in the jungle, anyway?’” (Bobrow). Here, the common incitation of “the jungle” as a signifier of proximity to animality and backwardness speaks to the underlying colonial racism that haunts birth in the U.S.

The anti-Blackness of the U.S. medical complex is a vestige of racial chattel slavery, and Black birth workers utilize various practices to intervene upon this field of action.

Roberts, Owens, and Washington revisit the ghost of enslavement as foundational to Black people's navigation of reproductive healthcare, because, as one of my research respondents said, this trauma "has to live in the body" (Bailey, doula). The institution of slavery naturalized Black pain and rejected Black sentience, according to Saidiya Hartman. She imagines "redress" for this violence as predicated upon a theory of "practice." For Hartman, practice entails "a way of operating defined by 'the non-autonomy of its field of action,' internal manipulations of established order, and ephemeral victories" (50). In other words, practices are short-lived moments resisting the determination of an overarching structure. Birth work is a practice that manipulates the medical order from within, providing inroads by which Black birthers may access more respectful and pleasurable care. Hartman characterizes practice as being constituted by "ephemeral victories." Each delivery is a single, transient instance within the lifetime of a birthing person, but it has the potential to reflect and transform their relationship to medical power, a potential that respondents such as Carmen and Qiddist center in their birth work.

STORIES & COUNTER-STORIES

By erasing Black people's health activism and the history of medical marginalization in the U.S., media coverage of Black maternal mortality has sought to make Black birth givers responsible for their own deaths. ProPublica ("Nothing Protects Black Women From Dying in Pregnancy and Childbirth"), NPR ("Black Mothers Keep Dying After Giving Birth. Shalon Irving's Story Explains Why"), and The New York Times ("Why America's Black Mothers and Babies are in a Life-or-Death Crisis") led a wave of news coverage that many of my respondents

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refer to as “sensationalizing” Black maternal mortality (SJ, doula). Already previewed in these article titles, it would appear that Black mothers are trapped in hopelessly pathological birth experiences.

According to Haile Cole, a professor of sociology and anthropology at Amherst College, the current conversation surrounding Black maternal mortality simply replicates a national obsession with the diseased Black body. Her emerging research on this topic asks, “Why is it important to locate reproduction within the larger dialogues about racial domination and control, and how does reproduction work in conjunction with other technologies of racial and gender-based oppression?” (Cole). Potential answers to these questions begin at analysis of the spectacle made of Black birth, especially as the media’s storytelling serves to erase Black agency — making Black birthers into people who “need saving” to fit easily into the American psyche (ibid). By demonstrating that neither wealth nor education could protect these birthing people, these reports suggest that race — the identity of Black womanhood, especially — is irrevocably damning. These reports never made the essential pivot toward elucidating race as an “organizing principle” of power (Bridges 16). They did not attend to how Black birthers have historically and contemporarily been made vulnerable to violence.

CENTERING BLACK BIRTH WORK AS RADICAL REDRESS

In interviewing seven Black doulas and midwives, I learned how Black birth workers approach their care in response to Black maternal mortality, both as a public health crisis and a media sensation. I investigate how Black birth workers approach Black birth, asking them to reference their own and their clients’ social positioning using semi-structured interviews. I analyzed my transcripts using codes organized by three key themes: race and storytelling, including the media surrounding Black birth; race and birth work, or the tangible practices

informed by social positioning; and race and redress, or how birth workers imagine solutions to maternal mortality disparities. The first names or pseudonyms of birth workers are used to properly attribute their insights, according to their stated preference. Applying critical race framing to my coded transcripts, I learned that Black birth workers approach birth work as racial justice activism and seek to redress deep obstetric wounds that result from histories of medical violence.

Storytelling. All the birth workers interviewed described the media sensation surrounding Black maternal mortality as de-historicized, and many of them saw Black birthers bearing disproportionate blame rather than having their accounts believed (Venus, nurse midwife). Birth workers also spoke to how the media sensation created around Black maternal mortality influences their work with clients. When Efe, doula and student midwife, sees people talking about Black maternal mortality on Instagram and Twitter, “people are scared; they’re terrified.” As Qiddist, a doula, says, headlines such as her “least favorite but most telling,” which was the ProPublica “Nothing Protects Black Women From Dying in Pregnancy and Childbirth,” relegate Black birthers to a position of fear and doom. Qiddist says that Black birthing people seem like “a lost cause,” and ultimately, “[t]hat’s just not true!” Qiddist feels that her role intervening in this narrative is to provide clients with diasporic practices, which she calls “protective factors,” reminding birthers that they “are not broken” and instead live within a violent system. Efe and Qiddist respond to the media sensation by guiding their clients toward avenues by which they can birth safely.

Trauma as a Basis for Black Birth Work. As Black midwives and doulas are personally familiar with the specifics of being Black in an anti-Black world (Dumas and ross), they use birth work to combat the systematic dehumanization of their clients and themselves. Based on

the responses of my interlocutors, I understand birth work as a practice of reciprocal healing because its radical care grasps at the root, addressing obstetric violence as just one of many manifestations of “endemic anti-Blackness” (ibid). What does it mean to perform birth work from this depth of consideration? It means assuming trauma as a presupposition for clients and seeing birth work and training as racially circumscribed. Doula SJ reflects that most of her Black clients specifically had “complicated relationships either to doctors or Western medicine” or knew “about how Black women are at higher risk for all sorts of complications during labor, and they [came] into that experience with more apprehension and more worry.” Similarly, doula Sade was attracted to doula care via her personal encounters with medical professionals, who generally treated her like she had no knowledge of her own body. She found doula work as a method for facilitating the reclamation of bodily autonomy for others, “specifically Black, indigenous, and queer” birthers. Sade activates her racial empathy into a birth work practice focused on recuperating personal power. In this way, Sade finds healing for herself and her clients.

Radical Redress. Efe applies an abolitionist framing to birth justice because she finds the entire medical system culpable for maternal deaths and aims to dismantle it. To think of birth justice through an abolitionist framework, making contemporary Black maternal mortality continuous with the legacy of slavery, indicates that Efe processes her role as a birth worker in relationship to a larger project of racial liberation. Interviews with doula Bailey and professional midwife Carmen were similarly saturated with radical imaginations of what redress could resemble for Black birthing people. For instance, Carmen considers her midwifery a method of direct action, emphasizing that she uses midwifery to “interrupt trauma.” Bailey hopes greater visibility for Black maternal mortality in public media will culminate in support for more birth

centers, community-based doula collectives, and greater concern for Black women's health overall, not just when they are "dying in pregnancy and childbirth" (Bailey referencing the title of the article by Montagne and Martin). These doulas invoke birth work toward a vision of repair in which life in a Black body is not immediately tied to death.

CONCLUSION

SJ, Efe, Venus, Sade, Carmen, Qiddist, and Bailey all approach their birth work from the social location of Blackness. The specificity of being Black in an anti-Black world makes the body a target for dismemberment and dehumanization, both in birth as a physio-social event and the stories we tell about it. These birth workers' often trauma-informed, radical care seeks to nourish alienated bodies. Through redressive practices that intervene on the birth industry as an oppressive field of action, they hope to craft new potential for pleasure and healing for birthing Black bodies. Blackness and its attendant social death inspire these birth workers to think about "care" differently from their white counterparts, as they "comfort, and defend...those living lives... in the presence of death" (Sharpe 38). Assisting birth in the context of constant death looks like teaching childbirth education in view of an altar for the lost (see Appendix Image 1). Black birth work, sitting in the wake of slavery, must be centered in conversations of Black maternal health because it leads us to unpack what it means to birth when one is socially constructed in antagonism to life.

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REFERENCES

- Ancient Song Doula Services. (ancientsong). "Because when I spoke softly, you refused to hear me. And when I screamed I was too angry...." *Instagram*, 11 Feb 2019, <https://www.instagram.com/p/Btv7Bm0nbOf/>.
- "Bailey, Doula". Interview. By Onyinyechi Jessica Ogwumike. 13 Mar. 2019. Telephone Interview.
- Bailey, Marlon M., and L. H. Stallings. "Antiblack Racism and the Metalanguage of Sexuality." *Signs: Journal of Women in Culture and Society*, vol. 42, no. 3, 2017, pp. 614–621.
- Bailey, Moya. "Misogynoir in Medical Media: On Caster Semenya and R. Kelly." *Catalyst: Feminism, Theory, Technoscience*, vol. 2, no. 2, 2016, pp. Catalyst: Feminism, Theory, Technoscience, 2016, Vol.2(2).
- Bey, Asteir, et al. *ADVANCING BIRTH JUSTICE: Community-Based Doula Models as a Standard of Care for Ending Racial Disparities*. 2019, pp. 1–33.
- Bobrow, Emily. "What It's Like to Be a Doula for Women of Color." *The Cut*, New York Media , 28 Aug. 2018, www.thecut.com/2018/08/what-its-like-to-be-a-doula-for-women-of-color.html.
- Bocanegra, Heike Thiel De, et al. "Racial and Ethnic Disparities in Postpartum Care and Contraception in California's Medicaid Program." *American Journal of Obstetrics and Gynecology*, vol. 217, no. 1, 2017, pp. 47.e1–47.e7., doi:10.1016/j.ajog.2017.02.040.
- Bridges, Khiara. *Reproducing Race: An Ethnography of Pregnancy as a Site of Racialization*. University of California Press, 2011.

- “CALL TO ACTION! SUPPORT COMMUNITY-BASED DOULAS WHO GO #BEYONDBIRTHWORK.” *AncientSongDoula*, Ancient Song Doula Services, www.ancientsongdoulaservices.com/so/0aMOrzJ-3#/main.
- “Carmen, Professional Midwife.” Interview. By Onyinyechi Jessica Ogwumike. 12 Mar. 2019. Telephone Interview.
- Christian, Barbara. “The Race for Theory.” *Feminist Studies*, vol. 14, no. 1, 1988, pp. 67–79., doi: 129.219.247.33 .
- Chuck, Elizabeth. “‘An Amazing First Step’: Advocates Hail Maternal Mortality Prevention Bill.” *NBCNews.com*, NBCUniversal News Group, 19 Dec. 2018, www.nbcnews.com/news/us-news/amazing-first-step-advocates-hail-congress-s-maternal-mortality-prevention-n948951.
- Cole, Haile E. “Reproduction on Display: Black Maternal Mortality, The Newest Case for National Action.” Northwestern University Department of African American Studies, 19 April 2018, Kresge Centennial Hall, Evanston, IL. Talk.
- Collins, Jane L., et al. *New Landscapes of Inequality: Neoliberalism and the Erosion of Democracy in America*. 1st ed. Santa Fe, N.M.: School for Advanced Research, 2008. Print. School for Advanced Research Advanced Seminar Ser
- Cottom, Tressie McMillan. “Pregnant Black Women Are Treated as If They're Incompetent.” *Time*, Time, 8 Jan. 2019, www.time.com/5494404/tressie-mcmillan-cottom-thick-pregnancy-competent/.
- Crear Perry, Joia. “Race Isn't a Risk Factor in Maternal Health. Racism Is.” *Rewire.News*, Rewire.News, 11 Apr. 2018, www.rewire.news/article/2018/04/11/maternal-health-replace-race-with-racism/.

- Davis-Floyd, Robbie, and Elizabeth Davis. "Intuition as Authoritative Knowledge in Midwifery and Home Birth." *Childbirth and Authoritative Knowledge: Cross-Cultural Perspectives*, edited by Robbie E. Davis-Floyd and Carolyn F. Sargent, University of California Press, 1997, 315- 349.
- Dawes Gay, Elizabeth. "New York Governor Cuomo Should Not Play Politics With Black Maternal Health." *Rewire.News*, Rewire.News, 17 Oct. 2018, rewire.news/article/2018/10/17/new-york-governor-cuomo-should-not-play-politics-with-black-maternal-health/.
- Dumas, Michael J. "Against the Dark: Antiracism in Education Policy and Discourse." *Theory Into Practice*, vol. 55, no. 1, 2015, pp. 11–19., doi:10.1080/00405841.2016.1116852.
- Dumas, Michael J., and Kihana Miraya Ross. "'Be Real Black for Me.'" *Urban Education*, vol. 51, no. 4, 2016, pp. 415–442., doi:10.1177/0042085916628611.
- "Efe, Doula and Student Midwife." Interview. By Onyinyechi Jessica Ogumike. 4 Mar. 2019. Video Interview.
- Favela-Gary, Olivia, host. "Racha the Midwife." *This American Midwife*, *Apple Podcasts app*, 13 February 2019.
- Freire, Paulo. *Pedagogy of the Oppressed*. Continuum, 1970.
- Graham, Nathalie. "Meet the Trans Midwife Changing the World's 'Most Gendered Profession'." *Slog*, *The Stranger*, 8 Jan. 2019, www.thestranger.com/slog/2019/01/08/37690044/meet-the-trans-midwife-changing-the-worlds-most-gendered-profession.

- Hartman, Saidiya V. *Scenes of Subjection: Terror, Slavery, and Self-Making in Nineteenth-Century America*. Oxford University Press, 1997.
- Haskell, Rob. "Serena Williams on Motherhood, Marriage, and Making Her Comeback." *Vogue*, Vogue, 10 Jan. 2018, www.vogue.com/article/serena-williams-vogue-cover-interview-february-2018.
- Helm, Angela. "Kira Johnson Spoke 5 Languages, Raced Cars, Was Daughter in Law of Judge Glenda Hatchett. She Still Died in Childbirth." *The Root*, The Root, 19 Oct. 2018, www.theroot.com/kira-johnson-spoke-5-languages-raced-cars-was-daughte-1829862323.
- Hill Collins, Patricia. "Mammies, Matriarchs, and Other Controlling Images." *Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment*. Unwin Hyman, 1990.
- Howard, Jacqueline. "Childbirth Is Killing Black Women, and Here's Why." *CNN*, Cable News Network, 15 Nov. 2017, www.cnn.com/2017/11/15/health/black-women-maternal-mortality/index.html.
- Hurtado, Aída. "Theory in the Flesh: Toward an Endarkened Epistemology." *International Journal of Qualitative Studies in Education*, vol. 16, no. 2, 2003, pp. 215–225., doi:10.1080/0951839032000060617.
- Logan, Onnie Lee, and Katherine Clark. *Motherwit an Alabama Midwife's Story*. Plume, 1991.
- Lorde, Audre. *A Burst of Light and Other Essays*. 1988. Ixia Press, 2017.
- Lugones, María. "Playfulness, 'World'-Travelling, and Loving Perception." *Hypatia*, vol. 2, no. 2, 1987, pp. 3–19. *JSTOR*, www.jstor.org/stable/3810013.

- Luna, Zakiya, and Kristin Luker. "Reproductive Justice." *Annual Review of Law and Social Science*, vol. 9, no. 1, 2013, pp. 327–352., doi:10.1146/annurev-lawsocsci-102612-134037.
- Johnson, Kimberly Ann, host. "Racha Lawler on Black Midwifery and Systemic Racism in Health Care." *Magamama with Kimberly Ann Johnson*, episode 38, Magamama 3, Aug. 2018, <https://www.magamama.com/podcasts/>
- Martin, Nina. "A Larger Role for Midwives Could Improve Deficient U.S. Care for Mothers and Babies." *ProPublica*, 9 Mar. 2019, www.propublica.org/article/midwives-study-maternal-neonatal-care.
- Martin, Nina, and Renee Montagne. "Nothing Protects Black Women From Dying in Pregnancy and Childbirth." *ProPublica*, ProPublica, 7 Dec. 2017, www.propublica.org/article/nothing-protects-black-women-from-dying-in-pregnancy-and-childbirth.
- McCourt, Christine. *Childbirth, Midwifery and Concepts of Time*. New York: Berghahn, 2009.
- "Miriam Zoila Pérez: How Does Racism Affect Pregnant Women And Babies?" *NPR*, NPR/TED, 16 Mar. 2018, www.npr.org/2018/03/16/593870089/miriam-zoila-p-rez-how-does-racism-affect-pregnant-women-and-babies.
- Mitchell, Katie. "Why We Need To Talk About Maternal Mortality After Erica Garner's Death." *Bustle*, Bustle, 17 Dec. 2018, www.bustle.com/p/after-erica-garners-death-we-need-to-talk-about-how-maternal-mortality-affects-black-women-7739678.
- Morgan, Jennifer L. " 'Some Could Suckle over Their Shoulder:' Male Travelers, Female Bodies, and the Gendering of Racial Ideology, 1500-1770." *The William and Mary Quarterly* 54.1 (1997): 167-92. Web.

- Muhammad, Asasiya. (thepeoplesmidwife). "At 2 cm she said she couldn't imagine how contractions could get any more intense. 12 hours later she breathed her way to 6 cm..." *Instagram*, 2 Mar 2019, <https://www.instagram.com/p/Buh-vdEHdO0/>.
- Muhammad, Asasiya. (thepeoplesmidwife). "There are only a few people that I look to for inspiration and she is definitely one..." *Instagram*, 26 Jun 2018, <https://www.instagram.com/p/BkgMScTg0tL/>.
- Murphy-Lawless, Jo. *Reading Birth and Death : A History of Obstetric Thinking*. Bloomington: Indiana UP, 1998.
- Nash, Jennifer. "Practicing Love: Black Feminism, Love-Politics, and Post-Intersectionality." *Meridians* 11.2 (2011): 1-24. Web.
- Owens, Deirdre Cooper. *Medical Bondage: Race, Gender, and the Origins of American Gynecology*. University of Georgia Press, 2018.
- "Qiddist, Doula". Interview. By Onyinyechi Jessica Ogwumike. 13 Mar. 2019.
- Roberts, Dorothy. *Killing the Black Body: Race, Reproduction, and the Meaning of Liberty*. Vintage Books, 1997.
- Russel Y Rodríguez, Mónica. "Confronting Anthropology's Silencing Praxis: Speaking Of/From a Chicana Consciousness." *Qualitative Inquiry*, vol. 4, no. 1, 1998, pp. 15–40.
- "Sade, Doula". Interview. By Onyinyechi Jessica Ogwumike. 8 Mar. 2019. Telephone Interview.
- @SassyE." Doulas are not the solution to Black women dying or being at risk of dying in childbirth and after. Doulas are the solution. Doulas are the not the solution. Doulas are not the solution. Doulas are not the solution. Doulas are not the

solution.” *Twitter*, 27 Feb 2019,

11:01 am, <https://twitter.com/SassyE/status/1100803241107963905>.

Schalk, Sami. “Coming to Claim Crip: Disidentification with/in Disability Studies.” *Disability Studies Quarterly*, vol. 33, no. 2, 2013, pp. Disability Studies Quarterly, 04/18/2013, Vol.33(2).

Sharpe, Christina Elizabeth. *In the Wake : on Blackness and Being*. Duke University Press, 2016.

“SJ, Doula”. Interview. By Onyinyechi Jessica Ogumike. 4 Mar. 2019.

Smith, Susan Lynn. *Sick and Tired of Being Sick and Tired : Black Women’s Health Activism in America, 1890-1950*. University of Pennsylvania Press, 1995.

“These Doulas Are Delivering Support for Black Mothers.” *HuffPost*, The Huffington Post, 28 Feb. 2019, www.youtube.com/watch?v=VS-XS8oCHN4&feature=youtu.be.

Thomas, Mary-Powel, et al. “Doula Services Within a Healthy Start Program: Increasing Access for an Underserved Population.” *Maternal and Child Health Journal*, vol. 21, no. Supplement 1, 2017, pp. 59–64.

Tinsley, Omise'eke Natasha. “Black Atlantic, Queer Atlantic: Queer Imaginings of the Middle Passage.” *GLQ*, vol. 14, no. 2/3, 2008, pp. 191–215.

Valeii, Kathi. “Birth Needs a #MeToo Reckoning.” *Dame Magazine*, 26 June 2018, www.damemagazine.com/2018/06/18/birth-needs-a-metoo-reckoning/.

Varner, Cheyenne. “Life's Work: A Photo Audio Documentary Project.” *Everyday Birth Magazine*, Everyday Birth Magazine, 25 Feb. 2019, www.everydaybirth.com/blog-main/2019/2/25/lifes-work-a-photo-audio-documentary-project.

- Varner, Cheyenne. "Stop Telling Me Black Women Die During Childbirth And Start Showing Me How We Can Thrive." *Blavity Opinions*, Blavity , 11 Mar. 2019, www.blavity.com/stop-telling-me-black-women-die-during-childbirth-and-start-showing-me-how-we-can-thrive.
- "Venus, Nurse Midwife". Interview. By Onyinyechi Jessica Ogumike. 6 Mar. 2019. Telephone Interview.
- Villarosa, Linda. "Why America's Black Mothers and Babies Are in a Life-or-Death Crisis." *The New York Times*, The New York Times, 11 Apr. 2018, www.nytimes.com/2018/04/11/magazine/black-mothers-babies-death-maternal-mortality.html.
- Washington, Harriet A. *Medical Apartheid : the Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present*. 1st ed., Doubleday, 2006.
- "What Is Birth Justice?" *Black Women Birthing Justice*, Black Women Birthing Justice , 2017, www.blackwomenbirthingjustice.org/what-is-birth-justice.
- Wolf, Jacqueline H. "Risk and Reputation: Obstetricians, Cesareans, and Consent." *Journal of the History of Medicine and Allied Sciences*, vol. 73, no. 1, 2018, pp. 7–28.
- Wynter, Sylvia. "'No Humans Involved:' An Open Letter to My Colleagues." *Forum N.H.I. Knowledge for the 21st Century*, vol. 1, no. 1, 1994, pp. 42–73.

APPENDIX



Image 1 - A screenshot of @ancientsong's Instagram story depicting an altar in honor of the Black mothers recently lost nationwide to maternal mortality.

ENDNOTES

i A great deal of the social media sources here analyzed were ephemeral texts. For example, Instagram stories and lives (videos) often disappear after 24 hours unless the original person who posts the story or **live** elects to archive that material for continuous public access. That being the case, if an item is not cited it is because it cannot be referenced again, but I was fortunate to engage with it and analyze it while it was available. Instagram posts (videos and pictures on a public page), tweets, Facebook statuses, and other social media with more permanence are cited.

ii Throughout this work, I have tried to remain skeptical of how birth has been gendered as the inherent domain of cis-women. In an era in which trans and gender nonconforming people are increasingly gaining access to labor, facing obstetric violence, and seeking birth work, it would be inaccurate to suggest every Black person who gives birth identifies as a woman. Additionally, gender nonconforming and birth workers who identify as men are often erased from this practice (Graham). When speaking of Black people engaging childbirth as a general experience, I will aim to use genderless language (birth giver, birther, person giving birth, people, etc.). When speaking of professionals facilitating birth in general, I will use “birth worker,” “doula,” and “midwife” as genderless terms (although gender has been built into the etymology of these labels, and another space for radical imagination would be formulating new vocabulary for more accurately discussing birth). When gendered language is incited, it will be because I refer to a specific entity whose gender identity is publicly known and has been stated in the source. For example, many of my featured Black midwives refer to themselves as Black women. Unfortunately, only two of my respondents identified as queer Black people, and only one used the gender-neutral pronoun “they” interchangeably with “she” (which is reflected in the

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section in which their sentiments are used). It would be a priority of future, more extensive research to expand my body of respondents to include more gender non-conforming, gender non-binary, and genderqueer persons.

