

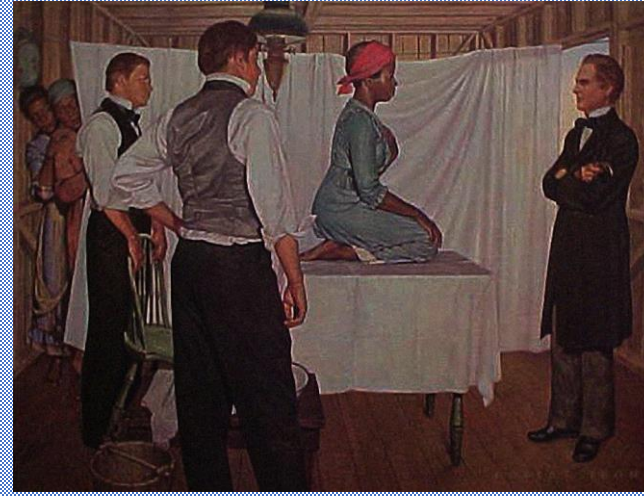
**Should I trust my provider?
Socio-structural influences in
African American women's
maternal health experiences**

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Addressing Medical Mistrust in Black Communities: Implications for
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Maternal Health Disparities in Historical Context



- Anarcha and the early origins of obstetrics and gynecology (quote)
- the medicalization of birth and pathologization of pregnancy
- Consequence #1: shift from birth as a natural occurrence to one requiring medical guidance and intervention only within hospital settings

I Must Trust a Doctor Rather Than a Midwife



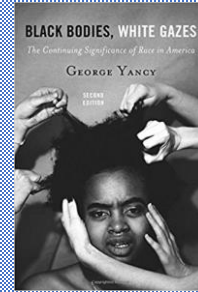
- Consequence #2: the removal of autonomy and legitimacy of grandmother midwives (Bonaparte 2007, 2014a, and 2014b)
- Largely white male physicians problematized these healers and midwives of both Black and White communities in order to establish authoritative knowledge within early 20th century medicine
- Consequence #3: legacy of scientific racism persists and most especially pathologizes Black people

Understanding U.S. Medicine's Usage of Racism

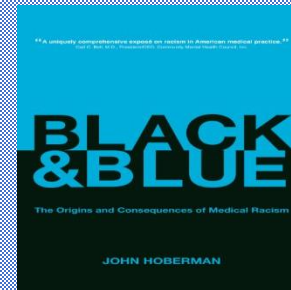
Harriet Washington and iatrophobia



George Yancy



John Hoberman



Authoritative Knowledge in Medicine and Black Maternal Health Outcomes via Racist Praxis



- Authoritative knowledge and clinical encounters
- Clinician and patient models influence patient satisfaction and compliance and can either lessen or increase health literacy
- Certain models like the activity-passivity model reduce autonomy and place clinicians in an authoritative paternalistic role → more interventions in birthing settings (ex. Data on unnecessary c-sections, birthing complications such as hemorrhaging, and role of chronological racism despite class and educational privileges)
- Mossey (2011) explains how implicit bias is also related to inadequate pain management of African American people
- Yet, those people with social and racial privileges are able to have more autonomous birthing experiences and overall—better clinical encounters.
- So, how do we move from racist praxis towards anti-racist praxis in maternal healthcare?

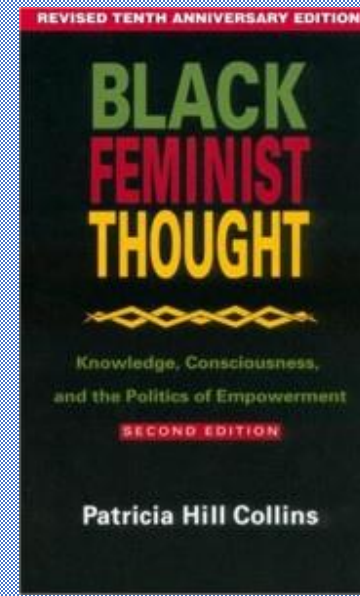
*artist Abby Hirsch

The Case for Community Health Workers in Black Birthing Centers



- Community Health Worker (CHW) (definition) and connections to the Mutual Participation Model and the Guidance Cooperation Model
- Applicability to Black Maternal Health Outcomes—The Birth Place Birthing Center and the JJWay principles
- Principles of therapeutic communication, narrative medicine, and cultural humility shepherd more satisfactory clinical encounters and patient compliance

BFS in the Clinical Toolkit



- Black feminist sociology centers the lived experiences of Black women across the Diaspora and encourages a recognition of how and why their social lives are impacted by various socio-structural factors beyond just race, class, and gender but also including culture, cosmology, and colonialism.

Conclusion

- A reduction in iatrophobia must incorporate a deeper awareness of implicit bias and an embrace and commitment towards better clinical practices
- Use the JJWay as a model of how and why being a better clinician allows you all as providers to truly follow the oath of doing no harm but rather being in service to your patients.

Thank you!

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