



Maternal Health Disparities and Responses Through Advocacy and Policy in the 20th Century

Grace Taylor, Faculty Advisor: Dr. Matthew Andrews

THE UNIVERSITY
of NORTH CAROLINA
at CHAPEL HILL

Historiography

Much of the existing history of maternal health in the 20th century focuses on the experiences of white, wealthy, and urban women. Black, poor, and rural women were not well represented and their exclusion leaves a gap in the understanding of the how non-privileged Americans experienced pregnancy and childbirth. In addition, there is very little written about the grassroots organizing that occurred around the nation or the federal policy interventions taken in response to the disparities in maternal health care. As a result, this research sought to fill part of that gap.

Methodology

In order to explore the unequal distribution of maternal health care services during the 20th century, a number of different sources were utilized. Government records such as committee or department reports and public health pamphlets were useful for understanding the problems facing women of number of deaths resulting from these challenges. Newspaper articles published throughout the 1900s provided the necessary information about assistance programs, advocacy, and public responses to maternal health disparities. Books on the history of childbirth care, health equity, and community organizing were also utilized.

Changes to Maternal Health and the Growth of Disparities

- ❖ Midwives were the most common providers for pregnant and birthing women until the first few decades of the 20th century.
 - In the early 1900s, midwives lacked formal training and infection control was very difficult for home births. The allure of new providers and tools for a safer birth led some women to transition to physicians.
- ❖ Most physicians and hospitals were only accessible to white women, and segregated facilities were often abysmal for Black women and lacked the resources white hospitals had.
 - In 1938, 95% of white women had physician attendants at their births, only 45% of Black women did, and further only 20% of Black women gave birth in hospitals while 50% of white women did, with Black women and infants seeing a higher rate of complication and death.
- ❖ Especially during the Great Depression of the 1930s, the cost of a hospital birth could be up to \$170 when many Americans made less than \$2,000 a year.
 - The Emergency Maternity and Infant Care Program (EMIC) provided wives of service members with free pregnancy and childbirth care, and helped safely deliver 1,000,000 babies during its time. Unfortunately, the program only lasted from 1943-1945.
- ❖ Physicians and hospitals during the early to mid 1900s were clustered in cities, leaving women in rural communities to seek out midwife care or travel long distances to the nearest hospital.
 - Rural women had a 50% higher maternal mortality rate compared to their urban peers.
- ❖ Women's identities played a large role in the childbirth services they received, and women who dealt with more than one of these barriers saw even larger disparities in care.

Grassroots Advocacy in Maternal Health Between 1960 and 1999

- ❖ From the Black Panthers to a Tufts physician, and free-standing clinics to mobile health buses, the second half of the 20th century saw the rise of a new kind of health activism, one centered in community health and outreach.
- ❖ The success of community based programming for reducing maternal health disparities stemmed from the ability for each organization or chapter to tailor resources to the specific needs of their community.
- ❖ The People's Free Medical Clinics were established by the Black Panthers in the late 1960s through the 1970s with locations associated with each of their chapters across the nation.
 - The clinics became integral parts of the community and served thousands of Black families.
- ❖ Maternity Care Coalition of Philadelphia publicized government aid programs and helped low-income pregnant women register, in an effort to combat the lack of adequate prenatal care in this group.
 - The MOMobile was an MCC van that traveled around Philadelphia starting in the mid 1980s, and had volunteers on board with a cellphone to help women set up prenatal appointments or educate them on various topics that would help them care for their babies.
- ❖ Located in Mound Bayou, Mississippi in 1965, the Tufts-Delta Health Center was created to provide residents with a variety of health services, including OB/GYN care, that they had not previously had access to based on their location and high Black population.
- ❖ The recognition of social factors in influencing maternal and infant health reaffirmed the work done by each of these organizations and the activists who put tireless effort to ensure that women had access to non-medical resources to support their pregnancy in addition to prenatal and birth care.



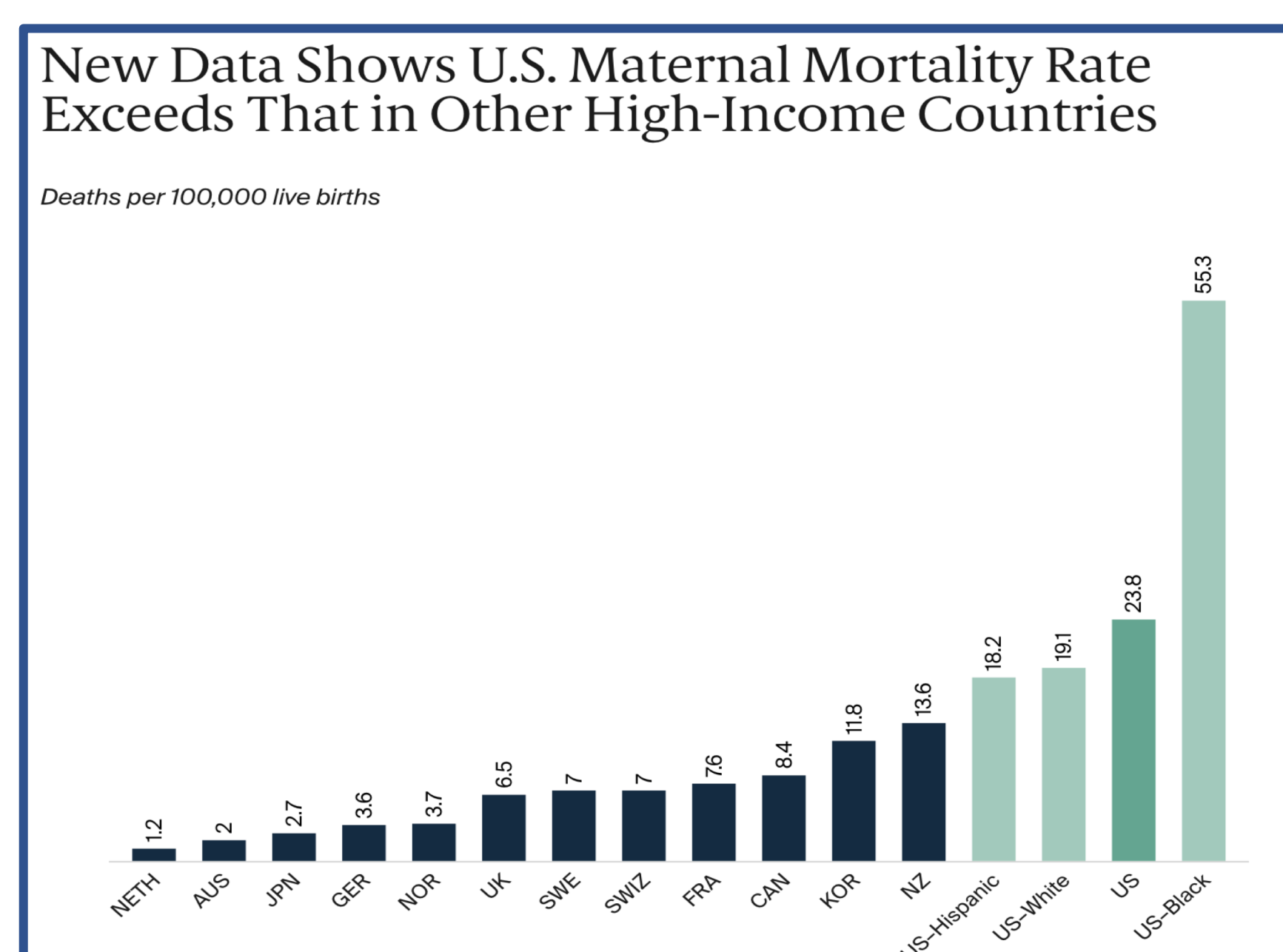
Left: Woman visits a People's Free Medical Clinic to receive care from a provider. These clinics served the Black community and played a vital role in bringing maternal health services to urban Black communities in the 1970s and early 1980s.



Right: Dr. Jack Geiger and Dr. John Hatch stand in front of an unfinished Tufts Delta Health Center in 1968. It was one of the first rural community health centers in the nation and proved the efficacy of community health programs to combat disparities.

Relevance Today

While these programs and policies were positive steps to addressing maternal health inequity in the 20th century, many of these disparities are still present today in some form. The U.S. has the highest maternal mortality rate of any high income nation, and women encounter barriers such as cost, location, and racial biases. The Biden administration plan to reduce disparities is promising, and hopefully lessons can be learned from the advocacy and policy interventions of the 20th century.



Above: A study by the Commonwealth Fund shows the 2022 maternal mortality statistics for the United States and other high income countries.

Bibliography: Scan the QR code to see the bibliography



Maternal Health Policy Successes and Shortcomings

- ❖ In 1963, President Kennedy expanded funding for Maternity and Infant Care (MIC) programs.
 - One Ohio clinic used MIC funds to host events focused on increasing awareness of prenatal resources available to low income women as well as educating expectant mothers on different topics related to pregnancy and birth. Unfortunately, limited funding and policy expiration dates prevented MIC programs from having a broader reach and impact.
- ❖ Medicaid, passed in 1965, granted maternal health care access for low-income women, and especially low-income women of color, but benefits varied by state and were often the target of political agendas.
 - This ability to access affordable prenatal and childbirth services resulted in a 2% decrease in Black maternal mortality by 1970.
- ❖ The Reagan administration cut social spending, including Medicaid, before increasing funding in 1984.
 - The Reagan administration's defunding and then expansion of Medicaid a few years later created a lack of consistency in Medicaid function that made maintaining coverage for programming difficult, which negatively impacted poor women.
- ❖ Women saw greater access to prenatal, childbirth, and post-partum care through federal policies, however there were numerous flaws that prevented significant and permanent reductions in disparities.