

## POSITION STATEMENT

### **Racism and Racial Bias in Midwifery and Reproductive Health Care**

The American College of Nurse-Midwives (ACNM) is resolute in its commitment to eradicating racism and racial bias within the midwifery profession and reproductive health care. Midwives have a crucial responsibility to confront these challenges by understanding both historical and contemporary manifestations of racism in healthcare.

Addressing the systemic forces that perpetuate racial disparities is essential to advancing midwifery care that is equitable, respectful, culturally responsive, and trauma informed. At the heart of this commitment is the imperative to provide non-judgmental, person-centered care while actively working to mitigate the harmful impacts of racism on the health and well-being of Black, Indigenous, and People of Color (BIPOC). This position statement affirms the recognition of racism as a root cause of reproductive health inequities. It underscores the urgent need to confront and dismantle the systems that continue to drive disparities in health outcomes for communities of color.

#### **To advance this vision, ACNM affirms the following guiding principles and commitments:**

- Recognize racism as a public health crisis and a critical barrier to achieving equity in midwifery and reproductive health care.
- Affirm responsibility to actively dismantle systemic racism within midwifery education, clinical practice, and healthcare systems.
- Commit to eliminating implicit and explicit bias through ongoing education, accountability, and implementing anti-racist practices across all levels of midwifery care.
- Support community-led and culturally grounded models of care that affirm BIPOC lived experiences and wisdom.
- Advocate for policies that promote birth justice and address social and structural determinants of health, including access to midwifery care in underserved communities.
- Diversify the midwifery workforce through equitable recruitment, retention, and leadership opportunities for students and midwives from historically excluded communities.
- Acknowledge the harm caused by historical and ongoing racism in reproductive health care and affirm the need for healing-centered, trauma-responsive approaches to care.
- Commit to measuring progress toward racial equity through transparent data collection, shared accountability, and inclusive collaboration with impacted communities.

## Understanding Health Disparities

Although maternal mortality rates declined from 32.9 to 22.3 deaths per 100,000 live births between 2021 and 2022, stark racial disparities persist.<sup>1</sup> In 2022, the rate for Black individuals was 49.5 per 100,000, more than twice that of White individuals (19.0) and significantly higher than Hispanic (16.9) and Asian (13.2) populations.<sup>1</sup> These disparities reflect systemic racism and implicit bias in healthcare, not merely differences in education or income. Additionally, severe maternal morbidity (SMM), or unexpected complications during labor and delivery that result in serious short-term or long-term health consequences, preterm birth, and low birth weight are important factors contributing to these disparities. Black individuals are 2.3 times more likely to experience SMM than White individuals with a preterm birth rate of 14.8%, about 50% higher.<sup>2-4</sup> Black infants are also more likely to be born at low birth weight compared to White infants. Between 2021 and 2023, the average low birthweight rate for Black infants in the United States was 14.2%, nearly double the rate for White infants at 7.3%.<sup>5</sup> Black infants also face mortality rates more than double those of White infants, underscoring the urgent need for structural reform and equity-focused interventions.<sup>6</sup>

Reports such as the *Listening to Mothers III* survey have highlighted a higher incidence of mistreatment during childbirth among Black individuals compared to their White counterparts, with 21% of Black mothers reporting such experiences compared to 14% of White mothers.<sup>7</sup> More recently, 3 critical themes of racism in maternal healthcare have been identified: institutional barriers to equitable maternal care; inequities in clinical care and provider-patient interactions; and persistent challenges of navigating daily experiences of interpersonal racism.<sup>8</sup> The lived experiences of BIPOC further illustrate how systemic factors—encompassing both individual and institutional racism as well as inequitable policies—continue to hinder access to and the provision of high-quality maternal care.<sup>9,10</sup>

Women of color experience disproportionately high rates of violence, including intimate partner violence, sexual assault, and trafficking—which negatively impact reproductive health through increased risks of adverse pregnancy outcomes and delayed care.<sup>11</sup> These health disparities highlight broader societal inequities rooted in racism and discrimination. Despite improvements in access to healthcare, barriers due to insurance coverage, economic factors, and social determinants of health continue to affect outcomes negatively for people of color.<sup>3</sup>

There is an urgent need for targeted interventions and systemic reforms to address and rectify these deeply embedded disparities in maternal and infant health outcomes.

## Comprehensive Approach to Addressing Racism

The ACNM is committed to implementing a comprehensive and sustained strategy to eliminate racism and racial bias within midwifery and reproductive healthcare. This approach aligns with ACNM's position that midwives must understand the historical and ongoing manifestations of racism, recognize the structural forces that perpetuate disparities, and actively work to dismantle them at every level of practice.

Midwives are called to engage in continuous self-reflection and personal development to identify and interrupt implicit bias, internalized racism, and any behaviors that may unintentionally sustain inequity in care. This self-awareness is foundational to delivering nonjudgmental, culturally sensitive, and trauma-informed care that actively mitigates the harmful effects of racism on the health outcomes of BIPOC. In addition to personal introspection, midwives must become active bystanders, prepared to intervene when witnessing racially motivated actions or discriminatory behavior in healthcare settings. This responsibility is integral to creating safe, respectful, and equitable care environments.<sup>12</sup>

ACNM also recognizes that a genuinely equitable profession must reflect the diversity of the communities it serves. To this end, the organization affirms its commitment to increase racial and ethnic diversity within the midwifery workforce; support leadership advancement of Midwives of Color across all levels; and embed anti-racism strategies in the midwifery profession. These principles are reflected in ACNM's efforts to evaluate and improve its core competencies, partner with accrediting bodies like the Accreditation Commission for Midwifery Education (ACME), and ensure that training, certification, and ongoing education promote inclusive, equitable care. Through these collective actions, ACNM aims to build a more diverse, equitable, and prepared midwifery workforce equipped to lead healthcare transformation.

### **Addressing Systemic Challenges**

Midwives play a crucial role in dismantling structural racism by identifying and opposing discriminatory practices within their institutions. This effort necessitates a deep understanding of the historical context of racism in American healthcare, tracing its roots from colonial-era oppression to contemporary systemic inequities.

Structural racism is perpetuated through a network of interconnected systems that limit access to essential resources such as quality education, employment, housing, and healthcare.<sup>12</sup> A noteworthy example is "redlining," a practice historically used to enforce residential segregation that continues to contribute to health disparities today.<sup>12</sup> By acknowledging and actively addressing these entrenched inequities, midwives can help promote more equitable and just healthcare outcomes for all communities.

### **Scientific Understanding of Racism's Health Impact**

The relationship between racism, trauma, and health is further elucidated through the NEAR (Neuroscience, Epigenetics, Adverse Childhood Experiences, Resilience) sciences. Chronic stress related to racism can disrupt the hypothalamic-pituitary-adrenal (HPA) axis, contributing to adverse health outcomes.<sup>13</sup> Epigenetic studies have demonstrated that racial discrimination can cause lasting changes in gene expression, impacting the health of future generations.<sup>14-16</sup> Adverse Childhood Experiences (ACEs) are more prevalent in communities of color and correlate strongly with poor health outcomes, including complications during pregnancy.<sup>17-19</sup> However, resilience is also a key factor and understanding how communities of color demonstrate resilience can inform more effective interventions.<sup>19</sup> Midwives are encouraged to integrate

trauma-informed and responsive care practices, empowering patients, engaging cultural humility, and fostering patient and personal self-care.

The impact of racism on BIPOC health is profound. These groups often experience a "double burden" of stress, facing both the direct effects of racial discrimination and the additional challenges posed by gendered inequalities. The *Weathering* framework, developed by public health researcher Arline Geronimus, provides an essential lens for understanding these health disparities.<sup>20</sup> It suggests that the cumulative effect of social, economic, and environmental stressors over time leads to increased vulnerability to poor health outcomes, including preterm birth and maternal mortality.

To respond effectively, maternal health education must go beyond clinical instruction to incorporate training on identifying and addressing social determinants of health (SDOH). This includes preparing students to screen for SDOH, engage in culturally responsive communication, and develop care plans that integrate social support strategies. Midwives must be equipped to connect patients with community-based resources such as housing assistance, nutrition support, mental health services, and transportation to reduce barriers to health and wellness. These efforts are essential to fostering trust, improving patient-provider relationships, and ensuring that BIPOC feel supported, heard, and empowered throughout their perinatal experience.

### **Commitment to Change**

ACNM is steadfast in its commitment to transforming the midwifery profession by addressing racism and health disparities. This dedication is reflected in ongoing educational efforts to increase awareness and understanding of these critical issues. In alignment with the 2021 statement *Truth and Reconciliation Resolution*, ACNM acknowledges the historical and structural racism within the midwifery profession and is taking active steps to dismantle these injustices.<sup>21</sup> This dedication extends across leadership, education, and practice. ACNM is working to increase the racial diversity of its membership, support the leadership of midwives of color, and integrate anti-racism strategies into educational and professional practices. This commitment reflects ACNM's dedication to creating a more equitable and inclusive midwifery profession for all.

### **Conclusion**

ACNM remains unwavering in its commitment to addressing racism and racial bias in midwifery and reproductive healthcare. This endeavor demands a sustained focus on individual, institutional, and systemic education to foster an inclusive, equitable, and culturally sensitive profession. Recognizing midwives as trusted healthcare providers uniquely positioned to drive change, ACNM seeks to empower them to transform their practices and advocate for broader societal reforms that advance reproductive justice and health equity. Through these initiatives, ACNM envisions a future where racism no longer determines the quality of care received by women, pregnant, and postpartum individuals and their families. By acknowledging historical injustices, implementing culturally relevant, trauma-informed, and responsive care, and actively

dismantling racist structures, midwives can lead the way in achieving reproductive justice and equitable health outcomes for all.

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*Notes:* Midwifery as used throughout this document refers to the education and practice of certified nurse-midwives (CNMs) and certified midwives (CMs) who have been certified by the American Midwifery Certification Board, Inc. Consistent with ACNM's statement on inclusive language, this document incorporates both gendered and gender-neutral terminology to reflect the literature and affirm all birthing and parenting individuals.

*Source: Midwives of Color Committee and Clinical Standards and Documents Committee*  
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