BLACK MATERNAL AND INFANT HEALTH DISPARITIES THROUGH THE LENSES OF ANTI-BLACK RACISM, INTERSECTIONALITY, & AFROFUTURISM:

A LITERATURE REVIEW

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INTRODUCTION

National Black Child Development Institute & Afrofuturist Systems Change

The National Black Child Development Institute (NBCDI) is an established champion for the civil rights and well-being of Black children and their families. NBCDI addresses these issues through a developmental framework known as the Eight Essential Outcomes for Black Child Development. This framework emphasizes the critical period from birth to age eight, during which the foundations for brain development, self-identity formation, and key health outcomes are laid. Research confirms that "a birthing parent's health directly affects their child's health" (RAPID report, Hairston, 2025), highlighting the inextricable connection between Black maternal and infant health and the broader social drivers of health.

At NBCDI, we affirm that ***"Every Black child be born at a healthy weight"*** (NBCDI, 2025), recognizing the importance of a healthy start to life for Black children. We are committed to creating a world where Black children and their families thrive, not merely survive. Our work is anchored in "communal imagining to conceive and build a world that can maintain the necessary systems that will foster the liberation, health, and thriving of Black people" (Austin & Hardy, 2025). To achieve this, we employ an Afrofuturist Systems Design Process—a framework that co-designs intersectional systems supporting the health, well-being, and autonomy of Black women, birthing people, and their babies. Afrofuturism provides us with a powerful lens for reimagining healthcare systems and practices, rooted in Black liberation, healing, and autonomy.

Black Maternal and Infant Health Disparities in the U.S.

Maternal and infant health disparities in the United States represent one of the most pressing public health crises of our time. Black women and infants bear disproportionate impacts due to structural racism embedded within social institutions and systems, such as healthcare. Despite America's high healthcare spending of $4.9 trillion (about $15,000 per person in the U.S.) in 2023 alone (Centers for Medicare and Medicaid Services, 2023), the U.S. maternal mortality rate remains high compared to other industrialized nations, and the U.S. infant mortality rate remains high when compared globally (Bell, 2012).

These disparities have worsened in recent years, with Black maternal mortality rates rising between 2022 and 2023, worsening racial disparities in pregnancy-related deaths (Smith-Ramakrishnan, 2025). Even more troubling, over 80 % of pregnancy-related deaths in the United States are preventable underscoring that systemic failures—not inevitable medical outcomes—are the root cause (Smith- Ramakrishnan, 2025).

Systemic Impacts of Racism & Trauma

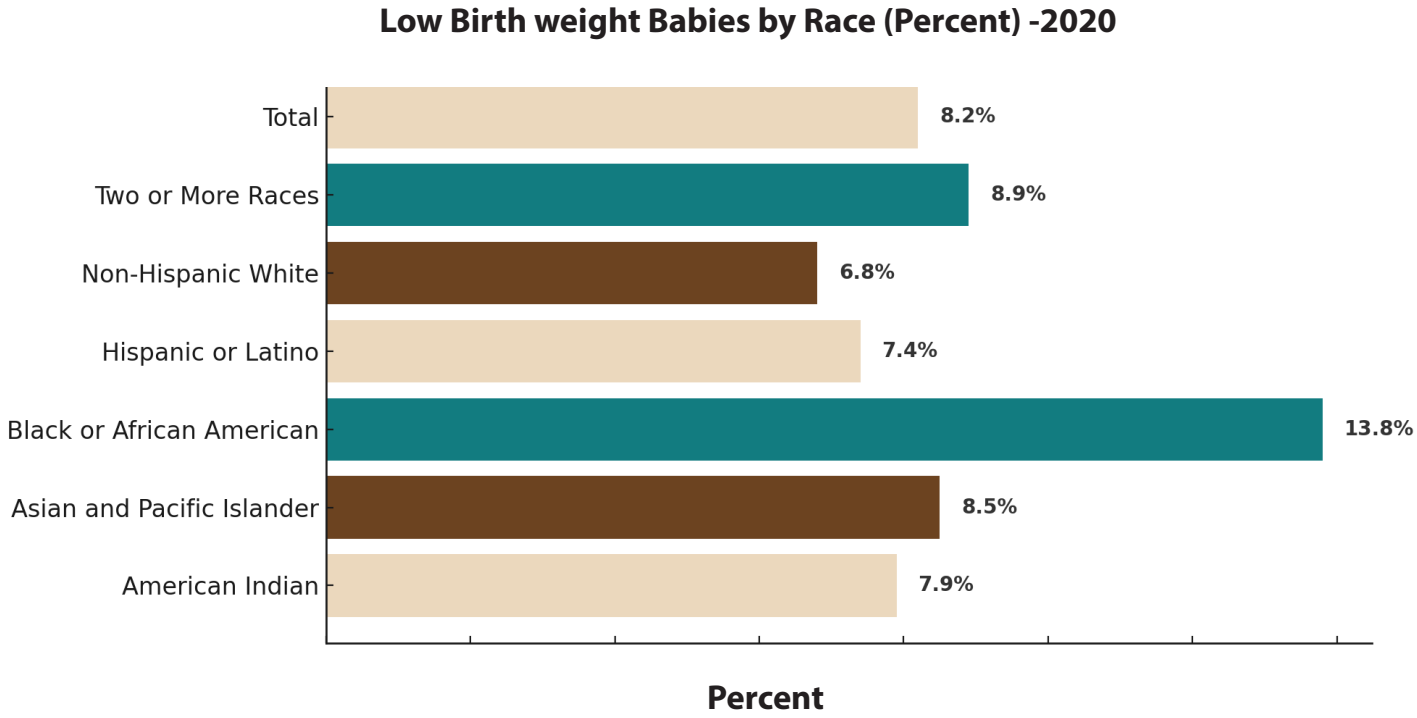
Racism is now widely recognized as a fundamental social determinant of health (Crear- Perry et al., 2021), directly influencing psychophysiological processes during pregnancy and a child's early development (David & Collins, 1991). As David and Collins (1991) note, "Membership in an oppressed ethnic group clearly results in a measurably worse economic and environmental status. "This pervasive racism operates across multiple social domains—healthcare, housing, education, employment, and criminal justice — creating an ecosystem of disadvantage that manifests in measurable health outcomes for birthing parents and their infants.

Anti-Black racism specifically, compounded with racial trauma, results in unique challenges for Black women and birthing people. Racial trauma refers to the emotional impact of stress related to racism, racial discrimination, and race-related stressors, which can include hurtful stereotypes and barriers to advancement (National Center for Post-traumatic Stress, 2024). Research in trauma studies has shown that exposure to such stressors alters genetic makeup, impacting not only the individual but their unborn children (Youssef et al., 2018). This highlights the deeply intergenerational nature of the health disparities that Black families face, illustrating how systemic racism and trauma perpetuate cycles of health inequity.

Why Low Birth Weight is a Key Focus

Low birth weight (LBW), defined as a birth weight below 2,500 grams (5.5 pounds), serves as a critical indicator of these disparities and their long-term consequences. Globally, LBW affects 15-20% of babies (Sema et al., 2019), with Black infants bearing a disproportionate burden. This disparity exists regardless of maternal education or income levels (David & Collins, 1991). Addressing LBW is vital not only for immediate neonatal outcomes but also for long-term health trajectories. Studies show that "Given the association between low birth weight and complex medical comorbidities throughout childhood and into adulthood, targeted efforts to reduce rates of adverse birth outcomes among high-risk regions have the potential to reduce geographic disparities in infant mortality and chronic conditions" (Brown et al., 2020). This underscores the importance of addressing LBW not just as a health outcome, but as a determinant of future health trajectories.

LBW is a clearly measurable outcome that captures racial disparities (David & Collins, 1991; Fishman, 2020; Sema et al., 2019), and its root causes are intertwined with intersecting systems of oppression. Research thus far has been limited by a lack of attention to protective behaviors and practices within Black communities that may positively contribute to the health of birthing parents and infants. Examining LBW through a systems and asset-based lens will allow researchers and practitioners to honor the lived experiences of Black birthing parents and hold accountable the systems that have caused harm, rather than blaming individuals for behaviors mischaracterized as harmful. Because of its clear metrics and profound impact on a child's life, LBW serves as the ideal outcome for examining intersecting factors contributing to racial health disparities and for developing solutions that address their structural roots.



Graphic data specifically from National Kids Count datacenter.kidscount.org

Examining These Issues Through the Lenses of Anti-Black Racism, Afrofuturism, and Intersectionality

Traditional approaches to addressing LBW disparities often fall short by failing to acknowledge systemic racism and overlooking transformative solutions already in practice within the Black community. Research increasingly confirms that "The persistent and racialized nature of these inequities points to racism as a root cause" (Hardeman et al., 2021). Disparities across socioeconomic levels demonstrate how structural forces maintain health inequities, regardless of individual factors (Hardeman et al., 2021). This recognition requires frameworks that explicitly center anti-Black racism, intersectionality, and forward-looking, asset-based approaches like Afrofuturism.

Intersectionality, coined by Dr. Kimberlé Crenshaw, provides a critical framework for understanding how overlapping forms of oppression—based on race, gender, class, and other social identities—interact to create unique challenges for Black women (Crenshaw, 1989). The compounded nature of these challenges cannot be addressed through one-dimensional approaches. Likewise, this is a necessary lens for the complex challenges Black birthing people face.

Afrofuturism offers a transformative lens for reimagining Black maternal and infant health beyond the constraints of current systems. ***At its core, "Afrofuturism is an intersection of imagination, technology, the future, and liberation"*** (Gipson, 2019). This multidisciplinary approach combines cultural aesthetics, historical analysis, and futuristic visioning to create new possibilities for Black communities that transcend the limitations imposed by current health disparities. Afrofuturism is more than just a concept; it is a tool for liberation and reimagination.

Frameworks centered on anti-Black racism, intersectionality, and Afrofuturism are vital for understanding the complex, interconnected factors that drive Black maternal and infant health disparities. Unlike traditional research, even noted in this report, that normalizes whiteness, NBCDI insists on grounding all stages of inquiry and intervention in Black families' lived experiences and expertise. Black communities are not submissive to any other communities; they are equal in their worth and worthiness, and ***NBCDI asserts that meaningful and impactful solutions to the disparities we see in Black infant and maternal health must be informed by Black families' voices at every stage*** –research, development, and implementation.

Too many Black children begin facing disparity from the womb. Guided by our Eight Essential Outcomes, NBCDI has defined a suite of systems interventions to ensure every Black child thrives. This review applies our key frameworks to reveal how systemic forces—such as racism and socioecological conditions—shape low birth weight and other adverse outcomes, and to inform strategies capable of breaking these cycles across generations.

II. Anti-Black Racism and Its Role in Maternal and Infant Health Disparities

Anti-Black Racism and Healthcare

Anti-Black racism refers to the specific forms of racial prejudice and discrimination directed at Black individuals and communities, embedded within social, political, and institutional structures. It's systemic nature profoundly influences health outcomes for Black women and infants, regardless of maternal socioeconomic or educational status. As Ellis et al. (2023) noted, ***"Structural racism influences the community and the built and social environment of families, their ability to access and receive quality preventive and curative care, and their educational and economic opportunities."*** This broad-reaching impact creates an ecosystem of disadvantage that affects health outcomes, reinforcing the idea that race functions as a significant non-medical social determinant of health with profound physiological effects.

Historically, anti-Black racism has been embedded in U.S society since its inception, manifesting in structural racism across political, social, economic, judicial, residential, and healthcare contexts (Hardeman et al., 2022). Understanding this historical continuity is key to comprehending why maternal and infant health disparities— particularly low birth weight—persist despite medical and technological advancements. These disparities are not coincidental; they are a direct consequence of structural racism that impacts both the present and future health of Black families.

At the interpersonal level, Black birthing parents often encounter racial stereotypes, discrimination, and institutionalized racism within healthcare settings. These experiences create a hostile environment that can lead to delayed or inadequate care and contribute to birth trauma (Simons et al., 2021). Studies show that "Having to endure racial stereotypes, discrimination, and institutionalized racism has an effect on health above and beyond socioeconomic circumstances" (Simons et al., 2021). The racial trauma experienced by Black women in healthcare settings becomes an additional social determinant, influencing both their health and their infants' birth outcomes (Hoang et al., 2023; Salter et al., 2023).

Stress of Anti-Black Racism: The Weathering Hypothesis and Birth Outcomes

The weathering hypothesis, proposed by Arline Geronimus, posits that chronic exposure to racism accelerates biological aging, contributing to poorer health outcomes. This chronic stress accumulates through experiences of discrimination and socioeconomic disadvantages (Fishman, 2020; Geronimus, 1992; Franklin & Wilson, 2020). This accelerated biological aging is particularly significant during pregnancy, when the physical demands on the body increase. In fact, research shows that Black women's biological age—measured by telomere length— exceeds their chronological age by approximately seven and a half years when compared to White women, with perceived stress and poverty accounting for 27% of this difference (Riggan et al., 2021). This accelerated aging helps explain disproportionately high rates of pregnancy-related complications, and mortality rates among Black women, even when controlling for socioeconomic factors.

The weathering hypothesis links anti-Black racism to specific birth outcomes, such as preterm birth and low birth weight, by recognizing that the biological degradation from sustained exposure to anti-Black racial hierarchies significantly contributes to these risks (Hardeman et al., 2021). County-level studies have shown that areas with higher levels of racial prejudice consistently report worse birth outcomes for Black infants (Orchard & Price, 2017).

The cumulative effects of racism and related stressors heighten the risk of adverse obstetric outcomes as Black women age, contributing to higher rates of preterm birth, low birth weight, and pregnancy complications—disparities that persist across all socioeconomic levels.

Geronimus et al. (2006) note that "progress in understanding and eliminating racial health inequality may require paying attention to the ways that American public sentiment on race...exacts a physical price across multiple biological systems from Blacks who engage in and cope with the stressful life conditions presented to them" (Burton & Whitfield, 2003; Chronic Stress and Obesity, n.d.; Davies, 2023; Geronimus et al., 2006). This underscores the need for health interventions that address both immediate healthcare needs of Black women, birthing people, and infants, as well as the broader social drivers of health inequities caused by structural racism. Such multidimensional solutions should be guided by frameworks like Crenshaw's intersectionality (Crenshaw, 1989).

These findings emphasize we must address two areas simultaneously:

- The immediate health needs of Black women, birthing people, and their babies
- The underlying effects of systemic racism and racial trauma.

Afrofuturist Approaches to Addressing Anti-Black Racism

Acknowledging the role of anti-Black racism in shaping maternal and infant health disparities, particularly low birth weight, enables researchers and healthcare practitioners to develop more effective interventions that address root causes rather than focusing only on symptoms. This connection between racism and birth outcomes underscores the critical need for Afrofuturist approaches that center Black women's experiences, knowledge, and leadership in the creation of healthcare systems.

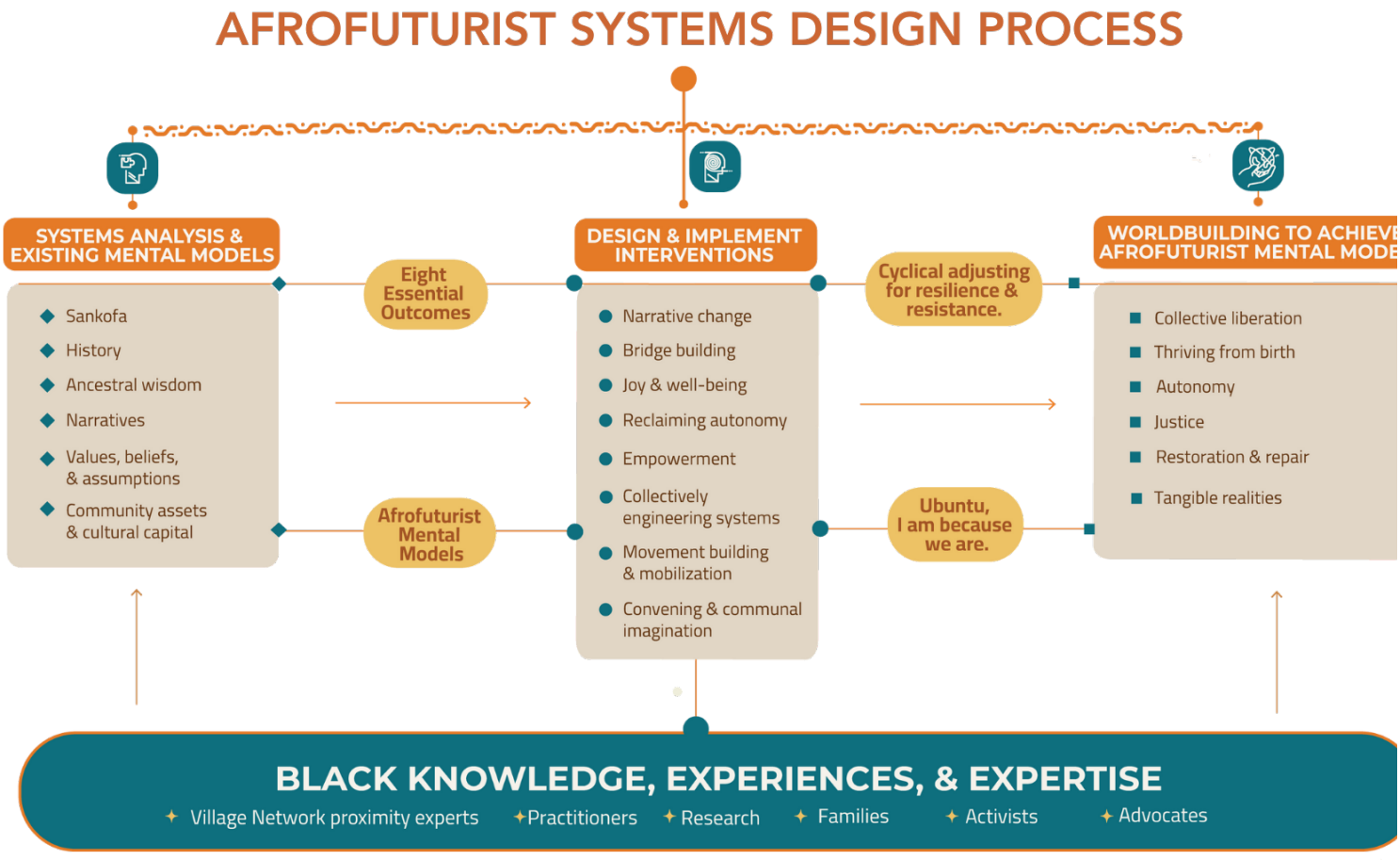
Afrofuturism calls for the development of systems that "support the health, well-being, and autonomy of Black women, birthing people, and their babies" (Falako et al., 2023). These interventions should prioritize cultural competence, community-led solutions, and structural reforms that seek to eliminate systemic racism and create systems that support Black families in a holistic, sustainable manner.

III. Afrofuturism and Its Application to Black Maternal and Infant Health

Afrofuturism and the Afrofuturist Systems Design Process

As both a methodological and theoretical orientation, Afrofuturism provides a lens through which Black communities can center themselves. "Afrofuturism has always been seen as a liberating practice for Black people within the African diaspora, as they are able to use…Afrocentrism to not only preserve the existing cultural legacy but to also reimagine and recreate Black futures" (Gipson, 2019). Applied to maternal and infant health, it invites us to rethink how care systems can be more culturally responsive, community-centered, and equitable, prioritizing Black autonomy and healing.

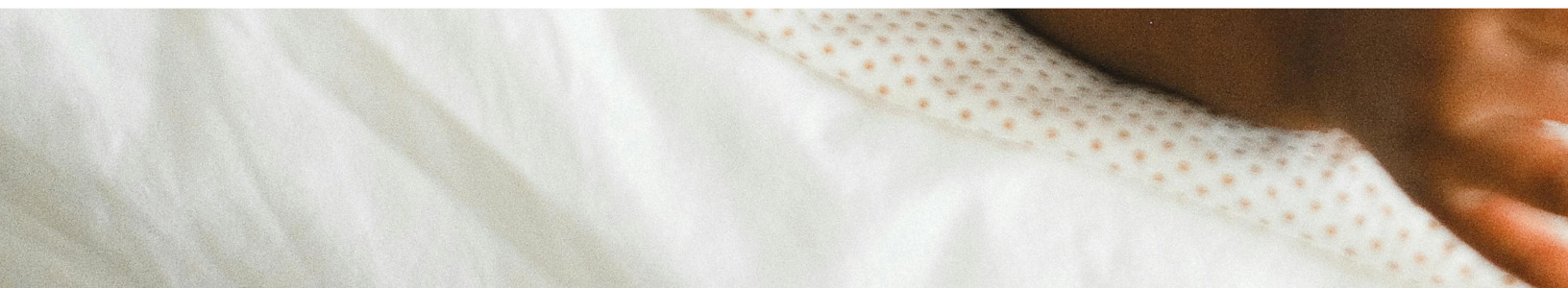
NBCDI's Afrofuturist Systems Design Process translates these principles into actionable steps. It "moves beyond thinking about the interconnected elements within a system to building completely new systems" (Austin & Hardy, 2025). It's key components—future-forward thinking, community-centered research, intersectionality, and radical imagination—challenge existing mental models and foster innovative approaches to secure health outcomes that center the experiences, knowledge, assets, and needs of Black communities.



Afrofuturist Framework for Empowering Black Communities

This framework holds that "Black knowledge, experiences, and expertise" are critical to developing effective solutions to the health disparities Black people face (Austin & Hardy, 2025). By empowering Black birthing people to shape the future of maternal and infant health, NBCDI creates solutions that benefit other marginalized communities, including Latinx, Asian, Native American, and White families. Those most affected by disparities hold the most relevant insights, and their lived experiences are integral to designing better health systems. NBCDI's framework highlights the concept of "Ubuntu, I am because we are" (Austin & Hardy, 2025), which calls for collective action and mutual support to build systems that benefit all communities.

By examining intersectionality within Black maternal health, Afrofuturism acknowledges the interconnectedness of individual and collective well-being beyond ethnicity or race. This collective reimagining through an Afrofuturist lens redesigns well-being for all of humanity, ensuring that everyone has access to the highest level of care and the inherent right to thrive. Through these systems and frameworks, we create not just health solutions, but a new narrative of empowerment, autonomy, and collective liberation.



Applying Afrofuturism to Black Maternal Health

NBCDI's Afrofuturist Systems Design Process emphasizes a shift from merely documenting disparities to actively designing alternative futures. By dismantling harmful narratives and systems, Afrofuturism encourages the development of new mental models—assumptions, values, and beliefs—that honor Black birthing traditions, community wisdom, and innovation. Rather than settling for incremental reforms, the Afrofuturist perspective calls for a transformative, multidimensional reimagining of healthcare practices and structures that put Black people's well-being and cultural traditions at the center.

At its core, the Afrofuturist Systems Design Process envisions ***"an achievable future where every Black child thrives from birth"*** (Austin & Hardy, 2025). In the realm of maternal and infant health, this vision involves the conceptualizing of care systems grounded in the autonomy, well-being, and cultural integrity of Black birthing people. "Prenatal care that does not also take into consideration the unique experiences of a woman/person, her/their community, and the specificities of her/their cultural background cannot produce the highest quality outcome" (Muse et al., 2018). When Black birthing people receive prenatal care grounded in their humanity, holistic well-being, and traditional practices such as midwifery and doula support, their health—and that of their infants—is prioritized, resulting in more equitable and sustainable health outcomes.

Applying Afrofuturism to Black maternal health involves both cultural and structural interventions that challenge and transform existing paradigms. One practical application is the creation of community-centered care models that incorporate traditional birthing knowledge while integrating contemporary innovations. An example of this is group care models, where "Centering allows women to have a shared experience on the journey of pregnancy and motherhood... Pregnancy is the great equalizer in our life, and walking this journey with a group of women experiencing the same milestones draws on the richness of all the participants' backgrounds and experiences" (Bell, 2012). These models honor community wisdom while ensuring that care is evidence-based and holistic, creating stronger and more connected birthing experiences for Black mothers.

Afrofuturism also promotes the development of policy interventions that tackle the root causes of health disparities. As research indicates, "Social policies must be implemented that eliminate cultural messages and practices that stigmatize and discredit Black Americans" (Simons et al., 2021). These policies must address not only healthcare access but also the cultural dimensions of anti-Black racism that contribute to disparities in maternal and infant health outcomes.

By integrating traditional cultural practices with creativity and systemic change, Afrofuturism offers a roadmap for reimagining maternal and infant healthcare. This roadmap shifts the focus from deficit-based interventions to transformative models that center Black experiences, knowledge, and community strengths. In doing so, we begin to address the structural barriers to health equity that have long plagued Black communities, creating a future where Black birthing people can thrive in every aspect of their health and well-being.

IV. Black Maternal Mortality and Its Connection to Structural Racism

Black maternal mortality in the U.S.A. remains one of the most glaring manifestations of racial health inequities. The history of Black maternal health is deeply rooted in systemic oppression, with evidence from the post-emancipation U.S. South showing that Black women died of infection, toxemia, and anemia related hemorrhage more often than whites. (Franklin & Wilson, 2020).

In contemporary settings, these racial disparities persist and even worsen. Between 2022 and 2023, Black maternal mortality rates increased. With over 80% of pregnancy-related deaths deemed preventable, evidence suggests that these are not inevitable outcomes but the consequences of systemic failures (Smith-Ramakrishnan, 2025) in providing adequate care to new parents. Most telling is the finding that education and socioeconomic status provide little protection, with ***"Non-Hispanic Black women with graduate degrees having higher rates of severe maternal morbidity than non-Hispanic White women who never graduated from high school"*** (Riggan et al., 2021). This stark reality challenges simplistic narratives that attribute health disparities solely to individual socioeconomic factors.

Impact of Structural Racism on Maternal Mortality

Structural racism creates and perpetuates maternal mortality disparities through multiple interconnected pathways. Broadly, racism impacts life quality and longevity in the U.S. Gee et al. (2012) found that in 2000, "about 176,000 deaths were attributable to one specific form of racism, racial residential segregation," demonstrating how racism affects overall health beyond individual experiences of discrimination. Anti-Black racism functions as a distinct form of racial oppression with historical roots in slavery, medical experimentation, and forced sterilization—practices that continue to influence present— day maternal healthcare experiences (Franklin & Wilson, 2020; Hardeman et al., 2022; Owens & Fett, 2019). This historical context is essential for understanding contemporary disparities, which should be viewed not as isolated incidents but as manifestations of deeply embedded systems that have devalued Black women's bodies and reproductive autonomy across generations.

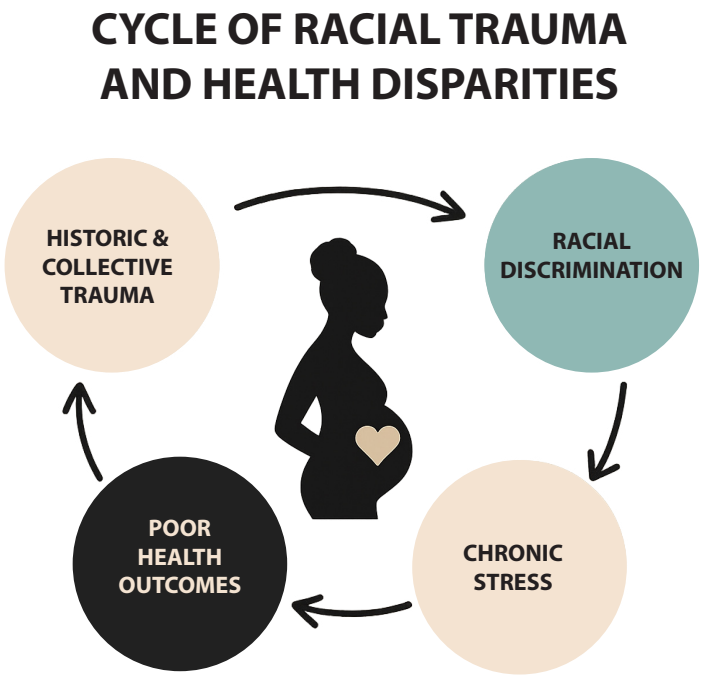
The healthcare system itself often reflects and reinforces intersecting systemic inequities. "Disparities in maternal and infant mortality are rooted in racism. Structural racism in health care and social service delivery means that African American women often receive poorer quality care than white women" (Taylor et al., 2019). The systemic nature of discrimination highlights that ***"Racism, not race itself, is the driving force behind disparately high rates of maternal and infant deaths among African Americans, and the systemic barriers are fueled by both explicit and implicit bias"*** (Taylor et al., 2019). These barriers manifest in multiple domains, including housing, education, employment, and healthcare access, creating cumulative disadvantages that directly impact maternal health outcomes. The persistence of disparities across socioeconomic strata underscores the pervasive nature of structural racism and its ability to shape health outcomes regardless of individual resources or education.

Racial Trauma and Intergenerational Impacts

Racial trauma, defined as the cumulative psychological and physiological effects of experiencing racism and discrimination, plays a significant role in Black maternal health outcomes. This trauma operates on both individual and collective levels, as Black women navigate healthcare systems that have historically and contemporarily perpetuated harm against them (Hoang et al., 2023). The experience of seeking maternal healthcare often triggers historical and collective trauma related to medical exploitation and mistreatment. The "legacy of trauma from institutionalized racism and medical discrimination creates a stress response in Black individuals that can significantly affect their health, particularly during pregnancy, perpetuating cycles of health disparity" (Fasanya et al., 2021).

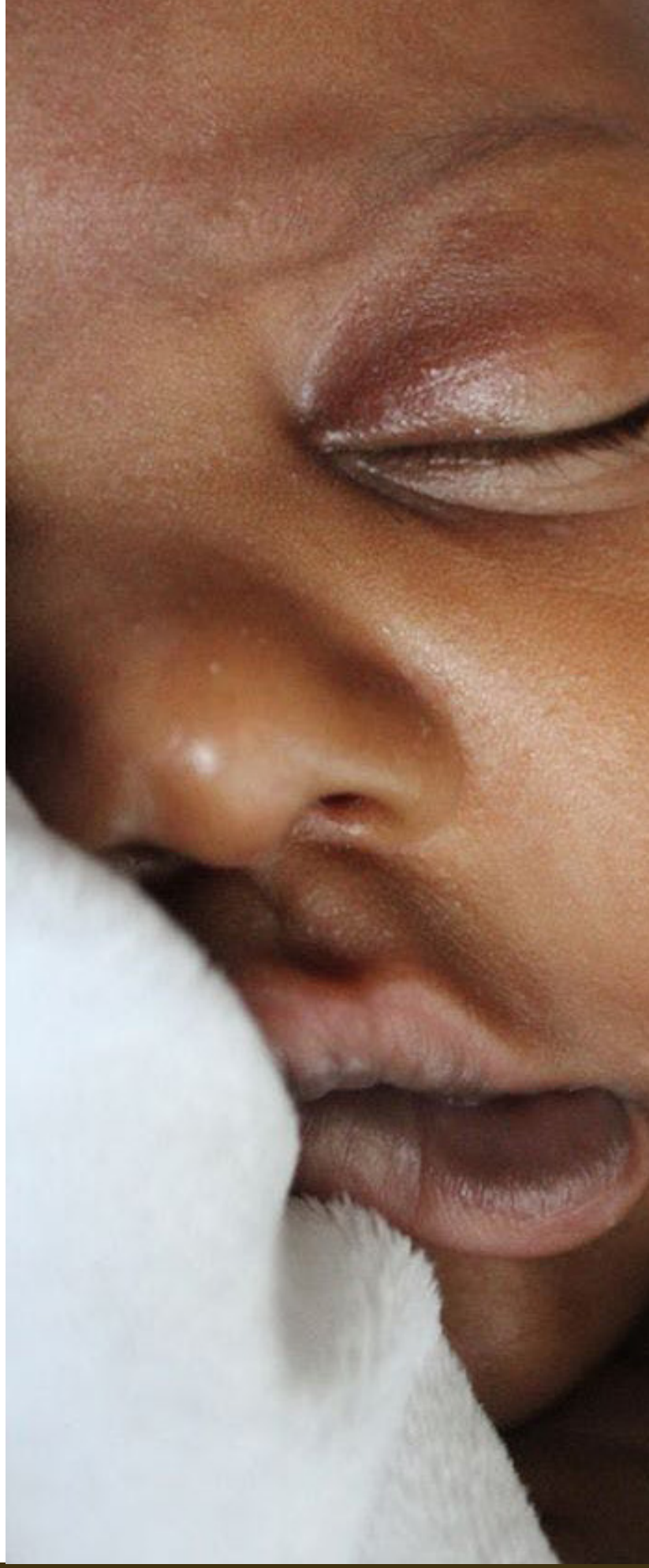
Physiologically, discrimination contributes to poor health outcomes by increasing chronic stress levels. "Chronic stress from racism contributes to high inflammation, which increases Black women's risk for cardiovascular disease, diabetes, and other maternal health conditions" (Simons et al., 2021). These conditions directly impact pregnancy outcomes and contribute to the disproportionate burden of maternal mortality among Black women (Bauer et al., 2009; Dallo et al., 2023; Fasanya et al., 2021; Geronimus et al., 2010; Williams, 2018; Yu et al., 2013). Stress responses can also be preemptive and manifest in physiological reactions, like high blood pressure, creating a vicious cycle where even the anticipation of racism itself—often experienced through perceived power dynamics in healthcare—becomes a health risk factor for both the birthing person and their baby (Black Women in Childbearing Years Face Higher Blood Pressure Risks than White Peers, n.d.; Fasanya et al., 2021; Yu et al., 2013).

The concept of intergenerational trauma further illuminates how these experiences are transmitted across generations through both social and biological pathways. Research indicates that exposure to racial trauma can alter gene expression through epigenetic mechanisms, potentially influencing health outcomes for subsequent generations. "The biological embodiment of stress and trauma can influence gene expression in a way that may be passed down through generations, affecting health outcomes beyond what can be explained by current socioeconomic conditions" (Bauer et al., 2009). This helps explain the persistence of maternal and infant health disparities, as generational exposure to racial trauma creates genetic conditioning that healthcare systems must address.



Current Healthcare System Failures

The healthcare system has consistently failed Black people through structural and interpersonal mechanisms that compromise care quality. Discrimination within healthcare settings creates additional barriers, as ***"One-third of African Americans report that they have been discriminated against when going to a doctor or health clinic, and one-fifth of African Americans have avoided seeking health care due to concerns of discrimination or poor treatment"*** (Riggan et al., 2021). These experiences not only affect current care but also lead to delayed or avoided care in the future, exacerbating health disparities. At the interpersonal level, Black women frequently report that their "perspectives, expertise, and lived experiences" are often dismissed or ignored during maternal care visits (Smith-Ramakrishnan, 2025). This dismissal of Black women's knowledge and concerns directly impacts care quality and outcomes, contributing to delays in prenatal care and, ultimately, worsened health outcomes. As studies have shown, "Greater amounts of racial discrimination were correlated with delayed prenatal care for African American women" (Slaughter-Acey et al., 2019). Tragically, these dismissive experiences frequently go unaddressed, reinforcing negative perceptions that Black women are responsible for not seeking care at the "appropriate" times, without acknowledging the reasons behind those actions.



V. Black Infant Health Outcomes and Disparities

Overview of Black Infant Health

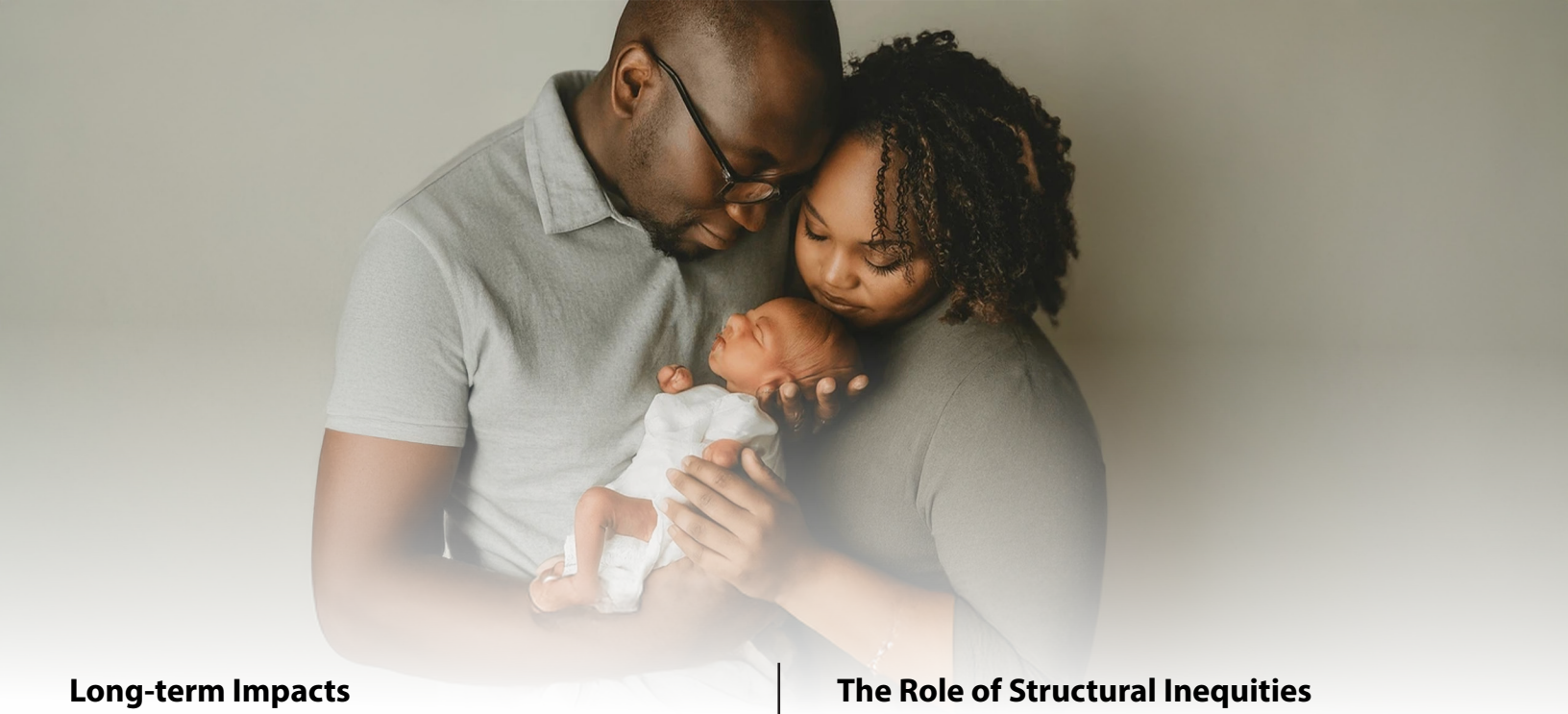
Due to systemic inequities and structural racism, Black infants face disproportionate health risks with significant consequences for their immediate and long-term well-being. Preterm birth (PTB), or birth before 37 weeks (about 8 and a half months) gestation, is a significant risk factor for infant mortality and morbidity, that disproportionately affects Black families: 14.0% of U.S.-born Black individuals experience PTB, compared to 6.7% of White and 5.7% of foreign-born Black individuals (Hardeman et al., 2021). These disparities underscore the impact of U.S. structural racism on birth outcomes.

Environmental factors—such as excessively increased police presence and concentrated poverty —further compound these risks. Studies indicate that areas with higher police contact are linked to a 100% higher risk of PTB for U.S.-born Black individuals compared to a 10% higher risk for Black individuals born outside the U.S., and a 90% higher risk for White individuals (Hardeman et al., 2021). These community-level stressors, particularly those rooted in structural racism, directly influence Black infant health outcomes.

Low Birth Weight and Black Infant Health

Low birth weight remains a critical indicator of Black infant health disparities. Defined as a birth weight of less than 5.5 pounds, LBW is not only a predictor of infant survival but also a determinant of future developmental, cognitive, and health outcomes. As Bell noted, "Preterm birth and low birth weight rates are higher in African American women... Reasons for this disparity are often debated; there seems to be consensus that socioeconomic factors such as limited access to care, lower rates of private insurance coverage and higher rates of single parenthood contribute" (Bell, 2012). However, these socioeconomic factors alone do not explain the extent of these disparities. At NBCDI, we assert that addressing these disparities requires understanding the interconnectedness of maternal and infant health, as well as implementing culturally congruent care models that focus on addressing root causes. These models center Black women's lived experiences, incorporate community wisdom and cultural practices, and ensure that providers understand the social and historical contexts affecting Black maternal health. Culturally congruent care prioritizes respectful, individualized support that acknowledges cultural strengths, provides continuous assistance throughout pregnancy and postpartum experiences, and actively works to dismantle implicit biases within healthcare settings. Implementation typically involves community-based doulas, midwifery care, and peer support networks that create trusting relationships and advocate for Black birthing people within medical systems that have historically marginalized them.

This perspective aligns with a trauma-informed approach that recognizes the deep-seated historical and intergenerational trauma caused by racism, which influences both maternal and infant health outcomes. For Black infants, this trauma is compounded by the weathering effect experienced by their parents—a process in which chronic exposure to racism accelerates biological aging, weakening the body's ability to cope with the demands of stress (Geronimus, 1992).



Long-term Impacts of Low Birth Weight

The consequences of LBW extend far beyond the neonatal period, influencing lifelong health trajectories. "Given the association between low birth weight and complex medical comorbidities throughout childhood and into adulthood, targeted efforts to reduce rates of adverse birth outcomes among high-risk regions have the potential to reduce geographic disparities in infant mortality and chronic conditions" (Brown et al., 2020).

The long-term effects of LBW are profound, influencing cognitive functioning, physical health, and educational achievement (Peila et al., 2020; Reichman, 2005). Children born with LBW face higher risks of developmental delays, chronic health conditions, and educational challenges. These effects can persist into adulthood, influencing employment prospects, socioeconomic status, and overall quality of life (Gee et al., 2012; Simons et al., 2019). Thus, early interventions targeting LBW can yield significant benefits across the lifespan.

The Role of Structural Inequities in Black Infant Health Disparities

The structural inequities that perpetuate Black infant health disparities operate across multiple, interconnected pathways. Residential segregation and neighborhood conditions have a direct and lasting impact on health outcomes. Kunin-Batson et al. (2023) found that "children residing in neighborhoods predominantly inhabited by Black/African American residents exhibited higher rates of overweight and obesity." Similarly, Brown et al. (2020) found that adverse birth outcomes persisted in poorly performing counties between 2011 and 2016, even after targeted interventions— underscoring that place-based inequities are deeply entrenched and not easily reversed. These findings demonstrate that the effects of neighborhood conditions begin to impact children even before birth and continue to shape health trajectories across the life course.

Understanding these disparities requires recognizing the multiple levels at which structural inequities operate — from individual experiences of discrimination to community-level disinvestment, to broader systemic policies and practices that perpetuate racial inequities. Addressing these disparities effectively will require multifaceted approaches that confront structural racism at every level.

Addressing Low Birth Weight Disparities

Ending LBW disparities presents a critical opportunity to reduce both immediate and long-term health inequities. Early interventions targeting the causes and consequences of LBW can improve outcomes across health, development, and well-being. These efforts can reduce persistent disparities, offering Black infants a more equitable start to life.

Healthcare systems must adopt and implement culturally congruent care models that center Black birthing traditions, elevate community wisdom, and incorporate a trauma-informed and healing centered approaches to care. By reimagining care to reflect the needs, values, and lived experiences of Black birthing people, we can move closer to achieving birth equity and dismantling the systems that drive LBW disparities.

VI. Additional Impacts to Black Maternal and Infant Health

Defining Intersectionality

Intersectionality provides a critical framework for understanding how multiple social identities and systems of oppression intersect to shape health outcomes. As Dr. Kimberlé Crenshaw articulated, "Because the intersectional experience is greater than the sum of racism and sexism, any analysis that does not take intersectionality into account cannot sufficiently address the particular manner in which Black women are subordinated" (Crenshaw, 1989). For Black birthing parents, these intersecting identities profoundly influence pregnancy experiences and birth outcomes, contributing to the disproportionate rates of LBW and maternal mortality.

This intersectional framework extends beyond individual identities to encompass interconnected systems of oppression. As noted in healthcare contexts, "Intersectionality increases analytical sophistication and offers theoretical explanations of the ways in which heterogeneous members of specific groups might experience the workplace differently... (Atewologun, 2018). Applied to maternal and infant health, intersectionality helps explain why disparities persist across socioeconomic strata and why interventions that address only a single dimension of identity often fall short. The dynamic nature of intersectionality is especially important in addressing health disparities, as it considers the localized, lived experiences that shape health outcomes for individuals in specific communities (Geronimus et al., 2020).

Impact of Intersectionality on Health Disparities

Intersectionality helps explain persistent disparities that defy simplistic explanations based on individual factors like education or income. For example, "Notably, a college-educated Black mother is at 60% greater risk for maternal death than a white or Latina woman with less than a high school education" (Solomon, 2021). This striking disparity underscores how race and gender intersect to create unique vulnerabilities that education alone cannot mitigate.

Further complicating the issue, Black LGBTQ+ birthing people experience additional layers of marginalization within healthcare systems primarily designed with cisgender, heterosexual women in mind. These intersecting identities create distinct healthcare needs and barriers that must be addressed in both research and practice (Bowleg, 2008).

Economic status intersects with race and gender to create additional barriers to maternal and infant health. "Middleclass Black women may have access to fewer financial resources than middleclass White women because of differentials in economic returns to education, racial discrimination…" (Colen et al., 2006). This highlights how racial discrimination undermines the protective benefits of higher socioeconomic status for Black women and their infants. Such economic disparities directly impact birth outcomes by limiting access to quality prenatal care, nutrition, housing, and other critical factors that influence healthy birth weights. Additionally, these barriers limit Black birthing parents' autonomy and self-efficacy, which can further exacerbate maternal and infant health challenges.

Historical and intergenerational patterns further underscore how intersectionality shapes health outcomes, particularly for Black communities. The cumulative effects of racial and intergenerational trauma–rooted in histories of enslavement, segregation, forced displacement, and systemic exclusion–create a layered burden that impacts health across generations. These lived realities interact with present-day stressors, such as discrimination in healthcare settings, economic instability, and environmental racism, reinforcing cycles of poor health outcomes.

As Geronimus (1992) notes, "For all social classes, members of minority groups are subject to racial or ethnic discrimination that can be costly to health." This insight is central to the weathering hypothesis, noting that the cumulative impact of chronic stress—particularly from racism and structural inequality–leads to accelerated health deterioration among Black people. It also illuminates why solutions to health inequities for Black people cannot be narrowly clinical or purely programmatic. The persistence of health disparities despite advances in medical care and social policy can only be fully understood by acknowledging the intersectionality of Black birthing people's experiences. Sustainable solutions must account for both present-day experiences of discrimination and the intergenerational impact of systemic racism.

Social Drivers of Health and Their Impact on Black Maternal and Infant Health

Social drivers of health—especially healthcare access, economic factors, and community support—are critical to understanding Black maternal and infant health disparities. Access to high-quality, affordable, and bias-free healthcare remains a fundamental challenge. While ***"Medicaid pays for over 40% of U.S. births and 65% of births to Black mothers" (Solomon, 2021), making its expansion an essential component of addressing the Black maternal health crisis, insurance coverage alone is insufficient. Even with Medicaid coverage, discrimination within healthcare systems exacerbates the challenges Black birthing parents face. Black women are more likely to report experiences of unfair treatment, which can lead to delayed or avoided care and contribute to adverse birth outcomes, including low birth weight.*** This underscores that expanding access without addressing quality and bias limitations fails to adequately serve Black families.

Economic and Social Factors

Economic factors significantly influence maternal and infant health outcomes. Labor market discrimination directly impacts economic stability, which in turn affects access to quality care. According to Colen et al. (2006),***"Racial disparities in the effect of upward mobility on birth weight may be attributable to macro level factors that diminish material resources, such as residential segregation or Black–White differences in wealth accumulation."*** Even as individual Black families achieve higher incomes and gain better insurance coverage, structural barriers often limit the health benefits of this mobility. These findings highlight the importance of structural approaches that address the root causes of disparities, beyond just individual socioeconomic factors or insurance status.

Family and community support often compensate for healthcare system shortcomings, but the resilience of Black communities is not a substitute for systemic change. "Families from racially marginalized groups may also take on a greater responsibility to support the health of their members... due to past experiences with health systems that make accessing services more difficult" (Ellis et al., 2023). While these networks are invaluable assets, they should be supported—not treated as a substitute for systemic reform like expanding and improving Medicaid services.

Addressing these challenges requires a multi-pronged approach that targets structural racism at every level—from the personal to the systemic. Comprehensive solutions must not only address healthcare access through programs like Medicaid but also transform how care is delivered and address the broader social, economic, and environmental factors that impact Black families' health. From improving the quality of healthcare and addressing implicit bias within the healthcare system to creating equitable policies around housing, education, and employment, all areas must be targeted to mitigate the disproportionate risks Black women, birthing people, and infants face.

VII. Closing Statement

At NBCDI, we recognize that addressing Black maternal and infant health disparities requires a comprehensive, long-term commitment to dismantling the systems that perpetuate inequity. This literature review underscores the urgent need for policy reform and structural change to ensure that Black women and infants receive the care, support, and resources they deserve. The frameworks of anti-Black racism, Afrofuturism, and intersectionality presented in this review align with NBCDI's core mission of advancing equity for Black families. By integrating culturally responsive care, prioritizing community-led solutions, and addressing the root causes of these disparities, we can work towards creating an equitable healthcare system that truly meets the needs of Black communities.

Sustainable change requires more than isolated policy adjustments—it demands a fundamental transformation of the systems that have historically marginalized Black families. NBCDI's advocacy for health equity, education, and economic opportunity, as envisioned and driven by Black communities, forms the foundation for this necessary systemic transformation. As we push for reimagined healthcare policies and models, we remain committed to centering Black communities—ensuring that Black birthing people and infants thrive through the power of community-driven strategies and structural reform. Together, we can create a future where Black families are not only supported and empowered but are also able to experience healthy pregnancies, births, and early childhood development for generations to come.

To ensure this future, NBCDI is committed to assembling the Black Infant and Maternal Health Task Force (BIMHTF). Our Task Force will lead a nationwide study focusing exclusively on the unknown comorbidities and ecological factors that contribute to the disproportionate rates of low birth weight among Black babies. We will center the lived experiences of Black women, birthing people, and their partners to identify the intersecting inequities they face, as well as the powerful community assets and protective factors they currently employ.

The Task Force will assemble a multidisciplinary team of experts—including those with lived experience and expertise—who have the requisite skills and knowledge to design a study that can guide interventions at the federal, state, local and community levels. This research will expose the direct connections between Black maternal health and Black infants' disparate rates of LBW, with a focus on practical application for policy reform and effective healthcare practice. NBCDI will use the findings to develop actionable policy solutions that shift practice, reform systems, and improve outcomes for all Black birthing people and their babies.

NBCDI
National Black Child Development Institute

Black Infant & Maternal Health TASK FORCE

APA 7th Edition Bibliography

Almeida, D. M., Neupert, S. D., Banks, S. R., & Serido, J. (2005). Do daily stress processes account for socioeconomic health disparities? The Journals of Gerontology: Series B, 60(Special Issue 2), S34–S39. https://doi.org/10.1093/geronb/60.Special_Issue_2.S34

Anachebe, N. F. (2006). Racial and ethnic disparities in infant and maternal mortality. Ethnicity & Disease, 16(1), 71–76.

Atewologun, D. (2018). Intersectionality theory and practice. In Oxford Research Encyclopedia of Business and Management. Oxford University Press. https://doi.org/10.1093/acrefore/9780190224851.013.48

Baars, J., Dannefer, D., Phillipson, C., & Walker, A. (Eds.). (2016). Aging, globalization and inequality: The new critical gerontology. Routledge. https://doi.org/10.4324/9781315225111

Barrett-Connor, E. (1991). Estrogen and coronary heart disease in women. JAMA, 265(14), 1861–1863. https://doi.org/10.1001/jama.1991.03460140089033

Bauer, M. E., Jeckel, C. M. M., & Luz, C. (2009). The role of stress factors during aging of the immune system. Annals of the New York Academy of Sciences, 1153(1), 139–152. https://doi.org/10.1111/j.1749-6632.2008.03966.x

Black women in childbearing years face higher blood pressure risks than white peers. (n.d.). American Heart Association News. https://www.heart.org/en/news/2023/02/27/black-women-in-childbearing-years-face-higher-blood-pressure-risks-than-white-peers

Bond, R. M., Gaither, K., Nasser, S. A., Albert, M. A., Ferdinand, K. C., Njoroge, J. N., ... Ofili, E. (2021). Working agenda for Black mothers: A position paper from the Association of Black Cardiologists on solutions to improving Black maternal health. Circulation: Cardiovascular Quality and Outcomes, 14(2), e007643. https://doi.org/10.1161/CIRCOUTCOMES.120.007643

Bowleg, L. (2008). When Black + Lesbian + Woman ≠ Black lesbian woman: The methodological challenges of qualitative and quantitative intersectionality research. Sex Roles, 59(5–6), 312–325. https://doi.org/10.1007/s11199-008-9400-z

Bowleg, L. (2012). The problem with the phrase women and minorities: Intersectionality—An important theoretical framework for public health. American Journal of Public Health, 102(7), 1267–1273. https://doi.org/10.2105/AJPH.2012.300750

Breland-Noble, A., Streets, F. J., & Jordan, A. (2024). Community-based participatory research with Black people and Black scientists: The power and the promise. The Lancet Psychiatry, 11(1), 75–80. https://doi.org/10.1016/S2215-0366(23)00338-3

Brown, C. C., Moore, J. E., Felix, H. C., Stewart, M. K., & Tilford, J. M. (2020). Geographic hotspots for low birth weight: An analysis of counties with persistently high rates. Inquiry, 57, 1–11. https://doi.org/10.1177/0046958020950999

Brown, T. N. (2003). Critical race theory speaks to the sociology of mental health: Mental health problems produced by racial stratification. Journal of Health and Social Behavior, 44(3), 292–301. https://doi.org/10.2307/1519780

Brunner, E. J., Chandola, T., & Marmot, M. G. (2007). Prospective effect of job strain on general and central obesity in the Whitehall II study. American Journal of Epidemiology, 165(7), 828–837. https://doi.org/10.1093/aje/kwk058

Burton, L. M., & Whitfield, K. E. (2003). "Weathering" towards poorer health in later life: Co-morbidity in urban low-income families. Public Policy & Aging Report, 13(3), 13–18. https://doi.org/10.1093/ppar/13.3.13

Chambers, B. D., Taylor, B., Nelson, T., Harrison, J., Bell, A., O'Leary, A., ... McLemore, M. R. (2022). Clinicians' perspectives on racism and Black women's maternal health. Women's Health Reports, 3(1), 476–482. https://doi.org/10.1089/whr.2021.0148

Chantarat, T., Van Riper, D. C., & Hardeman, R. R. (2021). The intricacy of structural racism measurement: A pilot development of a latent-class multidimensional measure. EClinicalMedicine, 40, 101092. https://doi.org/10.1016/j.eclinm.2021.101092

Chantarat, T., Van Riper, D. C., & Hardeman, R. R. (2022). Multidimensional structural racism predicts birth outcomes for Black and White Minnesotans. Health Services Research, 57(3), 448–457. https://doi.org/10.1111/1475-6773.13976

Chen, A. (2024, December 9). State of the States (November 2024): Efforts to Expand Access to Doula Care in Medicaid and Private Insurance. National Health Law Program. https://healthlaw.org/resource/state-of-the-states-november-2024-efforts-to-expand-access-to-doula-care-in-medicaid-and-private-insurance/ National Health Law Program+2

Cherkas, L. F., Aviv, A., Valdes, A. M., Hunkin, J. L., Gardner, J. P., Surdulescu, G. L., ... Spector, T. D. (2006). The effects of social status on biological aging as measured by white-blood-cell telomere length. Aging Cell, 5(5), 361–365. https://doi.org/10.1111/j.1474-9726.2006.00222.x

Chronic stress and obesity: A new view of "comfort food." (n.d.). Proceedings of the National Academy of Sciences. https://doi.org/10.1073/pnas.1934666100

Chulkov, V. S., Nikolenko, E., Chulkov, V., & Podzolko, A. (2023). White-coat hypertension in pregnant women:

Risk factors, pregnancy outcomes, and biomarkers. Folia Medica, 65(4), Article e99159. https://doi.org/10.3897/folmed.65.e99159

Cohen, S., Schwartz, J. E., Epel, E., Kirschbaum, C., Sidney, S., & Seeman, T. (2006). Socioeconomic status, race, and diurnal cortisol decline in the Coronary Artery Risk Development in Young Adults (CARDIA) Study. Psychosomatic Medicine, 68(1), 41–50. https://doi.org/10.1097/01.psy.0000195967.51768.ea

Colen, C. G., Geronimus, A. T., Bound, J., & James, S. A. (2006). Maternal upward socioeconomic mobility and Black–White disparities in infant birth weight. American Journal of Public Health, 96(11), 2032–2039. https://doi.org/10.2105/AJPH.2005.076547

Collins, J. W., David, R. J., Handler, A., Wall, S., & Andes, S. (2004). Very low birth weight in African American infants: The role of maternal exposure to interpersonal racial discrimination. American Journal of Public Health, 94(12), 2132–2138. https://doi.org/10.2105/AJPH.94.12.2132

Crear-Perry, J., Correa-de-Araujo, R., Lewis Johnson, T., McLemore, M. R., Neilson, E., & Wallace, M. (2021). Social and structural determinants of health inequities in maternal health. Journal of Women's Health, 30(2), 230–235. https://doi.org/10.1089/jwh.2020.8882

Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A Black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. University of Chicago Legal Forum, 1989(1), 139–167.

Crimmins, E. M., & Saito, Y. (2001). Trends in healthy life expectancy in the United States, 1970–1990: Gender, racial, and educational differences. Social Science & Medicine, 52(11), 1629–1641. https://doi.org/10.1016/S0277-9536(00)00273-2

Dallo, F. J., Williams, D. R., Ruterbusch, J. J., Mittleman, M. A., Sakyi, K. S., Mostofsky, E., Rimawi, A., Qu, X., Reid, T. G., & Schwartz, K. (2023). Politically related stress and low-birth-weight infants among Arab, Asian, Hispanic, non-Hispanic Black, and non-Hispanic White women in Michigan. Women's Health, 19, 17455057231178118. https://doi.org/10.1177/17455057231178118

David, R. J., & Collins, J. W. (1991). Bad outcomes in Black babies: Race or racism? Ethnicity & Disease, 1(3), 236–244.

Davies, D. (2023, March 28). How poverty and racism 'weather' the body, accelerating aging and disease. NPR. https://www.npr.org/sections/health-shots/2023/03/28/1166404485/weathering-arline-geronimus-poverty-racism-stress-health

Deichen Hansen, M. E., James, B. A., Sakinah, I., Brown Speights, J. S., & Rust, G. (n.d.). Traversing traditions: Prenatal care and birthing practice preferences among Black women in North Florida. Ethnicity & Disease, 31(2), 227–234. https://doi.org/10.18865/ed.31.2.227

Dilworth-Anderson, P., Burton, L. M., & Turner, W. L. (1993). The importance of values in the study of culturally diverse families. Family Relations, 42(3), 238–242. https://doi.org/10.2307/585551

Dixon, A. R., & Telles, E. E. (2017). Skin color and colorism: Global research, concepts, and measurement. Annual Review of Sociology, 43, 405–424. https://doi.org/10.1146/annurev-soc-060116-053315

Dmowska, A., Fielding-Singh, P., Halpern, J., & Prata, N. (2024). The intersection of traumatic childbirth and obstetric racism: A qualitative study. Birth, 51(1), 209–217. https://doi.org/10.1111/birt.12774

Dobbelaere, A., Pattinson, R. C., Makin, J. D., & Quintelier, J. (1996). The potential for preventing the delivery and perinatal mortality of low-birth-weight babies in a black urban population. South African medical journal = Suid-Afrikaanse tydskrif vir geneeskunde, 86(5), 536–539.

Ellis, K. R., Young, T. L., & Langford, A. T. (2023). Advancing racial health equity through family-focused interventions for chronic disease management. Preventing Chronic Disease, 20, E27. https://doi.org/10.5888/pcd20.220297

Falako, S., Okoli, N., Boateng, M.-O., Sandoval, J., Gumudavelly, D., Larsuel, S., & Opara, I. (2023). Utilizing community-centered approaches to address Black maternal mortality.

Health Education & Behavior, 50(4), 500–504. https://doi.org/10.1177/10901981231177078

Fasanya, H. O., Hsiao, C. J., Armstrong-Sylvester, K. R., & Beal, S. G. (2021). A critical review on the use of race in understanding racial disparities in preeclampsia. The Journal of Applied Laboratory Medicine, 6(1), 247–256. https://doi.org/10.1093/jalm/jfaa149

Ferree, M. M. (2018). Intersectionality as theory and practice. Contemporary Sociology, 47(2), 127–132. https://doi.org/10.1177/0094306118755390

Fine, M., & Torre, M. E. (2021). Critical participatory action research: Conceptual foundations. In M. Fine & M. E. Torre (Eds.), Essentials of critical participatory action research (pp. 3–19). American Psychological Association. https://doi.org/10.1037/0000241-001

Fishman, S. (2020). An extended evaluation of the weathering hypothesis for birth weight. Demographic Research, 43, 929–968.

Ford, N. D., Cox, S., Ko, J. Y., Ouyang, L., Romero, L., Colarusso, T., Ferre, C. D., Kroelinger, C. D., Hayes, D. K., & Barfield, W. D. (2022). Hypertensive Disorders in Pregnancy and Mortality at Delivery Hospitalization - United States, 2017-2019. MMWR. Morbidity and mortality weekly report, 71(17), 585–591. https://doi.org/10.15585/mmwr.mm7117a1

Forde, A. T., Crookes, D. M., Suglia, S. F., & Demmer, R. T. (2019). The weathering hypothesis as an explanation for

racial disparities in health: A systematic review. Annals of Epidemiology, 33, 1–18.e3. https://doi.org/10.1016/j.annepidem.2019.02.011

Franklin, M., & Wilson, S. M. (2020). A bioarchaeological study of African American health and mortality in the post-emancipation U.S. South. American Antiquity, 85(4), 652–675.

Freire, P., & Macedo, D. P. (2014). Pedagogy of the oppressed: 30th Anniversary edition (M. B. Ramos, Trans.). Bloomsbury Publishing.

Gallardo, A. (2017). Black women disproportionately suffer complications of pregnancy and childbirth. Let's talk about it. ProPublica. https://www.propublica.org/article/black-women-disproportionately-suffer-complications-of-pregnancy-and-childbirth-lets-talk-about-it

Gee, G. C., & Payne-Sturges, D. C. (2004). Environmental health disparities: A framework integrating psychosocial and environmental concepts. Environmental Health Perspectives, 112(17), 1645–1653. https://doi.org/10.1289/ehp.7074

Gee, G. C., Walsemann, K. M., & Brondolo, E. (2012). A life course perspective on how racism may be related to health inequities. American Journal of Public Health, 102(5), 967–974. https://doi.org/10.2105/AJPH.2012.300666

Geronimus, A. T. (1992). The weathering hypothesis and the health of African-American women and infants: Evidence and speculations. Ethnicity & Disease, 2(3), 207–221.

Geronimus, A. T., Hicken, M., Keene, D., & Bound, J. (2006). "Weathering" and age patterns of allostatic load scores among Blacks and Whites in the United States. American Journal of Public Health, 96(5), 826–833. https://doi.org/10.2105/AJPH.2004.060749

Geronimus, A. T., Hicken, M. T., Pearson, J. A., Seashols, S. J., Brown, K. L., & Cruz, T. D. (2010). Do US Black women experience stress-related accelerated biological aging? Human Nature, 21(1), 19–38. https://doi.org/10.1007/s12110-010-9078-0

Geronimus, A. T., Pearson, J. A., Linnenbringer, E., Eisenberg, A. K., Stokes, C., Hughes, L. D., & Schulz, A. J. (2020). Weathering in Detroit: Place, race, ethnicity, and poverty as conceptually fluctuating social constructs shaping variation in allostatic load. The Milbank Quarterly, 98(4), 1171–1218.

Gipson, G. (2019). Creating and imagining Black futures through Afrofuturism. In A. De Kosnik & K. P. Feldman (Eds.), #identity (pp. 84–103). University of Michigan Press. https://www.jstor.org/stable/j.ctvndv9md.9

Hardeman, R. R., Chantarat, T., Smith, M. L., Karbeah, J., Van Riper, D. C., & Mendez, D. D. (2021). Association of residence in high–police contact neighborhoods with preterm birth among Black and White individuals in Minneapolis. JAMA Network Open, 4(12), e2130290. https://doi.org/10.1001/jamanetworkopen.2021.30290

Hardeman, R. R., Homan, P. A., Chantarat, T., Davis, B. A., & Brown, T. H. (2022). Improving the measurement of

structural racism to achieve antiracist health policy: Study examines measurement of structural racism to achieve antiracist health policy. Health Affairs, 41(2), 179–186. https://doi.org/10.1377/hlthaff.2021.01489

Hardeman, R. R., Medina, E. M., & Kozhimannil, K. B. (2016). Structural racism and supporting Black lives—The role of health professionals. New England Journal of Medicine, 375(22), 2113–2115. https://doi.org/10.1056/NEJMp1609535

Hill-Jarrett, T. G. (2023). The Black radical imagination: A space of hope and possible futures. Frontiers in Neurology, 14, 1241922. https://doi.org/10.3389/fneur.2023.1241922

Hoang, T.-M. H., Lee, B. A., Hsieh, W.-J., Lukacena, K. M., & Tabb, K. M. (2023). Experiences of racial trauma among perinatal women of color in seeking healthcare services. General Hospital Psychiatry, 84, 60–66. https://doi.org/10.1016/j.genhosppsych.2023.06.015

Kunin-Batson, A., Carr, C., Tate, A., Trofholz, A., Troy, M. F., Hardeman, R., & Berge, J. M. (2023). Interpersonal discrimination, neighborhood inequities, and children's body mass index: A descriptive, cross-sectional analysis. Family & Community Health, 46(S1), S30–S40. https://doi.org/10.1097/FCH.0000000000000372

Link, B. G., & Phelan, J. (1995). Social conditions as fundamental causes of disease. Journal of Health and Social Behavior, 36(Extra Issue), 80–94. https://doi.org/10.2307/2626958

Liu, H. (2019, August). Destined to be divergent: Birth weight and intragenerational income mobility [Conference paper]. Annual Meeting of the American Sociological Association, New York, NY.

Martin, N. (2017, December 20). Many nurses lack knowledge of health risks for new mothers, study finds. ProPublica. https://www.propublica.org/article/many-nurses-lack-knowledge-of-health-risks-for-new-mothers-study-finds

Mehra, R., Boyd, L. M., & Ickovics, J. R. (2017). Racial residential segregation and adverse birth outcomes: A systematic review and meta-analysis. Social Science & Medicine, 191, 237–250. https://doi.org/10.1016/j.socscimed.2017.09.018

Mickelson, K. D., Doehrman, P., Chambers, C., Seely, H., Kaneris, M., Stancl, R., Stewart, C., & Sullivan, S. (2022). Role of discrimination and resilience on birth weight: A systematic examination in a sample of Black, Latina, and White women. Women's Health, 18, 17455057221093927. https://doi.org/10.1177/17455057221093927

Moten, F. (2003). In the break: The aesthetics of the Black radical tradition. University of Minnesota Press.

Mudiyanselage, S. B., Wanni Arachchige Dona, S., Angeles, M. R., Majmudar, I., Marembo, M., Tan, E. J., Price, A., Watts, J. J., Gold, L., & Abimanyi-Ochom, J. (2024). The impact of maternal health on child's health outcomes during the first five years of child's life in countries with health systems similar to Australia: A systematic review. PLOS ONE, 19(3), e0295295. https://doi.org/10.1371/journal.pone.0295295

Martin, N., & Montagne, R. (2017, December 7). Nothing protects Black women from dying in pregnancy and childbirth. ProPublica. https://www.propublica.org/article/nothing-protects-black-women-from-dying-in-pregnancy-and-childbirth

Orakwue, K., Hing, A. K., Chantarat, T., Hersch, D., Okah, E., Allen, M., Patten, C. A., Enders, F. T., Hardeman, R., & Phelan, S. M. (2024). The C2DREAM framework: Investigating the structural mechanisms undergirding racial health inequities. Journal of Clinical and Translational Science, 8(1), e80. https://doi.org/10.1017/cts.2024.518

Orchard, J., & Price, J. (2017). County-level racial prejudice and the Black–White gap in infant health outcomes. Social Science & Medicine, 181, 191–198. https://doi.org/10.1016/j.socscimed.2017.03.036

Owens, D. C., & Fett, S. M. (2019). Black maternal and infant health: Historical legacies of slavery. American Journal of Public Health, 109(10), 1342–1345. https://doi.org/10.2105/AJPH.2019.305243

Peila, C., Spada, E., Giuliani, F., Maiocco, G., Raia, M., Cresi, F., Bertino, E., & Coscia, A. (2020). Extrauterine growth restriction: Definitions and predictability of outcomes in a cohort of very low birth weight infants or preterm neonates. Nutrients, 12(5), 1224. https://doi.org/10.3390/nu12051224

Reed, R., Sharman, R., & Inglis, C. (2017). Women's descriptions of childbirth trauma relating to care provider actions and interactions. BMC Pregnancy and Childbirth, 17(1), 21. https://doi.org/10.1186/s12884-016-1197-0

Reichman, N. E. (2005). Low birth weight and school readiness. The Future of Children, 15(1), 91–116. https://doi.org/10.1353/foc.2005.0008

Shirazi, T. and Rosinger, A. Y. (2020). Reproductive health disparities in the usa: self-reported race/ethnicity predicts age of menarche and live birth ratios, but not infertility. Journal of Racial and Ethnic Health Disparities, 8(1), 33-46. https://doi.org/10.1007/s40615-020-00752-4

Riggan, K. A., Gilbert, A., & Allyse, M. A. (2021). Acknowledging and addressing allostatic load in pregnancy care. Journal of Racial and Ethnic Health Disparities, 8(1), 69–79.

Roberts, J. M., & Countouris, M. (2020). White coat hypertension in pregnancy. Hypertension, 76(1), 35–37. https://doi.org/10.1161/HYPERTENSIONAHA.120.15056

Roy, K., & Burton, L. (2007). Mothering through recruitment: Kinscription of nonresidential fathers and father figures in low-income families. Family Relations, 56(1), 24–39.

Salter, C., Wint, K., Burke, J., Chang, J. C., Documet, P., Kaselitz, E., & Mendez, D. (2023). Overlap between birth trauma and mistreatment: A qualitative analysis exploring American clinician perspectives on patient birth experiences. Reproductive Health, 20(1), 63. https://doi.org/10.1186/s12978-023-01604-0

Samuel, L. J., Szanton, S. L., Cahill, R., Wolff, J. L., Ong, P., Zielinskie, G., & Betley, C. (2018). Does the Supplemental Nutrition Assistance Program affect hospital utilization among older adults? The case of Maryland. Population

Health Management, 21(2), 88–95. https://doi.org/10.1089/pop.2017.0055

Schmeer, K. K., & Tarrence, J. (2018). Racial-ethnic disparities in inflammation: Evidence of weathering in childhood? Journal of Health and Social Behavior, 59(3), 411–428. https://doi.org/10.1177/0022146518784592

Sema, A., Tesfaye, F., Belay, Y., Amsalu, B., Bekele, D., & Desalew, A. (2019). Associated factors with low birth weight in Dire Dawa City, Eastern Ethiopia: A cross-sectional study. BioMed Research International, 2019, 1–8. https://doi.org/10.1155/2019/2965094

Siegel, M., & Wiklund, E. (2023). The relationship between state-level structural racism and disparities between the non-Hispanic Black and non-Hispanic White populations in multiple health outcomes. Journal of the National Medical Association, 115(2), 207–222. https://doi.org/10.1016/j.jnma.2023.01.010

Simons, R. L., Lei, M.-K., Beach, S. R. H., Barr, A. B., Simons, L. G., Gibbons, F. X., & Philibert, R. A. (2018). Discrimination, segregation, and chronic inflammation: Testing the weathering explanation for the poor health of Black Americans. Developmental Psychology, 54(10), 1993–2006. https://doi.org/10.1037/dev0000511

Simons, R. L., Lei, M.-K., Beach, S. R. H., Simons, L. G., Barr, A. B., Gibbons, F. X., & Philibert, R. A. (2019). Testing life course models whereby juvenile and adult adversity combine to influence speed of biological aging. Journal of Health and Social Behavior, 60(3), 291–308.

Simons, R. L., Lei, M.-K., Klopack, E., Zhang, Y., Gibbons, F. X., & Beach, S. R. H. (2021). Racial discrimination, inflammation, and chronic illness among African American women at midlife: Support for the weathering perspective. Journal of Racial and Ethnic Health Disparities, 8(2), 339–349.

Slaughter-Acey, J. C., Sneed, D., Parker, L., Keith, V. M., Lee, N. L., & Misra, D. P. (2019). Skin tone matters: Racial microaggressions and delayed prenatal care. American Journal of Preventive Medicine, 57(3), 321–329. https://doi.org/10.1016/j.amepre.2019.04.014

Smith-Ramakrishnan, V. (2025). Black maternal mortality is still rising. What can be done? The Century Foundation. https://tcf.org/content/commentary/black-maternal-mortality-is-still-rising-what-can-be-done/

Solomon, J. (2021, July 26). Closing the coverage gap would improve Black maternal health. Center on Budget and Policy Priorities. https://www.cbpp.org/research/health/closing-the-coverage-gap-would-improve-black-maternal-health

Taylor, J., Novoa, C., Hamm, K., & Phadke, S. (2019, May 2). Eliminating racial disparities in maternal and infant mortality: A comprehensive policy blueprint. Center for American Progress. https://www.americanprogress.org/article/eliminating-racial-disparities-maternal-infant-mortality/

U.S. Department of Veterans Affairs. (n.d.). Racial trauma. VA.gov. https://www.ptsd.va.gov/understand/types/racial_trauma.asp

Who are the most educated women in America? Black women. (n.d.). ThoughtCo. https://www.thoughtco.com/

black-women-most-educated-group-us-4048763

Williams, D. R. (2018). Stress and the mental health of populations of color: Advancing our understanding of race-related stressors. Journal of Health and Social Behavior, 59(4), 466–485.

Yu, Y., Zhang, S., Wang, G., Hong, X., Mallow, E. B., Walker, S. O., Pearson, C., Heffner, L., Zuckerman, B., & Wang, X. (2013). The combined association of psychosocial stress and chronic hypertension with preeclampsia. American Journal of Obstetrics and Gynecology, 209(5), 438.e1–438.e12. https://doi.org/10.1016/j.ajog.2013.07.003