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'On the Impossibility of Trust': Black Mothers and Healthcare in Britain

It's early June and the air is humid and heavy. In the back of an Italian delicatessen in Whitechapel, East London, black mothers gather. The room smells sweet and rich, a combination of hair oils, creams, and perfumes. There are mothers, 'mothers in waiting' and one woman with a large round belly who can't be too far off giving birth. With the easing of Covid-19 restrictions, the turn-out is high and there is an energy of excitement and anticipation in the room. The women are asked to write on a topic of their choice with the following prompts: black motherhood and mental health; black motherhood and social support; black motherhood and trust in the healthcare system. A woman who I call Ella writes:

> It's impossible to place trust in a system that is committed to letting you down. You don't realise how much you need a stable and reliable healthcare system until you're in the vulnerable state of pregnancy. Until then you're questioning whether it's the system that killed your babies or your own incompetent body. When I was pregnant, I found myself having to lean on a system I wasn't sure could support me and my baggage, my fears, my history and my questions.

If an impasse suspends notions of ordinary repair (Berlant, 2011:49), perhaps black women in Britain have been facing this impasse in a historical moment that extends beyond the lives of those concerned - rooted in generations of oppression, exploitation, and medical experimentation, and into a future of continued 'let down'. This may be the 'impossibility' of trust in a system 'committed to letting you down', as our narrator refers to in the quotation above. Her narrative is reflective of many others recorded at the event, which structures a binary between the black person/body (and its perceived 'incompetence' in public health), and a 'killing' 'system' which prevents black life from flourishing. This is perhaps most pertinent in an account which makes this uncertainty and distrust clear: "the healthcare system is to black women what the judicial system is to black men". One's body is already perceived as unruly, and black women must respond to this through an awareness of the risks present in engaging with an institution which has already cast doubt.

Scholars of race and reproduction show how state efforts to 'improve birth outcomes' impose racialised, sexualised, gendered and normative family structures, with the intent of bringing minority persons into the fold (Ganapathy, 2021:4). Public reproductive health policies can become sites for the reproduction of hierarchical social orders (2021:4) which do not challenge the foundational structures upon which inequalities exist. Take a recent report by NICE concerning guidelines for inducing labour. The report suggests that physicians "consider induction of labour from 39+0 weeks in women with otherwise uncomplicated singleton pregnancies who are at higher risk of complications associated with continued pregnancy" (2021:6). "For

example," they continue, those with a "black, Asian or minority ethnic family background" (2021:6). This comes after descriptions of the process of induction, including a more painful birth with risks of internal injury (2021:4-5), or the removal of "the satisfaction of achieving the more natural birth that many women hope for" (2021:29). All other methods of induction, including herbal supplements, hot baths or castor oil, practitioners are told, should be discussed with women so they know there is no evidence to support that they will induce labour (2021:15-16). By recommending routine induction, NICE shifts the balance: medical professionals monitor and manage black birth without considering the possibility that the disparities faced may not lie within black bodies themselves. The 'crisis' of black birth is lived in precisely this ordinariness - in the mundane yet pervasively harmful perceptions of the failing black body and their effects on the worlds of black women as they navigate this terrain.

The question becomes how to recenter black women's narratives of care. In part, this may derive from greater research attention to black experience which consistently challenges not only the forms of knowledge from which conceptions of medicine, birth and reproduction derive, but also takes seriously knowledge coming from black women as we expertly and experientially respond to structures of racism in the everyday. Although scholarly communities do not always 'deserve' access to forms of silenced and subjugated knowledge, usually only elicited in contexts of pain (Tuck and Yang, 2014 in Ganapathy, 2021:2), black women are increasingly making their knowledge public in political spaces. This may take the form of community gatherings where mothers can celebrate the richness of their lives and untangle its pains but also appears in prominent cultural literature. Candice Brathwaite's I Am Not Your Baby Mother (2020) is a key example in contemporary Britain, but the waves of black women making their maternal healthcare pains public are not uncommon, from Serena Williams in the US to the women who agreed to talk with me about the racism they experienced whilst pregnant or labouring during the Covid-19 pandemic.

Note: The NICE Guidelines have now been updated.

References

Berlant, L. Cruel Optimism. Durham, NC: Duke University Press.

Braithwaite, C. (2020). I Am Not Your Baby Mother. London: Quercus.

Ganapathy, S. (2021). Unfolding Birth Justice in Settler States. Feminist Anthropology, 2(2). Pp.1-18. https://doi.org/10.1002/fea2.12056

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