



# POSITION STATEMENT

## ACNM Position Statement<sup>1</sup> Against Racism and Racial Bias

The American College of Nurse-Midwives (ACNM) is committed to eliminating racism and racial bias in the midwifery profession and race-based disparities in reproductive health care.

ACNM's position is that midwives must

- Understand the history and current manifestations of racism and white supremacy in medicine, midwifery, and reproductive health care.
- Recognize and address the structural forces that perpetuate racism and race-based disparities in health care.
- Engage in lifelong introspection and self-development to identify and address their own implicit bias, internalized racism, and potential to perpetuate racism.
- Provide nonjudgmental, culturally sensitive care to all people and work simultaneously to identify and implement ways to reduce the effect of racism on the health outcomes for their patients of color.

ACNM is committed to

- Increasing the racial and ethnic diversity within the profession with the aim that ACNM members will reflect the racial diversity of the populations they serve.
- Identifying and supporting midwives of color to develop and achieve leadership positions at all levels throughout ACNM.
- Including strategies to address racism and race-based disparities in subsequent revisions of the Core Competencies for Basic Midwifery Practice.<sup>1</sup>
- Including robust content on racism and race-based disparities at ACNM events and in documents and communications.
- Working with the Accreditation Commission for Midwifery Education to incorporate and regularly update content on racism and race-based disparities into midwifery education programs.
- Working with the American Midwifery Certification Board to develop continuing competency assessment modules to ensure that midwives do not reinforce negative biases and racial stereotypes that harm patients.
- Providing continuing education on racism, its relationship to health disparities, and strategies for midwives and midwifery services to address racism in themselves and in their communities.

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<sup>1</sup> ACNM is a non-governmental (private), nonprofit voluntary association that serves as a resource for nurse-midwives who are interested in membership who qualify and are accepted into the organization. As the leading voice in midwifery, ACNM issues Position Statements on issues pertaining to the treatment and respect of nurse midwives in their professional settings. ACNM establishes and enforces rules and requirements pertaining to conduct at and within ACNM and its programs. It encourages its members to report any ACNM rules violation experienced by someone participating in an ACNM program. In contrast, it does not undertake to enforce actions addressed in its Position Statements.

- Evaluating the challenges and successes related to these commitments and reporting on these biannually at the ACNM Annual Meeting.

## **BACKGROUND**

A health disparity is defined as “a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health.”<sup>2</sup> The persistent and pervasive race-based disparities that currently exist in maternal child health are unconscionable and unacceptable. Often cited examples include disparities in rates of maternal and infant mortality. African American women are more than 3 times<sup>3</sup> and American Indian/Alaskan Native women are more than 1.5 times as likely to die in childbirth as white women in the United States.<sup>4</sup> The African American infant mortality rate is 2 times that of white infants,<sup>4</sup> and the American Indian/Alaskan Native infant mortality is 1.5 times that of white infants.<sup>5</sup>

Racism is the root cause of the social, economic, and environmental disadvantages that result in race-based health disparities.<sup>6</sup> Race is a social construct that does not describe genetic or biological differences in human beings.<sup>6,7</sup> Therefore, race-based disparities are not the result of intrinsic differences between people from different racial categories. Racism is the system of interlocking factors perpetrated intentionally and unconsciously by individuals and institutions that maintain the power and privilege of white people to the detriment of people of color.

To understand racism and race in relation to health disparities, one must understand American history. The establishment of British and French colonies in the early United States was based on a system of violence, oppression, and subjugation.<sup>6</sup> The concept of a superior white race was used to justify the genocide and displacement of indigenous peoples and the capture and enslavement of African peoples.<sup>6</sup> In the 19<sup>th</sup> century, legal categories to define different races were developed and pseudosciences, such as phrenology, were used to support the idea that there were inherent biological and hierarchical differences between the races.<sup>6,8</sup> Indeed, many of the stereotypes that were prevalent during that period, which portrayed people of color as lazy, stupid, lacking in direction, and responsible for their plight, persist in society today.

Native and African Americans have been victims of racism the longest, but Latinx and Asian Americans also faced discrimination as the United States expanded west. African Americans gained citizenship under the 14<sup>th</sup> Amendment in 1868, however Native Americans were excluded from citizenship until 1924. Displacement, Jim Crow laws, Black Codes, and legalized housing and job discrimination policies and laws were subsequently instituted against African Americans. Internment of Native Americans on reservations and immigration acts to exclude and restrict the ability of Asian Americans to own businesses and become citizens contributed to the establishment of societal norms that continue to this day to segregate, subjugate, and impoverish people of color.<sup>9</sup>

While legalized racial discrimination has been outlawed, structural, institutional, and individual racial bias persists and limits the health, welfare, and opportunity for people of color in the United States. Structural racism refers to “the totality of ways in which societies foster racial discrimination through mutually reinforcing systems of housing, education, employment, earnings, benefits, credit, media, health care, and criminal justice. These patterns and practices in turn reinforce discriminatory beliefs, values, and distribution of resources.”<sup>6</sup> Structural racism can be seen in residential racial segregation, which persists well after the end of the legalized segregation. Residential segregation limits access to the resources necessary for overall well-

being: quality education (including access to higher education), employment, housing, health care, and the ability to acquire wealth. Thus, the zip code in which one lives is an analog for race, ethnicity, poverty, and health disparities.<sup>10,11</sup> While significant gains have been made by people of color, the effects of structural, institutional, and interpersonal racism continue to significantly restrict their health and well-being.<sup>6</sup> Without deliberate and intentional correction of the systems in place, people of color are more likely to live in poverty and in communities with inadequate resources and services, including health care.

Midwives can contribute to the dismantling of structural racism by recognizing and addressing racism in themselves and in their institutions. Research indicates that provider bias is implicated in disparities in health care<sup>12-14</sup> and that providers treat patients of color differently than white patients.<sup>15-18</sup> Evidence also shows that greater racial diversity in the health care workforce improves access to care and the quality of care people of color receive and is an important intervention to reduce racial health disparities.<sup>19</sup> However, for the past 4 decades, membership of ACNM has remained racially homogenous at more than 94% white.<sup>20,21</sup> Midwifery research shows that racism is common in midwifery education, clinical practice, and professional organizations and that racism acts as a barrier to people of color completing midwifery education programs and fully participating in midwifery professional organizations.<sup>22</sup> It is our duty as midwives to address racism in ourselves and our organization by following the steps above so that we can better address health disparities.

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