

How Discrimination on the Basis of Race Color, and National Origin Shows Up in Perinatal Care

Pregnant people may experience mistreatment and violence during childbirth because of their race, color, or national origin. They may experience providers not listening to or ignoring their requests/needs/information, they may experience being left alone, or having family members kicked out, or security called or threatened, they may experience nonconsensual procedures or tests, including drug tests, they may be denied pain management drugs or tools. If you experience perinatal care that is different than other people because of your race, color or national origin, you might have experienced discrimination that OCR can address: discrimination “on the basis of race, color, and national origin.”

What is Discrimination on the Basis of Race, Color, and National Origin:

- Examples of potentially discriminatory practices
 - Ignoring or exaggerating symptoms, misdiagnosing, or missing diagnoses because a pregnant person is Black
 - Experimenting on patients to dominate them
 - Performing procedures without consent
 - Intimidating patients into making decisions
 - Ignoring, dismissing, or disrespecting a pregnant person’s need for pregnancy care
 - Labeling patients or their support people as threats and calling security, police, social services, or psychiatrists on them
 - Refusing to provide culturally competent care
 - limiting or refusing to let parents get care from a midwife, doula, or medicine woman
 - shackling birthing people during labor
 - being shouted at or ignored by medical staff
 - being refused access to or ignored when requesting interpreters
 - threatening or otherwise making a pregnant immigrant feel like their legal status is at risk

Who is Affected

Obstetric racism in the United States is the product of a history of oppression and violence against Black Americans. The field of obstetrics and gynecology (OB-GYN) originated in slavery, where white doctors conducted gruesome experiments on enslaved people who were pregnant and birthing. Indigenous people and immigrants have also experienced historical oppression that continues today and impacts the medical care pregnant and birthing people receive.

Black, Indigenous, and Latine/x pregnant and birthing people and pregnant and birthing people of color experience mistreatment because of the United States’ long history of racism and discrimination on the basis of race and color. A [2019 survey of birthing people](#) found that almost one-third of Indigenous, one-quarter of Latine/x, and over one-fifth of Black pregnant and birthing people experienced some form of obstetric violence or obstetric racism.

Immigrant, refugee, and migrant pregnant and birthing people can have difficulty accessing healthcare during pregnancy due to legal status (or assumed illegal status), limited Medicaid coverage, and anti-immigrant laws in many states. Pregnant immigrants from sub-Saharan Africa and South Asia are directed to get caesarean sections (c-sections) more than immigrants from other regions, showing the impact of holding multiple identities (e.g., being Black, a pregnant person, and an immigrant).

Why it Matters

Pregnant people of all races, colors, and national origins deserve to, and have a legal right to give birth without discrimination or [coercion](#). [When a pregnant person's race, color, or national origin limits the care available to them or influences the way the care they receive is delivered, it is unjust](#). Mistrust in the government and in health care providers based on [systemic oppression](#) means some pregnant immigrants, refugees, migrants, people of color, and Indigenous and Latine/x people avoid going to a doctor, which can lead to a higher risk of post-birth complications and death in or immediately following childbirth. Discrimination based on race, color, or national origin [disproportionately hurts](#) Black, Indigenous, and People of Color (BIPOC) with disabilities or diverse gender identities due to systemic racism and the compounding effect of intersectionality.

Legal Protections

Receiving (or not receiving) perinatal care that is different than other people based on race, skin color, nationality, or immigration status is discrimination on the basis of race, color, and national origin. Health care facilities and providers in the United States that receive government funding (as most do) have to give patients the same quality of and options for care, regardless of race, color, and national origin. In practice, this means that providers cannot refuse to treat, deny benefits, or discriminate against a person based only on their race, color, and national origin if they receive money from the federal government. 42 U.S. Code § 18116. The Office of Civil Rights in the US Department of Health and Human Services (HHS) has the legal authority to enforce these laws.

How to File an OCR Complaint

You can file a complaint **through OCR's [online portal](#)** or by mail, fax, or e-mail. OCR provides free language assistance services and services are accessible to persons with disabilities.

You will need to:

- Name the health care or social service provider that discriminated against you,
- Describe what happened,
- Explain why you believe what happened was discrimination (were you treated differently than other people on the basis of race, color, national origin, sex, age and/or disability? Does the facility or institution have a practice or policy that applies to everyone, but that has a discriminatory impact on a protected group?).
- File the complaint through the portal within 180 days of when the act or omission complained of occurred, or if that time has already passed, explain why you had “good cause” to need more time.

Elephant Circle can assist you with filing an OCR complaint. Sign up [here](#) to schedule a consultation with a member of our team.

