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The United States is experiencing a health crisis that is almost unheard of in comparison to the rest of the world. This crisis, while acknowledged, is largely under-highlighted in the debate and conversation regarding mortality rate and pregnancy. While pregnancy-related death is always a concern when carrying and delivering a child, black women in the United States die at 3 times the rate that white women do, creating a terrifying disparity that is hard to ignore. This puts the US leagues behind the rest of the world, ranking us 55th globally, according to the World Health Organization. This has led to an ongoing debate on what is causing this disparity in the United States, while systems such as socioeconomic status and genetic factors are frequently mentioned, they have been largely disproven by scientific evidence. The real factors at play are far more nuanced; the maternity crisis among black women in America is a result of a biologically embedded response to stress that is both induced and amplified by the racist systems that prove to have immense stress on both mother and child. This systemic racism can create cross-generational vulnerability that is worsened by the racial prejudice that inherently exists in the American health care system.

The physiological vulnerability, which is a result of hundreds of years of prejudice that exists within black women in America, is combined with the systemic racism that is within the American Healthcare system. This transcends any social or economic boundary that can be

quantified. The high mortality rates experienced amongst black women can easily be attributed to disparities in resources, education, and overall funding, but this has not been proven to be true. This can be exemplified through the examination of a prominent black woman public figure, such as pro tennis player Serena Williams. As is stated in "Why America's Black Mothers and Babies Are in a Life-or-Death Crisis, "Williams shared in Vogue the story of the birth of her first child and further details in a Facebook post. The day after delivering her daughter, Alexis Olympia, via C-section in September, Williams experienced a pulmonary embolism, the sudden blockage of an artery in the lung by a blood clot. Though she had a history of this disorder and was gasping for breath, she says medical personnel initially ignored her concerns". While thankfully, Williams' child survived, this account is extremely important. Williams is arguably one of the most famous women in the world, and even she spoke about the prejudice she faced while in a healthcare environment when delivering her baby. Systemic issues transcend one's wealth, fame, or notability. Any theory that gaps exist between white and black mothers due to funds and resources rather than prejudice is rendered null when facts such as Williams' case come to light. Furthermore, if education comes into question and its relationship to black mortality, we can look to what Dr. Joya Carter Perry stated during the tomtom foundation roundtable on black maternity: "a black woman who has a phd or MD is still more like five times more likely to die in childbirth than a white woman who has the same education". These cases just further display and emphasize the large problem of racial prejudice that continues to exist across all facets of the United States healthcare system.

When speaking in terms of developmental psychology and development, an emphasis is put on the profound effect that the contexts of development have on human development. Factors like cultural context, religious institutions, environmental risk, and other influences have an

effect on a person's life. Other interactive factors include race and ethnicity, which are clearly defined and identified as social constructs rather than biological facts. The notion that any maternity disparity is caused by “black genes” is inherently rooted in a racist framework and institution and has no root whatsoever in science and fact. While widespread miseducation exists, it is becoming a commonly adopted belief that there are no such things as biological races. This was concreted in the 1993-2002 Human Genome Project. Rather than attribute disparities to biology, one can look at the chronic stress that a black woman faces during pregnancy due to systemic discrimination and prejudice. This causes “wear and tear” on the body and can be referred to as an allostatic load. Dr. Arline Geronimus, who was a professor at the University of Michigan, was the first to link stress and black infant mortality. As said in " Why America’s Black Mothers and Babies Are in a Life-or-Death Crisis, “ She believed that a kind of toxic stress triggered the premature deterioration of the bodies of African-American women as a consequence of repeated exposure to a climate of discrimination and insults. The weathering of the mother’s body, she theorized, could lead to poor pregnancy outcomes, including the death of her infant”. This stated deterioration can be shown leading directly to poor pregnancy such as infant death and preterm birth. This tragic mechanism can be further shown by the finding that black American-born babies were found to weigh less than their African-born counterparts(David and Collings, 2002). This difference in weight when factoring in matched controls in a scientific environment is irrefutable when speaking of the role that stress plays in pregnancy, especially when factoring in the immense stress that racial prejudice and bias can place on an individual day to day, especially in a maternal environment.

Racism-induced biological mechanisms play an influential role in the black maternity crisis. The mechanisms, then, combined with real lived experience, create a catastrophic result

that affects all black women in America. Continuous exposure to racism can even go as far as to induce cellular aging within black individuals, regardless of the resilience that a person displays in the face of racism. We learn about “accelerated cellular aging” through telomere scores, which act as a marker for cellular aging, and it was found that black women, on average, have a higher score when compared to groups that have experienced remarkably less discrimination in their lives. Using this stress and cell data, a correlation can be drawn between this cellular age and stress, and the fact that 60% of maternal deaths are hypertension and pre-eclampsia, which are also more common and more rampant among black communities. This is stated once again in Why *America’s Black Mothers and Babies Are in a Life-or-Death Crisis* when Villarosa states, “For black women in America, an inescapable atmosphere of societal and systemic racism can create a kind of toxic physiological stress, resulting in conditions — including hypertension and pre-eclampsia — that lead directly to higher rates of infant and maternal death". This is once again a manifestation of the allostatic load, the wear and tear on one's body. The accumulated physical vulnerabilities exerted on a black woman's body manifest in a physiological or even epigenetic change. Epigenetic processes are critical systems where life stress can be placed into someone genetically. This alters how children respond to different stressors, which can be seen in glucocorticoid resistance and other variables like a poor immune system, which can be physical manifestations of stress on the body. The stated biological factors in combination with lived experience, create a large disparity in the operation of a black woman's body, which is then further emphasized by more predicted experiences in life, creating a positive feedback cycle of stress in black women.

The ongoing crisis of black maternity is a gross representation of the mistreatment of Black women in America. Black women die from pregnancy-related causes at an alarming rate

of three times their white counterparts. Numbers such as these cannot be ignored; they tell a story of the large effect that racism has on its recipients. Any theory on black genetics is widely disproven, with the stress of prejudice being the primary cultivator of the issue. Regardless of education, resources, and other contributing factors to one's socioeconomic class, black women are continuously mistreated in medical environments with their needs largely being ignored, further perpetuating these stresses and ever more increasing the allostatic load on pregnant and delivering black women. Discriminatory systems in place create toxic rates of mortality in pregnancy among black women, a fact that has been embedded into a cross-generational trauma that will forever continue if attention isn't brought to this prevalent issue. A complete systemic change in the way that we approach the black population's health is needed to correct these issues, with a complete lack of trust existing between an African American person and their health care provider. We need to be aggressive in addressing this issue, with people dying every day as a result of the failure of American healthcare and even the healthcare education system.