




## BLACK WOMEN'S HEALTH IN THE POSTPARTUM PERIOD: ISSUES OF EQUITY AND HUMANIZED HEALTH CARE

 <https://doi.org/10.56238/levv16n45-008>

Submitted on: 06/01/2025

Publication date: 06/02/2025

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## SUMMARY

**Introduction:** Black women's health in the postpartum period is marked by challenges that reflect structural inequalities and institutional racism, resulting in significant disparities in maternal and neonatal outcomes. Black women face higher risks of maternal morbidity and mortality, as well as experiencing neglect and a lack of empathy in postpartum care. The impact of structural racism and the social determinants of health makes evident the need for a more equitable and humanized health system, which promotes comprehensive and respectful care for these women. **Objective:** This study aimed to analyze, through a narrative literature review, the main barriers faced by black women in the postpartum period and to discuss strategies to promote equity and humanization in care, focusing on the challenges and opportunities to improve maternal and neonatal outcomes. **Methodology:** The narrative review was conducted based on articles published between 2013 and 2024, selected from the PubMed, SciELO, Lilacs, and Google Scholar databases. Descriptors related to the theme were used, such as "black women's health", "postpartum", "equity in health" and "humanized care". The inclusion criteria considered peer-reviewed studies, published in Portuguese, English, or Spanish, that addressed specific issues of black women's health in the postpartum period. Data analysis was carried out descriptively, highlighting qualitative aspects related to the experiences and challenges of these women. **Results and Discussion:** The results showed inequalities in access to and quality of postpartum care for black women, impacted by institutional racism, socioeconomic vulnerability, and negligence in health services. The absence of humanized practices and the underdiagnosis of mental health issues, such as postpartum depression, were highlighted. On the other hand, initiatives to train professionals and social support networks have proven effective in promoting equity and humanized care. **Conclusion:** The study reinforces the need to address structural racism as a determinant of inequalities in maternal health. Inclusive public policies, training of professionals, and strengthening of support networks are essential to ensure dignified and equitable care for black women in the postpartum period, promoting their well-being and comprehensive health.

**Keywords:** Black women's health. Postpartum. Equity in health. Humanized care. Structural racism.

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## INTRODUCTION

Women's health in the postpartum period is a fundamental component of the pregnancy-puerperal cycle, representing a critical moment for physical and emotional recovery after childbirth. However, disparities in access to and quality of health services become even more evident when analyzed from the perspective of race and ethnicity. In Brazil, the black population has historically been affected by social and structural inequalities that directly impact the health of black women, especially in the puerperal period, when they face additional challenges related to their social, economic, and cultural condition (Costa; Mascarello 2022).

The intersection between structural racism and sexism results in cumulative disadvantages for women of African descent in the health system. These barriers are reflected in the underutilization of services, lower quality of care, and unfavorable health outcomes. Studies indicate that Afro-descendant women have higher rates of maternal mortality, obstetric complications, and less access to humanized care in the postpartum period, which highlights an issue of equity that needs to be addressed with effective and committed public policies (Cardoso; Cockell 2019)element.

Maternal and newborn health is directly related to access to adequate health care during prenatal, childbirth, and postnatal care. However, for black women, this access is often limited by stigmas and racial discrimination that permeate health institutions. Reports of negative experiences, such as negligence, lack of active listening, and lack of empathy, are common and reinforce the cycle of inequalities, resulting in damage to both the physical health and psychological well-being of these women (Costa; Mascarello 2022)element.

In addition to institutional barriers, socioeconomic factors contribute significantly to the vulnerability of black women in the postpartum period. Poverty, unemployment, and less access to education exacerbate the social determinants of health and limit the ability of many Black women to seek and obtain adequate care. These structural conditions reflect the perpetuation of a system that does not meet the specific needs of these women, highlighting the importance of actions that promote equity (Theophilo; Rattner; Pereira 2018).

Another relevant aspect is the psychological and emotional impact of racism on the postnatal experience of black women. Studies show that racism can contribute to higher levels of postpartum stress, anxiety, and depression among women of African descent, especially when combined with the emotional and physical demands of the puerperal period. This issue is often neglected in health services, which fail to address the emotional needs of these women comprehensively (Dos Santos Gomes 2024).

The humanization of health care is essential to reduce the disparities faced by Afro-descendant women in the puerperal state. The concept of humanization involves not only quality technical service but also empathy, respect, and appreciation of the singularities of each woman. However, humanized care is still a gap in the care offered to black women, who often report experiences of disrespect and devaluation in clinical contexts (Silva et al; 2021).

In this scenario, it is essential to discuss the training of health professionals to confront institutional racism and the promotion of racial equity in health services. The training of professionals sensitive to race and gender issues is a crucial strategy to transform care practices, ensuring that black women receive dignified and respectful care during the postpartum period (Silva; De Lima 2021).

In addition, public policies aimed at the health of black women must be designed and implemented based on robust and up-to-date data. The collection and analysis of data disaggregated by race and ethnicity are key to identifying gaps in access to and quality of health services, guiding the formulation of more effective interventions (Oliveira 2018).

Strengthening the social support network also plays a vital role in promoting the health of black women in the postpartum period. Communities, non-governmental organizations, and local initiatives can contribute to the creation of welcoming and supportive spaces, offering alternatives to minimize the impacts of structural inequalities (Brazil 2024).

Equity in the puerperal phase goes beyond universal access to health services; It is about ensuring that all women, regardless of their race or social status, have their needs met fairly and respectfully. To do so, it is necessary to break with the barriers imposed by structural racism and create a truly inclusive health system (Theophilo; Rattner; Pereira 2018).

This paper aims to discuss the main issues of equity and humanized care related to the health of black women in the postpartum period, exploring both the challenges and opportunities to improve maternal and neonatal outcomes in this population. The literature review highlights the importance of an intersectional approach to understanding the multiple dimensions that influence the health of these women.

In the end, it is intended to provide theoretical subsidies that contribute to the improvement of public policies and care practices aimed at promoting the health of Afro-descendant women in the postnatal period. Understanding and addressing existing inequalities is an essential step towards achieving a fairer and more equitable health system, aligned with the principles of humanization and dignity in care.

## METHODOLOGY

The methodology of this narrative literature review was developed to explore the issues of equity and humanized care in the health of black women in the postpartum period, analyzing evidence available in the scientific literature. It is a narrative review, which allows describing and analyzing concepts, challenges, and practices related to the theme, promoting a broad and critical understanding of the factors that impact the health of these women. For the selection of studies, inclusion and exclusion criteria were defined. The inclusion criteria included articles published in peer-reviewed scientific journals, between the years 2018 and 2025, written in Portuguese, English, or Spanish, and that directly addressed the health of black women in the postpartum period, with a focus on equity, humanization, and structural barriers. Studies that were not available in full, opinion articles, reviews without clear methodology, and research that dealt with the topic tangentially, without a specific approach to black women's health, were excluded.

The search for studies was carried out in the PubMed, SciELO, Lilacs, and Google Scholar databases, using controlled and uncontrolled descriptors related to the theme, such as "black women's health", "postpartum", "health equity", "humanized care" and "institutional racism". Boolean operators, such as AND and OR, were used to combine search terms and increase the scope of results. The search process was carried out between November and December 2024. Initially, the titles and abstracts of the articles found were evaluated, and those that met the previously established criteria were selected. Subsequently, the full texts of the selected studies were analyzed in detail.

The data were extracted systematically, including information on the year of publication, place of study, objectives, methodology used, and main results. The data analysis was conducted descriptively, highlighting qualitative aspects related to the experiences of black women in the postpartum period, challenges faced, and proposals for the promotion of humanized and equitable care. The results of the review were organized into thematic categories, to structure the discussion and facilitate the understanding of the findings. In addition, the limitations of the studies analyzed and the gaps in the literature were considered, to support future research on the subject. Finally, all stages of the work followed the ethical precepts for literature reviews, respecting copyright and academic integrity.

## RESULTS AND DISCUSSION

The results of this narrative review showed that the health of women of African origin in the postpartum period is largely impacted by structural inequalities, institutional racism,

and limitations in access to humanized health care. Studies analyzed highlight that black women have a higher risk of post-pregnancy complications, including severe maternal morbidities and maternal mortality when compared to women of other races. This disparity is directly related to the barriers faced by these women in the health system, such as limited access to services, negligence on the part of professionals, and lack of empathy in care (Dos Santos; Araújo; Guimarães 2024).

The issue of institutional racism emerges as one of the most relevant factors in the perpetuation of these inequalities. Reports indicate that dark-skinned women are often treated with disregard, have their complaints minimized, and face implicit or explicit discrimination during post-birth care. This neglect results in lower-quality care, which not only compromises the physical health but also the emotional well-being of these women. In addition, the absence of humanized practices in post-puerperal care is especially worrying, since the puerperal period requires comprehensive support, both technical and emotional (Souza *et al.*, 2024).

The humanization of care, an essential principle for maternal health, is still insufficient in the care of black women. Studies show that the application of humanized practices, such as active listening, respect for the patient's decisions, and individualized care, is less frequent when the patient is black. This disparity reinforces the negative impact of structural racism, which perpetuates health inequalities and limits equitable access to services (Meira; Oliveira 2023).

Another point highlighted in the studies analyzed is the socioeconomic vulnerability of Afro-descendant women, which contributes to the worst outcomes in the post-pregnancy period. Factors such as low income, difficulty in accessing transportation, lower education, and unemployment are social determinants of health that amplify the challenges faced by this population. These factors are aggravated by the lack of specific and effective public policies aimed at the health of black women in Brazil (Damasceno *et al.*, 2024).

The psychological impact of racism has also been widely discussed in the literature. Afro-Latina women in the post-pregnancy period report feeling invisible and devalued in health services, which contributes to high rates of postpartum depression, anxiety, and stress. These disorders are often underdiagnosed and undertreated, given the lack of attention to the mental health of these women in the context of postpartum care. The absence of adequate emotional support intensifies suffering, hindering the process of recovery and adaptation to the new maternal role (Soares; Barbosa, 2024).

On the other hand, some studies have highlighted positive experiences associated with the presence of trained health professionals who are aware of racial and gender



issues. These experiences show that the promotion of equity and the humanization of care are possible when there is awareness, training, and commitment of professionals to inclusive practices. However, these examples are still punctual, reinforcing the need for broad and structured measures to transform the reality of care for black women (Pereira *et al.*, 2021).

The literature analyzed also points to the importance of public policies aimed at racial equity in postpartum care. Actions such as the collection of data disaggregated by race and ethnicity, the monitoring of maternal health outcomes, and the inclusion of race and gender issues in the training of health professionals are key strategies to reduce existing inequalities. Such measures can contribute to the creation of a more inclusive and fair health system, aligned with the principles of equity and respect for differences (Maluf *et al.*, 2021).

The strengthening of social support networks was another aspect identified as essential for the promotion of the health of dark-skinned women in the postpartum period. Community initiatives, support groups, and non-governmental organizations play a crucial role in creating spaces for welcome and support, especially in contexts of vulnerability. These networks can complement formal care and offer vital emotional and social support for women in the puerperal period (Barbosa; Avelar; Barros 2024).

However, gaps in the literature were also highlighted, especially about the scarcity of qualitative studies that give voice to women of African origin about their postpartum experiences. The lack of representation of these voices limits in-depth understanding of the challenges faced and makes it difficult to formulate truly effective interventions. In addition, few studies address the intersectional impact of race, gender, and class on maternal health, highlighting the need for more comprehensive research that is sensitive to the multiple dimensions of this issue (Brito 2024).

The results of this review reinforce the urgency of integrated actions to promote the health of black women in the postpartum period. The intersectional approach is essential to understanding how the social determinants of health, structural racism, and care practices uniquely affect this population. The training of health professionals, the strengthening of inclusive public policies, and the creation of social support networks are fundamental steps to transform this reality.

In addition, the implementation of humanized practices in postpartum care should be a priority in health services, with a focus on active listening, respect for women's choices, and the promotion of emotional well-being. These practices must be accompanied by

monitoring and evaluation mechanisms, to ensure that policies and interventions are effective and reach women of African descent in an equitable manner (Brito 2024).

Finally, this review reinforces the need to address structural racism as a public health problem, recognizing it as one of the main determinants of maternal health inequalities in Brazil. Only through joint efforts, involving managers, health professionals, civil society, and black women themselves, will it be possible to build a fairer and more inclusive health system, which guarantees the right to health for all women, regardless of their race or social condition (Oliveira; Kubiak 2019).

## CONCLUSION

The health of black women in the postpartum period is crossed by complex challenges that highlight the structural inequalities and institutional racism present in the health system. The review showed that these women face significant challenges in accessing quality and humanized care, which is reflected in worse health outcomes, both physical and psychological. Negligence, lack of empathy, and the absence of humanization practices in postpartum care reinforce the negative impact of these inequalities, making the need for effective actions to ensure equity in care urgent.

The results highlighted the importance of intersectional approaches that consider the social determinants of health, structural racism, and the specificities of black women's experiences. Measures such as the training of health professionals, the implementation of inclusive public policies, and the strengthening of social support networks are essential to overcome inequalities and promote fairer and more welcoming care. The adoption of humanized practices in postpartum care, with a focus on respect, active listening, and valuing the uniqueness of each woman, should be a priority.

Still, gaps in the literature were identified, especially about the representativeness of Black women's voices and the intersectional analysis of race, gender, and class. Investments in more comprehensive and qualitative research are essential to deepen the understanding of these women's experiences and inform the formulation of more effective policies and interventions.

It is concluded that confronting structural racism is an indispensable step towards the construction of an equitable health system, in which all women, regardless of their race or social condition, have access to dignified and humanized care. The transformation of this reality requires a collective and continuous effort, involving managers, health professionals, civil society, and black women themselves. Only through a commitment to equity will it be





possible to promote postpartum care that respects, values, and empowers black women, guaranteeing their right to integral health and well-being.

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