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Self-Determined Major
Public Health Final Project Proposal

Adverse Birth Outcomes and Race

Exploring race, gender and their combined influence on the adverse birth outcomes of Black & Latina women.

Proposed by [redacted]
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Background

For my final project I will explore maternal and child health by analyzing the birth outcomes of Black, Latina, and White woman in order to better understand the role of race in childbearing. This project will allow me to pursue my interest in public health, specifically maternal and child health. I acquired my interest in the field after an Introduction to Public Health course at Skidmore. I realized that the one thing we need in order to live happily is health, yet so many people are deprived of health resources. I became interested in maternal and child health during my time abroad in India where I experienced firsthand a cycle of malnutrition that began with the mother during pregnancy and was passed on to her baby who then faced developmental problems. I explored child malnourishment in New Delhi, birthing experiences in Cape Town, and the high cesarean rates in Sao Paulo.

A common theme I encountered in all three of these countries is that stigmatized groups did not have adequate access to resources such as food and basic medical care. In India, for instance, women from the lower caste system struggled to keep themselves and their babies healthy because of inadequate food resources. In Cape Town, White and well educated women were likely to have more birthing options than Black and less educated women. In Brazil, uneducated women were more likely to be victims of obstetric violence, a term coined to represent medical violence towards women including but not limited to, denial of treatment during childbirth, disregard of a woman's needs and pain, verbal humiliation, and coerced medical interventions. Through my self-determined major in public health, I have pursued coursework spanning many disciplines, as well as first-hand experiences on the importance of public health, particularly maternal and child health. My study abroad experience combined with my coursework at Skidmore, have prepared me to undertake my final project.

The opportunity at Skidmore College for students to design their own major has enabled me to merge my interest in the natural sciences with the social sciences. In order to properly develop the public health major, I focused on combining the works of a variety of different subject areas, including Anthropology, Health and Human Physiological Science, Sociology, Social Work, and Psychology. These subjects blend together well to effectively portray health through not only the physiology of the body but also the mind, and considers social context—something that not all disciplines do. The different perspectives I have acquired from these fields have encouraged me to explore the fact that our wellbeing is greatly impacted by factors often not in our control. Through my self-determined major in Public Health I have been able to understand that biomedicine and culture are not two separate entities, but rather, can work together to help maintain the wellbeing of populations. Unfortunately, some populations, including racial and ethnic minority groups and women, are consistently underserved and stigmatized through denied autonomy in medical decision making and/or denied access to adequate care.

Maternal and child health research has been neglected in the United States. Maternal mortality, for instance, received little attention from health professionals, policy makers, and politicians (Rosenfield and Maine, 1985). Rather than focusing on developing interventions that minimize mortality rates, obstetricians prioritized subspecialties that emphasize high technology (Rosenfield and Maine, 1985). Although the rate of maternal mortality has decreased over the years, it is still higher in the United States than it is in many other developed countries (Kassebaum et al., 2016). The maternal mortality ratio in the United States is 26.4 per 100,000 live births compared to 5.5 in Australia, 7.3 in Canada, and 14.3 in Greenland live births (Kassebaum et al., 2016). According to the CDC, the infant mortality rate is 5.9 deaths per 1,000

live births in the United States (CDC, 2016). In 2016 over 23,000 infants died from a variety of causes—maternal pregnancy complications ranking as the fourth leading cause (CDC, 2016). In addition, maternal morbidity affected more than 50,000 women and has shown a steady increase since the last official reports in 2014 (CDC, 2014). These statistics demonstrate that maternal and child health remains an issue.

Purpose and Goal

In the United States, there is a tremendous disparity in birth outcomes between Black women and their White counterparts (Rosenthal & Lobel, 2011). Black women in the United States are two to three times more likely to deliver babies prematurely and of low birth weight (Nuru-Jeter et al., 2009). They are more likely to experience complications related to pregnancy and childbirth and as a result are more susceptible to infant and maternal mortality. According to the Centers for Disease Control and Prevention (CDC), infant mortality rates are 11.4 deaths per 1,000 live births for non-Hispanic Black babies, compared to 5.0 deaths per 1,000 live births for both Hispanic and non-Hispanic White babies (CDC, Infant Mortality, 2016). Maternal mortality also shows considerable racial disparities with a ratio of 40 deaths per 100,000 live births for Black women compared to 12.4 deaths per 100,000 live births for White women and 17.8 deaths per 100,000 live births for women of other races and (CDC, Pregnancy Mortality Surveillance System, 2011-2014). There is evidently a racial discrepancy impacting the health of Black mothers and babies in the United States.

The high death rates of Black mothers and babies is a significant public health crisis. Many researchers have identified racism, above and beyond physiological differences, as a significant factor in this public health crisis (Earnshaw et al., 2013; Rosenthal & Lobel, 2018). However, the psychological pathways by which racism impacts Black mothers and their babies

remains unclear (Hilmert et al., 2014). For my final project in my self-determined major, I will conduct independent research to explore and explain racial disparities in adverse birth outcomes. Specifically, I will use empirical methodologies (collection and analysis of primary data based on experiences) through a computer-based quantitative survey to explore how gendered racism influences detrimental outcomes for Black and Latina women in comparison to White women. The empirical method will allow me to see any correlation between birth outcomes, racism and sexism. I decided to include Latina women in my research studies because, like Black women, Latinas are susceptible to maternal morbidity compared to White women (Grobman, 2015). I intend to explore this particularly because there is little research specifically examining Latina's specific pregnancy-related disparities.

I hope to bring awareness to the inequalities that women of color, and specifically Black and Latina women, face during pregnancy and birth. I seek to draw attention to gendered racism as a continuous form of structural violence that inhibits women from delivering and raising healthy babies. It is important to acknowledge the issue of adverse birth outcomes due to race in order to create interventions for at risk women of color. It is a societal duty to address the fact that Black women continue to die at high rates. These disparities need to be eliminated because Black mothers are dying unjustly.

Theoretical Background & Current Research

Scholars across many fields such as psychology, legal studies, and sociology have studied the way that race and gender combine to uniquely influence the experiences of women of color. Gendered racism suggests that women of color experience distinctive forms of racism, because unlike men of color, women of color also have a stigmatized gender identity. Many scholars have documented the unique ways that women of color are stigmatized because of their

intersectional positionality. Intersectionality refers to the overlap of various stigmatized identities, in this case gender (women) and race (Black and Latino). Black women specifically experience a major stress from racism directed towards their children and feel an obligation to protect them from it (Nuru-Jeter et al., 2009; Jackson & Phillips, 2001). This is an issue specifically faced by Black mothers. However, these concerns may also apply to Latina mothers.

Rosenthal & Lobel (2011) argue that Black women have uniquely stressful pregnancies as a result of their intersecting identities. Specifically, they identified three reasons why Black women have distinctive maternal health experiences. First, Black women have a long history of abuse in the medical system. Second, although, like all women, they experience social pressure to become mothers, unlike White women, they also experience resentment and stigma when they do have children. Third, there are stereotypes specifically about Black women, such as being hypersexual or a "welfare queen," that threaten their sense of identity. The term "welfare queen" is a derogatory term used to refer to women who misuse or collect multiple forms of government assistance. Nuru-Jeter and colleagues along with Jackson and his colleagues (Nuru-Jeter et al., 2009; Jackson et al., 2001) also noted that Black mothers are particularly concerned about their children's welfare in a world that undermines and harms Black children.

In the first study to explore the unique experiences, Rosenthal and Lobel (2018) found that Black, Latina and multiracial women self-reported greater racism, stereotype-related gendered racism, and birth control-related mistrust than White women did. The study focuses on Black and Latina women and their experiences with gendered racism. The results demonstrated that Black and Latina women reported greater frequency of and concern over stereotype-related gendered racism compared to White women (Rosenthal & Lobel, 2018). The findings ultimately

suggest that gendered racism may play an important role in existing racial/ethnic disparities in women's sexual and reproductive health outcomes.

In my final project, I will build on this work and conduct a survey to test how gendered racism influences adverse birth outcomes for Black, Latina, and White women. I seek to expand the research of Rosenthal & Lobel (2018) regarding the influences of racism, sexism, and gendered sexism on adverse birth outcomes for Black, Latina, and White women. I will expand upon their original research by adding two important dimensions: (1) testing outcomes on actual maternal/baby health & outcomes using fetal birth weight and gestation period and (2) examining Latina and Black women in separate categories rather than together as "women of color". In order to successfully carry out my research I will collect quantitative data using surveys to obtain outcome measures on pregnancy related stress and baby health (baby birth weight and date of delivery). I have completed a CITI Certification online in social behavior and have been certified to conduct research on human beings. I have also been approved by the IRB.

Proposed Methodology

Participants and Design

My participants will be Black, Latina and White Women above the age of 18 who have had at least one child and live in the United States. I plan to include at least 40 women of each racial/ethnic group in the analytical sample, for a total of 120 women. I will aim to include at least 40 women of each racial/ethnic group because this is the minimum number of participants that will allow me to adequately test a hypothesis. However, because I will need to begin to analyze the data in February in order to complete the final paper by April, I will close recruitment in February and analyze the data at that time even if I do not reach the 40 person per cell minimum. I will recruit participants through an online recruitment platform for scientific

research referred to as Turkprime. Turkprime allows researchers to select participants to take part in a study based on various demographic constraints including race/ethnicity, gender, and parent status without the participants knowing they are being targeted based on these particular demographic criteria. Participants will complete a short online survey, and they will receive a nominal fee (e.g., $0.40) for completing the research. Funds will be sourced from student opportunity funds, or Professor Leigh Wilton's startup.

Procedure & Materials

All participants will be recruited from Turkprime to participate in a study on "Maternal Health and Race/Ethnicity." After indicating interest in participating in the study on Turkprime, participants will be directed to the study website on Qualtrics, an online study platform that will host the survey. Participants will provide informed consent electronically, and confirm that they are 18 years or older, a parent, and residing in the U.S. Then, participants will be asked to complete the independent measures of racism, sexism, gendered racism and dependent measures of pregnancy-related stress, fetal birth weight (pounds and ounces), and length of gestation (the number of weeks and days pregnant at time of delivery). The measures of racism, sexism, gendered racism and pregnancy-related stress will be directly taken from Rosenthal and Lobel (2018); see Appendix A. After completing all dependent measures, participants will report demographic information (race/ethnicity, gender, age, socioeconomic status). Finally, they will be fully debriefed. Randomly embedded within all surveys will be an instructional manipulation check that is designed to identify participants who are not paying attention to the study directions (Oppenheimer, Meyvis, & Davidenko, 2009). Participants will receive payment through Turkprime after the researchers verify they have fully completed the research study.

Analytical Plan

To test whether or not there are participant race/ethnicity differences in stigma experiences (racism, sexism, gendered racism) and maternal/child health outcomes (pregnancy-related stress, fetal birth weight, length of gestation), I will conduct an analysis of variance (one-way ANOVAs), with participant race/ethnicity (Black, Latina, White) as the independent variable.

In order to test whether or not stigma experiences predict different maternal/child health outcomes, I will regress (estimate the relationship between independent and dependent variables) pregnancy-related stress, fetal birth weight, and length of gestation on racism, sexism, and gendered racism, separately for Black, Latina and White women.

Timeline

November:

- Complete (Collaborative Institutional Training Initiative) CITI Certification for social behavior
- Create Turkprime survey and program it on Qualtrics (full, programmed versions of the survey are necessary for IRB approval)

December

- Submit Proposal to SDM committee
- Submit IRB for approval
- Blocked time to address any changes required by SDM committee or IRB
- Finalize survey instrument & Qualtrics formatting
- Apply for student opportunity funds (Due date February 18)

January

- Field survey
- Complete research literature and write Literature Review
- Work on Introduction and Methods for final paper

February

- Analyze Data
- Work on Results for final paper

March-April:

- Work on General discussion and complete (and submit) paper on findings

References

Centers for Disease Control and Prevention. (2011-2014). *Pregnancy Mortality Surveillance System.* Retrieved from: https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-mortality-surveillance-system.htm.

Centers for Disease Control and Prevention. (2016). *Infant Mortality.* Retrieved from: https://www.cdc.gov/reproductivehealth/MaternalInfantHealth/InfantMortality.htm.

Earnshaw, V. A., Rosenthal, L., Lewis, J. B., Stasko, E. C., Tobin, J. N., Lewis, T. T., Ickovics, J. R. (2012). Maternal Experiences with Everyday Discrimination and Infant Birth Weight: A test of Mediators and Moderators among Young, Urban Women of Color. *Annals of Behavioral Medicine, 45*(1), 13-23.

Grobman, W. A., et al. (2015). Racial and ethnic disparities in maternal morbidity and obstetric care. *Obstetrics and Gynecology, 125*(6), 1460.

Hilmert, C. J., Dominguez, T. P., Schetter, C. D., Srinivas, S. K., Glynn, L. M., Hobel, C. J., & Sandman, C. A. (2014). Lifetime racism and blood pressure changes during pregnancy: Implications for fetal growth. *Health Psychology, 33*(1), 43-51.

Jackson, F. M., & Phillips, M. T. (2001). Examining the burdens of gendered racism: Implications for pregnancy outcomes among college-educated African American women. *Maternal and Child Health Journal, 5*(2), 95-107. DOI: 10.1023/A:1011349115711.

Kassebaum, N. J., et al. (2016). Global, regional, and national levels of maternal mortality, 1990–2015: A systematic analysis for the Global Burden of Disease Study 2015. *The Lancet, 388*(10053), 1775-1812.

Nuru-Jeter, A., et al. (2009). "It's the skin you're in": African-American Women Talk About Their experiences of racism. An Exploratory Study to Develop Measures of Racism for Birth Outcome Studies. *Maternal and Child Health Journal, 13*(1), 29-39. DOI: 10.1007/s10995-008-0357-x

Rosenthal, L., & Lobel, M. (2011). Explaining Racial Disparities in Adverse Birth Outcomes: Unique Sources of Stress for Black American Women. *Social Science & Medicine, 72*(6), 977-983.

Rosenthal, L., & Lobel, M. (2018). Gendered racism and the sexual and reproductive health of Black and Latina Women, *Ethnicity & Health*, 1-26. DOI: 10.1080/13557858.2018.1439896.

Bibliography

Chae, D. H., Clouston, S., Martz, C. D., Hatzenbuehler, M. L., Cooper, H. L., Turpin, R., Davidowitz-Stephens, S., & Kramer, M. R. (2018). Area racism and birth outcomes among Blacks in the united states. *Social Science & Medicine, 199*, 49-55.

This study looks at factors associated with racism that have been posited to contribute to racial disparities in birth outcomes. It examines areas of racism and birth outcomes among Black women in the United States. They explore preterm birth and low birthweight, which previous research suggests is particularly susceptible to racism related stressors. In order to measure area racism it was measured as the proportion of Internet search queries containing the "n-word" using Google from 2004 to 2007. Birth outcomes were measured by the births recorded with infant weight less than 500g or gestational age. The study reports a significant relationship between the proportion of Google searches containing the "n-word" and the prevalence of both preterm birth and low birthweight among Black women.

Davis, D. 2016. "The bone collectors" comments for sorrow as artifact: Black radical mothering in times of terror. *Transforming Anthropology, 24*(1), 8-16.

This is an essay that discusses the issues Black mothers have faced including the loss of their children in a myriad of ways, through enslavement, infant mortality, and police and state sanctioned violence. The normalizations of these losses are violent in and of themselves. In the discussion, they describe how Black motherhood and mothering cannot escape being a site of political struggle animated by the labor of pain and terror. Simultaneously, radical Black mothering challenges the erasure of Black children and their exclusion from societal concern.

Earnshaw, V. A., Rosenthal, L., Lewis, J. B., Stasko, E. C., Tobin, J. N., Lewis, T. T., Reid, A.E., & Ickovics, J. R. (2012). Maternal experiences with everyday discrimination and infant birth weight: A test of mediators and moderators among young, urban women of color. *Annals of Behavioral Medicine, 45*(1), 13-23.

This study examined the link between maternal everyday discrimination and infant birth weight among young, urban women of color. It used mediators like depressive symptoms, pregnancy distress, and pregnancy symptoms and moderators like age, race/ethnicity, and attributions of discrimination of this association. In order to obtain the information needed for this research 420 women participated (14–21 years old; 62% Latina, 38% Black), completing measures of everyday discrimination and moderators during their second trimester of pregnancy and mediators during their third trimester. Birth weight of children was also used and recorded. The examination of low birth weight and everyday discrimination showed statistical significance and everyday discrimination was associated with greater odds of low birth weight. Birth weight ranged from 1275 grams (2 lb, 12.97 oz) to 4580 grams (10 lb, 1.55 oz), with an average birth weight of 3152.51 grams (6 lb, 15.20 oz; $SD = 519.79$).

Hilmert, C. J., Dominguez, T. P., Schetter, C. D., Srinivas, S. K., Glynn, L. M., Hobel, C. J., & Sandman, C. A. (2014). Lifetime racism and blood pressure changes during pregnancy: Implications for fetal growth. *Health Psychology, 33*(1), 43-51.

In this study, lifetime exposure to racism in combination with maternal blood pressure changes during pregnancy was associated with fetal growth. A total of 39 African American Women participated in the study and reported exposure to childhood and adulthood racism in several life domains (e.g., at school, at work), which were experienced directly or indirectly, meaning vicariously experienced when someone close to them was treated unfairly. In order to explore

blood pressure a research nurse measured maternal blood pressure at 18 to 20 and 30 to 32 weeks gestation. Also standardized questionnaires and trained interviewers assessed maternal demographics. Results demonstrated that on average, this sample of women reported having experienced racism in almost three and a half different domains. Most of them having occurred indirectly in adulthood and the fewest occurring directly in childhood.

Jackson, F. M., & Phillips, M. T. (2001). Examining the burdens of gendered racism: Implications for pregnancy outcomes among college-educated African American women. *Maternal and Child Health Journal, 5*(2), 95-107.

This article was effective in that the study examined the burdens of gendered racism. The study reports selected findings from an ongoing investigation aimed at uncovering the link between stress and reproductive health outcomes. There were two objectives to the research: 1) to identify stressors and supports in the lives of African American women to inform the development of a more comprehensive stress instrument, and 2) to pilot test and refine the instrument and begin to use it in research to assess the effects of this broader range of stressors on birth outcomes. This study was conducted in Atlanta and results demonstrated that women who agreed with experienced racism items were also more likely to agree with items related to burden. All associations were positive and 4 of 21 Pearson correlation coefficients reached statistical significance.

Klebanov, P. K., Brooks-Gunn, J., & Duncan, G. J. (1994). Does neighborhood and family poverty affect mothers' parenting, mental health, and social support? *Journal of Marriage and the Family*. 441-455.

In this article the authors assess the effects of neighborhood and family poverty on maternal, psychological, and behavioral characteristics. They measured maternal characteristics by

depression, social support, and coping. Neighborhood poverty was measured with people whose income was less than $10,000. Some of the results indicated that poor neighborhoods influence parenting-in this case the physical environment of the home and the warmth of the caregiver. However, neighborhood poverty did not influence parental depression or coping styles or the provision of learning experience.

Mathews, T. J., Ely, D. M., & Driscoll, A. K. (2018, January). State variations in infant mortality by race and Hispanic origin of mother. *National Center for Health Statistics.* NCHS Data Brief. NO 295:1–8.

The article discusses the infant mortality rates by race and state between the years 2013-2015. Some of the important information presented is that within the 50 states and the District of Columbia (D.C.), the mortality rate for infants of non-Hispanic white women ranged from 2.52 in D.C. to 7.04 in Arkansas. For non-Hispanic black women, the mortality rate ranged from 8.27 in Massachusetts to 14.28 in Wisconsin. This emphasizes a very big difference in infant mortality based on race and location.

Nuru-Jeter, A., et al. (2009). "It's the skin you're in": African-American women talk about their experiences of racism. An Exploratory Study to Develop Measures of Racism for Birth Outcome Studies. *Maternal and Child Health Journal, 13*(1), 29-39. DOI: 10.1007/s10995-008-0357-

This study consisted of six focus groups that were conducted with a total of 40 socioeconomically diverse African-American women. The women were of childbearing age and lived in four northern California cities. Within the focus group participants reported racism experiences during childhood, adolescence, and adulthood. Generational disadvantage emerged

as a sub-theme related to institutionalized racism. The women talked about the financial, social, and cultural privileges that Whites possess because of the historic advantages their race/skin color has afforded them. Women noted that, compared with Whites, their families had generally lacked access to the opportunity, capital, knowledge and skill (e.g., how to invest in stocks or apply for a scholarship or loan) necessary for upward mobility. Further, empirical evidence demonstrates an association between discrimination during pregnancy and across the lifespan with adverse birth outcomes even after controlling for medical, socio-demographic, and behavioral risk factors.

Rosenthal, L., & Lobel, M. (2011). Explaining racial disparities in adverse birth outcomes: Unique sources of stress for black American women. *Social Science & Medicine, 72*(6), 977-983.

Rosenthal and Lobel offer a novel perspective on racial disparities in birth outcomes suggesting that Black American women are subject to unique sources of stress throughout their lives and particularly during pregnancy based on their versatile identities as women. The article examines three unique sources of stress for Black American women that elevate their risk for adverse birth outcomes: 1) abuses of Black American women by the medical system and issues of power in obstetrics that disadvantage Black American women; 2) contradictory societal pressures exerted on Black American women about whether they should have children; and 3) historical and contemporary stereotypes about Black American women related to sexuality and motherhood. The disproportionate rate of adverse birth outcomes in Black American women is not attributable to factors such as socioeconomic status or prenatal health behaviors that independently affect birth outcomes in studies controlling for such factors, the racial disparity persists.

Rosenthal, L., & Lobel, M. (2018). Gendered racism and the sexual and reproductive health of Black and Latina women. *Ethnicity & Health*, DOI:10.1080/13557858.2018.1439896.

This study uses an intersectional framework that examines unique experiences of oppression faced by particular groups due to their intersecting identities and social positions linked to societal structures. The study focuses on Black and Latina women and their experiences with "gendered racism." The results were obtained through the use of survey studies with women both in New York and in the United States who identify as Black and were currently pregnant or had at least one child. The study aimed to foster understanding of disparities between Black and Latina versus White women in sexual and reproductive health outcomes in the U.S. The results demonstrated that Black and Latina women reported greater frequency of and concern over stereotype-related gendered racism compared to white women. The findings suggest that gendered racism may play an important role in existing racial/ethnic disparities in women's sexual and reproductive health outcomes.

Suglia, S. F., et al. (2014). Cumulative stress and cortisol disruption among Black and Hispanic pregnant women in an urban cohort. *Psychological Trauma*, 8, 1385–1395. doi:10.2217/nnm.12.167.Gene

This article explore the effects of multiple social stressors on HPA axis functioning in a sample of urban Black (n = 68) and Hispanic (n = 132) pregnant women enrolled in the Asthma Coalition on Community, Environment, and Social Stress (ACCESS). The study also examines cumulative effect of multiple stressors, interpersonal violence, specifically discrimination, negative life events and community violence, on the diurnal pattern of cortisol among urban pregnant Black and Hispanic women and explores the interactions between cumulative stress and race/ethnicity. The result of this study indicated that particularly during pregnancy, women of

lower SES are more likely to experience multiple stressors. It also demonstrated that lower-income ethnic minority women are more likely to experience financial hardships, exposure to community violence, racism or discrimination and interpersonal violence. The authors found that Black participants were more likely to smoke during pregnancy, and a larger percentage of Hispanic participants had less than a high school education as their highest education level attained.

Woods-Giscombé, C. L., & Black, A. R. (2010). Mind-body interventions to reduce risk for health disparities related to stress and strength among African American women: The potential of mindfulness-based stress reduction, loving-kindness, and the NTU therapeutic framework. *Complementary Health Practice Review, 15*(3), 115-131.

This article focuses on the health disparities experienced by Blacks/African Americans, Hispanics/Latinos, Native Americans, Alaskan Natives, Asian Americans, Native Hawaiians, and Pacific Islanders. The article examines the potential role of mind-body interventions for preventing or reducing health disparities in a specific group—African American women. Additionally, the article discusses evidence regarding the influence of psychological stress and social context on disparate health outcomes among African American women. The discussion includes a description of how African American women's unique stress experiences, as a result of distinct socio historical and cultural experiences related to race and gender, potentially widen exposure to stressors and influence stress responses and coping behaviors.

Appendix A

a.Measure of Stereotype-Related Gendered Racism from Study 2 of:
Rosenthal, L. & Lobel, M. (2018). Gendered racism and the sexual and reproductive health of Black and Latina Women. *Ethnicity & Health*, DOI: 10.1080/13557858.2018.1439896

Please respond to each question to indicate 1) how often you experience the following things **BASED ON BEING A WOMAN OF YOUR RACIAL/ETHNIC BACKGROUND** and (2) how much those things bother, upset, or worry you.

Response options for all 1st frequency items:
0=never
1=rarely
2= sometimes
3=often

Response options for all 2nd (labeled as #a) follow-up/bother items:
0=Not at all
1=somewhat
2=moderately
3=very much

(General items)

1. How often do you feel that people make negative assumptions about how many sexual partners you have, *based on being a woman of your racial/ethnic background?*

1a. How much does this bother upset or worry you?

2. How often do you feel that people make negative assumptions about how old you were when you became sexually active *based on being a woman of your racial/ethnic background?*

2a. How much does this bother, upset, or worry you?

3. How often do you feel that people make negative assumptions about whether you are married or in a committed relationship *based on being a woman of racial/ethnic identity?*

3a. How much does this bother, upset, or worry you?

4. How often do you feel that people make negative assumptions about how many children you have *based on being a woman of your racial/ethnic identity?*

4a. How much does this bother, upset, or worry you?

5. How often do you feel that people make negative assumptions about whether you are/would be a good mother *based on being a woman of your racial/ethnic identity?*

5a. How much does this bother, upset, or worry you?

6. How often do you feel that people make negative assumptions about your level of education, *based on being a woman of your racial/ethnic identity?*

6a. How much does this bother, upset, or worry you?

7. How often do you feel that people make negative assumptions about whether you work full-time, *based on being a woman of your racial/ethnic identity?*

7a. How much does this bother, upset, or worry you?

8. How often do you feel that people make negative assumptions about whether you receive some form of public assistance, *based on being a woman of your racial/ethnic identity?*

8a. How much does this bother, upset, or worry you?

9. How often do you feel that women's health care providers treat you in a negative way *based on being a woman of your racial/ethnic background?*

9a. How much does this bother, upset, or worry you?

(Pregnancy-specific items – changed to past tense for women recalling past pregnancy)

1. How often do you feel that people make negative assumptions about whether the father of your child will play a role in raising your child *based on being a woman of your racial/ethnic background?*

1a. How much does this bother, upset, or worry you?

2.How often do you feel that people make negative assumptions about your marital/relationships status, *based on being a woman of your racial/ethnic background*?

2a. How much does this bother, upset, or worry you?

3. How often do you feel that people make negative assumptions about whether your current pregnancy was planned, *based on being a woman of your racial/ethnic background?*

3a. How much does this bother, upset, or worry you?

4. How often do you feel that people make negative assumptions about whether you will need some form of public assistance to help with your child, *based on being a woman of your racial/ethnic background?*

4a. How much does this bother, upset, or worry you?

5. How often do you feel that your women's health care provider treats you in a negative way, *based on being a woman of your racial/ethnic background?*

5a. How much does this bother, upset, or worry you?

6. How often do you feel that your women's health care provider does not listen to your own feelings and desires related to your pregnancy, *based on being a woman of your racial/ethnic background?*

6a. How much does this bother, upset, or worry you?

Measure of Sexism used in Study 1 of:
Rosenthal, L. & Lobel, M. (2018). Gendered racism and the sexual and reproductive health of Black and Latina Women. *Ethnicity & Health*, DOI: 10.1080/13557858.2018.1439896

Taken from full lifetime subscale of established Schedule of Sexist Events from:
Klonoff, E. A., and H. Landrine. 1995. "The Schedule of Sexist Events: A Measure of Lifetime and Recent Sexist Discrimination in Women's Lives." *Psychology of Women Quarterly 19*: 439–472.

For each question below, read the question and then answer for what your **ENTIRE LIFE (from when you were a child to now)** has been like. Indicate the number that best describes events in YOUR ENTIRE LIFE, using the following scale from 1 to 6:

	The event has NEVER happened to you
	The event happened ONCE IN A WHILE (less than 10% of the time)
	The event happened SOMETIMES (10-25% of the time)
	The event happened A LOT (26-49% of the time)
	The event happened MOST OF THE TIME (50-70% of the time)
	The event happened ALMOST ALL OF THE TIME (more than 70% of the time)

How many times...

1. have you been treated unfairly by teachers or professors because you are a woman?

2. have you been treated unfairly by your employer, boss or supervisors because you are a woman?

3. have you been treated unfairly by your co-workers, fellow students or colleagues because you are a woman?

4. have you been treated unfairly by people in service jobs (by store clerks, waiters, bartenders, waitresses, bank tellers, mechanics and others) because you are a woman?

5. have you been treated unfairly by strangers because you are a woman?

6. have you been treated unfairly by people in helping jobs (by doctors, nurses, psychiatrists, case workers, dentists, school counselors, therapists, pediatricians, school principals, gynecologists, and others) because you are a woman?

7. have you been treated unfairly by neighbors because you are a woman?

8. have you been treated unfairly by your boyfriend, husband, or other important man in your life because you are a woman?

9. were you denied a raise, a promotion, tenure, a good assignment, a job, or other such thing at work that you deserved because you are a woman?

10. have you been treated unfairly by your family because you are a woman?

11. have people made inappropriate or unwanted sexual advances to you because you are a woman?

12. have people failed to show you the respect that you deserve because you are a woman?

13. have you wanted to tell someone off for being sexist?

14. have you been really angry about something sexist that was done to you?

15. were you forced to take drastic steps (such as filing a grievance, filing a lawsuit, quitting your job, moving away, and other actions) to deal with some sexist thing that was done to you?

16. have you been called a sexist name like bitch, cunt, chick, or other names?

17. have you gotten into an argument or fight about something sexist that was done or said to you or done to somebody else?

18. have you been made fun of, picked on, pushed, shoved, hit, or threatened with harm because you are a woman?

19. have you heard people making sexist jokes, or degrading sexual jokes?

Measure of Racism used in Study 1 of:
Rosenthal, L. & Lobel, M. (2018). Gendered racism and the sexual and reproductive health of Black and Latina Women. ***Ethnicity & Health*****, DOI: 10.1080/13557858.2018.1439896**

15 items taken from the longer established Index of Race-Related Stress from:
Utsey, S. O. 1999. "Development and Validation of a Short Form of the Index of Race-Related Stress-Brief Version." ***Measurement and Evaluation in Counseling and Development 32*****: 149–166.**

There are many experiences that people can have in this country because of their race. Below you will find listed some of these experiences, for which you are to indicate those that have happened **to you or someone very close to you**. Please indicate the number on the scale (0 to 4) that indicates the reaction you had to the event at the time it happened. Do not leave any items blank. If an event has happened more than once refer to the first time it happened. If an event did not happen choose 0 and go on to the next item.

	This has never happened to me or someone very close to me.
	This event happened, but did not bother me.
	This event happened, and I was slightly upset.
	This event happened, and I was upset.

	This event happened, and I was extremely upset.

1. You notice that when people of your racial/ethnic background are killed by the police, the media informs the public of the victims' criminal records or negative information in their background, suggesting they got what they deserved.

2. You have been threatened with physical violence by an individual or group of people NOT of your racial/ethnic background.

3. You seldom hear or read anything positive about people of your racial/ethnic background on radio, TV, in newspapers, or history books.

4. You were the victim of a crime and the police treated you as if you should just accept it as part of being of your racial/ethnic background.

5. You were treated with less respect and courtesy than other people NOT of your racial/ethnic background while in a store, restaurant, or other business establishment.

6. You were passed over for an important project although you were more qualified and competent than the person NOT of your racial/ethnic background, given the task.

7. People NOT of your racial/ethnic background have stared at you as if you didn't belong in the same place with them; whether it was a restaurant, theater, or other place of business.

8. You have observed the police treat people NOT of your racial/ethnic background with more respect and dignity than they do people of your racial/ethnic background.

9. You have heard racist jokes or comments by other people NOT of your racial/ethnic background in positions of authority and you did not protest for fear they might have held it against you.

10. While shopping at a store, or when attempting to make a purchase, you were ignored as if you were not a serious customer or didn't have any money.

11. You have observed situations where other people of your racial/ethnic background were treated harshly or unfairly by people NOT of your racial/ethnic background due to their race.

12. You notice that the media plays up those stories that cast people of your racial/ethnic background in negative ways (child abusers, rapists, muggers, etc.) usually accompanied by a large picture of someone from your racial/ethnic background looking angry or disturbed.

13. You have heard or seen other people of your racial/ethnic background express a desire to be White or to have White physical characteristics because they disliked being of your racial/ethnic background or thought it was ugly.

14. People NOT of your racial/ethnic background have treated you as if you were unintelligent and needed things explained to you slowly or numerous times.

15. You were refused an apartment or other housing; you suspect it was because of your racial/ethnic background.

Measures for Maternal/Baby Health Outcomes:

1. In your most recent pregnancy, how long did you carry the baby in weeks and days? (For example, if you were due on January 2, but you had your baby on January 1, you would put 39 weeks, 6 days)

2. During your most recent pregnancy, how many pounds and ounces was your baby at birth?

3. During your most recent pregnancy, did you have any of the following health conditions? Select all that apply.

   - o Gestational diabetes (diabetes that started during this pregnancy)
   - o High blood pressure (that started during this pregnancy), pre-eclampsia or eclampsia
   - o Depression
   - o Other condition specific to pregnancy (please specify)
   - o None

4. For your most recent pregnancy, what method of delivery did you have?
   - o Vaginal, with interventions (including but not limited to epidurals, induce labor, electronic fetal monitoring, episiotomy)
   - o Vaginal, natural (no medical interventions)
   - o Cesarean Section

5. For your most recent pregnancy, did you feel that the method of delivery you had was pushed upon you?
   - o Yes, I felt it was pushed upon me.
   - o No, it did not feel pushed upon me.

6. During your birthing experience, to what extent did you feel neglected by a medical provider/staff member(s) assisting you during your birth, if at all?

0	1	2	3	4	5	6
Not at all						Extremely

7. During your birthing experience, to what extent did you feel taken advantage of by medical provider/staff member(s) assisting you during your birth?

0	1	2	3	4	5	6
Not at all						Extremely

8. In a few sentences, how would you describe your relationship with your child(ren)?

9. Based on your most recent birth experience, how would you use to describe your postpartum experience?