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Book Review:

***Beyond Coercion and Malign Neglect: Black Women
and the Struggle for Birth Justice***

Akanksha Anand
Morgan State University, USA

ABSTRACT

This review of *Beyond Coercion and Malign Neglect* (Oparah, 2023) analyzes how racism and medicalization impose stressful conditions that undermine safe birthing for Black women—highlighting specifically midwifery traditions, critiquing punitive obstetric practices, and advancing community-based strategies. Despite limited attention to policy and immigrant perspectives, this compilation underscores the need for multilevel reforms.

Keywords: Reproductive justice; maternal health; health equity; birth justice; intersectionality

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Introduction

This review of *Beyond Coercion and Malign Neglect: Black Women and the Struggle for Birth Justice* (Oparah, 2023) contributes significantly to reproductive justice scholarship and maternal health advocacy. The chapters offer historical insight, lived experience, and community-based advocacy to confront the deeply rooted injustices shaping maternal care in the United States. Against a backdrop of persistent racial disparities—where Black women in the United States face maternal mortality rates three to four times higher than White women (CDC, 2021; Admon et al., 2024)—this text situates birth justice as both a public health imperative and a human rights concern (Ross & Solinger, 2017). Its interdisciplinary approach bridges scholarship, praxis, and policy, making it relevant for academics, practitioners, and policymakers committed to maternal health equity.

While the collection effectively connects theory to practice through an intersectional lens (Crenshaw, 1989), it gives limited attention to questions of policy implementation. Integrating culturally responsive care into existing systems and the experiences of immigrant and rural birthing populations are only briefly mentioned (Hossain et al., 2023). These omissions suggest important directions for future research. Framing birth justice within a broader public health context, this review emphasizes the need for coordinated efforts across clinical, community, and policy domains (Taylor & Gamble, 2021).

Key Contributions of the Book

This compilation advances reproductive justice scholarship by synthesizing historical recovery, narrative testimony, and movement strategy to interrogate systemic determinants of perinatal inequity (Oparah, 2023). The volume situates clinical care within broader policy and institutional forces—licensure regimes, reimbursement mechanisms, labor protections, and carceral surveillance—demonstrating how structural racism constrains access, autonomy, and health outcomes across the birthing continuum (Farmer, 2004). Linking archival and community knowledge to real-world redesign strategies, the book offers a critical framework and actionable guidance. It positions birth justice as a public health imperative and a human rights concern (Ross & Solinger, 2017).

Recovering Black Midwifery and Intersectional Practice

The opening chapters recover the legacy of Black midwifery and trace how the professionalization and medicalization of childbirth marginalized this knowledge while consolidating White male obstetric authority (Oparah, 2023). Darline Turner's portrait of Queen Elizabeth Perry Turner highlights a maternal care model rooted in continuity of care, social support, and cultural wisdom. Alicia Bonaparte shows how professional licensure rules, hospital privileging, and insurance policies sidelined Black midwives, deepening institutional barriers shaped by racial inequality. Michelle Drew invokes Sankofa—a Ghanaian concept of reclaiming the past—to frame community-guided practices as foundations for system redesign. Syrus Marcus Ware's *Confessions of a Black Pregnant Dad* extends the conversation to gender-diverse birthing experiences, exposing how intake forms, documentation, and staff conduct can either affirm or erase care needs. Together, these chapters operationalize intersectionality (Crenshaw, 1989), showing how race, gender identity, class, and sexuality intersect to shape exposure to biases and unequal care.

Challenging Normative Frameworks in Reproductive Care

The anthology critiques binaries such as “natural” versus “medicalized” birth, exposing how institutional design and policy shape what appear as individual choices (Farmer, 2004). From an abolitionist feminist perspective, Viviane Saleh-Hanna traces carceral logics in obstetrics—surveillance, coercive consent, and punitive responses. Ware's account of gender-diverse birthing underscores how routine documentation and provider language can support or undermine dignity in care (Oparah, 2023). These chapters align with equity-oriented frameworks that center structural causes rather than individual blame (Taylor & Gamble, 2021).

Birth Justice as a Structural and Public Health Priority

Across the volume, birth justice emerges as a structural driver of health. Kimberly Seals Allers links breastfeeding outcomes to systemic supports such as paid leave and workplace protections, reframing individual decisions as system outputs. Loretta Ross interrogates population-control narratives that pathologize Black reproduction (Ross & Solinger, 2017). COVID-19 is analyzed as a stress test: virtual doula care and mutual-aid networks demonstrate resilience while exposing the fragility of hospital-centric systems (Oparah, 2023). These insights underscore the need for multilevel interventions connecting clinical practice to economic and policy supports (CDC, 2021; Hossain et al., 2023).

Global and Grassroots Dimensions of Birth Justice

The final section highlights organizing efforts and transnational solidarities, including the Black Mamas Matter Alliance, that translate community priorities into clinical and policy change (Oparah, 2023). These cases align with community-based participatory research principles—shared power, co-creation of interventions, and accountability for long-term stewardship (Farmer, 2004).

Critical Appraisal

The anthology's greatest strength is its ability to operationalize intersectionality (Crenshaw, 1989), translating theory into praxis by exposing how obstetric racism is reproduced through administrative and policy systems. However, the book could go further in detailing implementation. Although “culturally responsive care” and “doula Medicaid integration” are noted, the operational pathways are underdeveloped (Taylor & Gamble, 2021). Immigrant and rural populations also receive limited discussion despite distinct structural barriers (Hossain et al., 2023). Future work should test scalability, fiscal sustainability, and equity impact of the community-based models through implementation science outcomes (Admon et al., 2024), including measures of acceptability, feasibility, fidelity, and sustainment. Cost analyses and equity-sensitive indicators—such as respectful maternity care, postpartum depression screening and follow-up, and breastfeeding initiation and duration—could provide a robust evidence base for informing maternal health policy and practice (CDC, 2021; Farmer, 2004).

Conclusion

Beyond Coercion and Malign Neglect offers a clear blueprint confronts carceral and clinical harms and organize with communities to change policy and practice. The collection provides both diagnosis and direction in a period of persistent racism and shifting reproductive policy. This book is critical for scholars, clinicians, and policymakers. It underscores that advancing maternal health equity will require coordinated action across clinical care, community infrastructure, and policy—sustained over time and accountable to the people most affected. This volume is a valuable resource for scholars, educators, and policymakers committed to building a more just maternal health system.

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