

# Black Maternal Health & History Project

## Phase One: Pilot Final Report

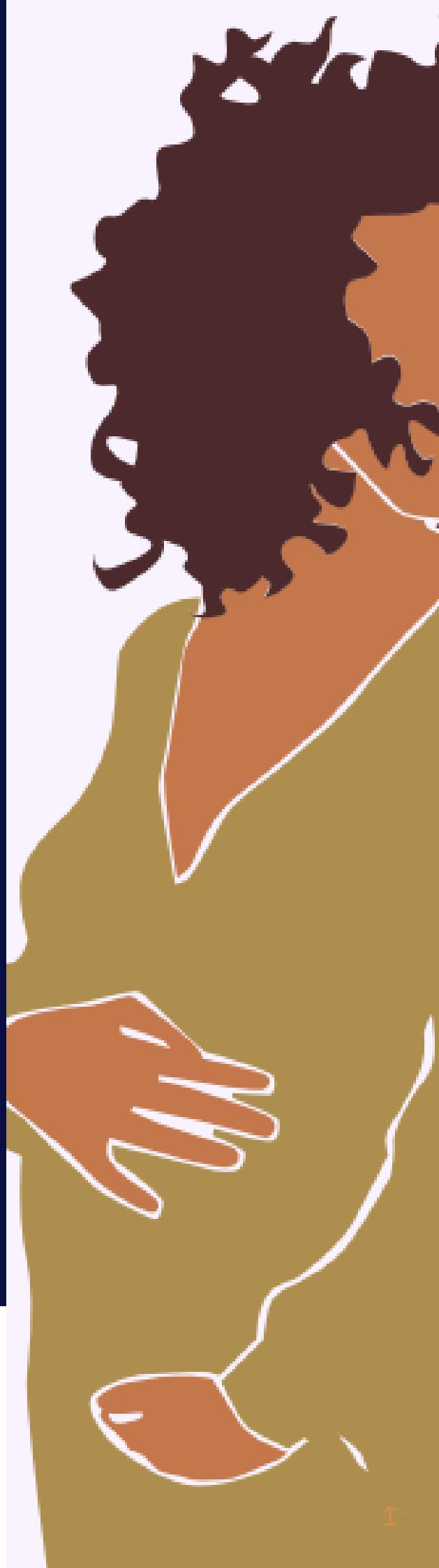
Dr Andrea Livesey

Natalie Denny

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Dr Clare Maxwell

\*Winner\* LJMU Vice-Chancellor's Award for Public Engagement 2024



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With thanks to the British Academy and LJMU's Centre for Modern and Contemporary History for their support.

Photography by Jazamin Sinclair.

Warning: This report contains historical source material that relates to the commodification of people through enslavement that some may find distressing.





## Introduction

The Black Maternal Health Project was conceived as a long-term project to engage local Black communities in guiding of historical research and to imagine alternative approaches to confront the Black maternal health outcome gap. When the project leaders first started the collaboration in June 2023, the latest MBRRACE report had placed Black maternal mortality at 3.7 times that of white women, and during the course of the project, a coroner's report listed 'racial bias' as a strong contributing factor in the death of a Black woman and her infant at Liverpool Women's Hospital (NHS).<sup>1</sup>

Phase one of the project covered by this report (the pilot phase) aimed to: 1. Understand the links between maternal healthcare practices in the past and the present, and 2. Evaluate the effectiveness of using historical research in a trauma-informed setting to guide future practice.

We developed an approach to engage both Black mothers and to ensure a direct route to practice through knowledge sharing with the LJMU Midwifery Team and the Midwifery-History Decolonisation Project. This project report will refer primarily to the workshops with Black mothers, led by Natalie Denny (project manager and lead artist) and Michelle Richards (lead artist and art therapist), with historical research by Dr Andrea Livesey and research in National Museums Liverpool Collections by Dr Alexander Scott. Later in this report you will find details of the 'Mistory' (Midwifery-History) Decolonisation Project, based across Liverpool John Moores University Midwifery and History departments to consult with students on how this history might be incorporated into the midwifery curriculum, and which included knowledge-exchange with the leads of the workshop project. This part of the project was overseen by Dr Andrea Livesey and Dr Clare Maxwell.

The project ran from June 2023 until October 2024.

1. MBRRACE Maternal Report 2024: [https://www.npeu.ox.ac.uk/assets/downloads/mbrrace-uk/reports/maternal-report-2024/MBRRACE-UK\\_Maternal\\_Report\\_2024%20\\_Lay\\_Summary\\_V1.0.pdf](https://www.npeu.ox.ac.uk/assets/downloads/mbrrace-uk/reports/maternal-report-2024/MBRRACE-UK_Maternal_Report_2024%20_Lay_Summary_V1.0.pdf); 'Ethnic bias' delayed care before Liverpool woman's death, BBC News 16th February 2024, 'Ethnic bias' delayed care before Liverpool woman's death: 'Ethnic bias' delayed care before Liverpool woman's death, accessed 7.4.25.

## Partners

LIVERPOOL JOHN MOORES UNIVERSITY (LJMU): A research university with a strong civic identity. Dr Andrea Livesey is a Senior Lecturer in the History of Slavery who specialises in the experiences of women under enslavement in the United States and the Caribbean. Dr Clare Maxwell is a Reader in Infant and Maternal Health with a significant research profile, particularly around breastfeeding practices.

COLLECTIVE ENCOUNTERS (CE): Collective Encounters is an arts charity specialising in theatre for social change. They have a participatory theatre programme that stretches across the Liverpool City Region. Their creative participatory research approach is used by local authorities, NGOs, academic and other public agencies. Natalie Denny, workshop lead and project manager, is a writer, activist and runs Skywriters, an award-winning social enterprise. Michelle Richards is a creative arts therapist and leads projects for Collective Encounters.

NATIONAL MUSEUMS LIVERPOOL (NML): National Museums Liverpool comprises several museums and art galleries across Merseyside, including the International Slavery Museum. The International Slavery Museum were key partners in this research, which they plan to incorporate into their new gallery, planned to reopen in 2028. Makiya Davis-Bramble is a curator and Dr Alexander Scott is an assistant curator.

## Collaborators

LIVERPOOL WOMEN'S HOSPITAL (LWH): Keziah Powell, Finela Celestin, and Lisa Shoko from the Anti-Racism Hub have been key collaborators in helping to bring the outcomes into practice and raise awareness.

NATIONAL PARKS SERVICE, United States(NPS): Park Rangers Barbara Justice and Da'Nira McClary assisted with historical source material and information, and will exhibit work from the project in late 2025.



# Research Aims

1. Understand the links between the past (reproductive interference under enslavement) and present issues related to reproductive justice
2. Explore the use of participatory theatre methodology in understanding and curating difficult historical source material
3. Allow ISM curators to gauge interest and interpretation of source material that will form a key exhibit in the expansion of the ISM (part of the NML waterfront transformation)
4. Create a safe and empowering space for black women to explore themes related to reproductive justice, and inform historical research and social change
5. Build-in co-production of research from the early stages of this project, allowing the research to be guided and informed by community stakeholders



Birth Customs

✓ " I want you to 'establish that when a doctor cuts the navel-string  
2½ inches, turn it to the left side and child will never wet the bed.  
\* The baby must be put on left side after it's born.



# Methodology

Methodology used in this project combined historical theory, reparative praxis, and trauma-informed public engagement. Historians of enslavement are often faced with the challenge of recovering the voices of enslaved women who, as described by Saidiya Hartman and Marisa Fuentes, are either absent from the archives, or whose voices are mutilated through the perspectives of enslavers. Enslaved women often appear in the archive as distorted figures; rather than having full records of the lives of enslaved women, we see glimpses. This is true for enslaved midwives and for enslaved mothers whose experiences we wrestled with in this project.

This project takes inspiration from Hartman's work in trying to understand the archive of enslavement in new, creative ways, and without committing acts of further violence through distorting the experience of enslaved women. Over the course of seven workshops we worked with a group of local Black mothers to explore historical archive material, some of which was solely fragments. Through creative activities the women were able to reimagine the lives of the women in the archival sources by combining fragments alongside their own experiences of motherhood. This is an act of **historical recovery**.

Secondly, this work takes inspiration from the work of Catherine Hall, who has advocated for history as a form of **reparative action**, when done with intentionality.

**“Reparatory history must be about more than identifying wrongdoers and seeking redress: it begins with the descendants, with trauma and loss, but the hope is that the work of mourning can be linked to hopes for reconciliation, the repair of relations damaged by historical injustice.” (Hall, 2018)**

This work needed to be done in a way that worked for the women involved; in a way that served communities today, and using a methodology that did not cause re-traumatisation. Women in the community wanted to confront contemporary health injustices, and were open to doing so through exploring the historical source material. In doing this, therefore, the methodologies of ‘critical fabulation’ (creative filling of archival silences) and ‘reparative history’ (using historical research as a basis for repair of historical injustices), aligned. This meant that the historical lead should work in a responsive way to the workshop participants, providing additional information, or additional historical research when necessary.

Collective Encounters have robust experiences in helping participants to tell stories through engaging with sensitive social issues and archive material. Their **trauma informed methodology** hinges on the use of creative methods to engage with the difficult source material. Michelle Richards, a creative arts therapist, worked as one of our workshop leads and devised activities working around the archival material and experiences of maternal health care. These included, first, drama-based activities where participants could take on characters to explore experiences, and, secondly, poetry and writing activities to explore historical source material.

## Workshop Structure

The sessions took place in National Museums Liverpool Make Space, Central Library and Cafe Asia. Written consent was taken in the first session.

There were five two-hour workshops and two four-hour workshops. The exact format of the workshops was agreed with the participants in the first session. We discussed historical source material and artefacts related to this topic and participated in creative activities to express our thoughts. We had informal discussions in the small group to establish themes and what is important to local communities/individuals. The topic was considered sensitive because we discussed motherhood under slavery, but we took every precaution to make sure that the material was not graphic, nor distressing.

Whilst the sessions were guided by the participants, they included discussions around the historical sources (e.g. photographs of enslaved people and written memories of slavery) and artefacts from the International Slavery Museum (e.g. photographs and medicine bottles). Participants were supported to use poetry/creative prose/telling stories to connect with their thoughts and feelings throughout the sessions.

At the end of each sessions there was an evaluative element which enabled the participants to agree the scope of any longer term research, public engagement activity, and its intended impact.

All seven sessions were delivered Feb – June 2024

Participants received £65.00 for each session and £35 towards childcare, if required.



# Historical Sources

The material below is presented as it was presented to the workshop participants. Sources 1-3 are historical sources from the archival and heritage work of Dr Andrea Livesey. Other artefacts on display at the International Slavery Museum were shown to the participants, and the participants discussed a piece of contemporary artwork (source 4).

## 1. "Granny Marie"

This image is of Marie Hoover, a midwife on the Prudhomme plantation in Louisiana. We have a list of the substances that she (or other midwives) would have had access to. 'Granny Marie' delivered children, both Black and white. She would have been 34 when slavery was abolished in the US. The caption on this image reads 'Granny Marie age 104. Died 1935. Grannied 7 of my mother's 9 children.' The image was left in the house in the frame with the caption when the Prudhommes gave the house to the National Park Service.



## 2. Aurelia

This is an appraisal document that sets out the name, age, occupation and 'value' of enslaved people. Aurelia is the fourth name from the bottom. She is a midwife and is 'valued' at \$500, as much as young, healthy enslaved men.

The information on Aurelia reads  
Aurelia, 26, Midwife, \$500

Longlass 16	fair	11	8 11	11	500.00
Little John 14	fair	11	2 11	11	400.00
<del>Mike</del> - 12	<del>ordinary</del>	11	2 11	11	<del>400.00</del>
Hardy - 10	likely	11	2 11	11	300.00
Fann - 10	ordinary in looks	11	2 11	11	300.00
*Barbary - 37	" a good hand	11	2 11	11	400.00
Tracy - 13	" rather weakly	11	2 11	11	325.00
Teller - 32	" N°1	11	2 11	11	400.00
Monemina - 16	" N°1	11	2 11	11	500.00
Hagar - 23	" N°1	11	2 11	11	450.00
Louisa - 16	" N°1	11	2 11	11	500.00
Jane - 22	" N°1	11	2 11	11	500.00
Aurelia - 26	Medina	11	2 11	11	500.00
Maria - 28	N°1	11	2 11	11	500.00
Charlotte - 13	N°1	11	2 11	11	350.00
William - 12	western	11	2 11	11	250.00
Sancho - 22	Castro	11	2 11	11	650.00
					1728.50

The document is in the Littlejohn family papers, Thibodaux, Louisiana

### 3. Quotes from interviews with the formerly enslaved in Louisiana (1930s)

The quotes below are taken from longer interviews conducted by government workers in the 1930s. The full interviews are published in Dr Andrea Livesey's forthcoming book *Voices of the Formerly Enslaved in Louisiana: The WPA Interviews*, Louisiana State University Press: Baton Rouge, 2025.

#### a) "Mother Duffy":

If I go, I pray God to look after my Andrew [son] like he do for me. Yes, I worry about de cold, ... I'm gonna make him get me some hogs hoofs and make some tea, [that's the] bes' ting for pneumonia – an' if [you] ever [get the] ear ache, don' put no oil. No, you split a pod [of] garlic an' wrap it in cotton so it don' burn [your] ear an' it sho will cure it, yes.

"I don' [understand] some [of the] young womens today. It use to be a woman [have] a baby an' she don' [have the] doctor till she already having de baby. Now, [they] starts goin' to de doctor months before de baby come. I say [they] shows more to de doctor than [they] do to [their] husban's.



Image of Mother Duffy courtesy of North-western State University Archives, Louisiana.

**b.) Louisa Sidney Martin:**

“t’was death to bring a chile into dis world, always been and always will be”

“O, dey didnt stop work til de chile was born; den dey’d let [h]er stay in after chile birth one month. Dey’d have a [w]oman to stay wide [her] for two weeks. Dey wanted to save de baby, dey wont studyin bout de [w]oman”

**c.) Martha Grayson:**

“my real work is mid-wife, but am gonna quit[...]. ...now yo’ gotta go to examinations fo’ de gov’ment, an have drops to put in de baby’s eyes. I use dem drops... I thought [the baby] would die...it’s de [only] one I bring what ain’t got good sight... An’ yo[u] gotta wear a white apron an’ a cap an’ shoes! I can’t do that. When I’m workin’ with these howlin’ women my feet gotta be on de ground...”

I tells de white folks when I goes to work fo[r] dem, that if I’m called, I’ll be gone nine days. I always gives de mother to be some eggshell tea. I parches de shell real brown an’ makes tea as strong as coffee. When she drinks that, she gonna start pushin’. I keeps de mother in de bed three days then lets her sit up a little, in nine days I tell her she can walk outside a little an’ back but be careful.”

**d.) Unidentified woman:**

“I was born near Baton Rouge in a little shack facing the Bayou. My pa and ma left early in the mornin to work in the fields and I remained with my Grandma from sunrise to sunset. So it is that I was very fond of her and learned many useful things, for she knew the value of herbs and how to prepare remedies for almost every evil.”

The following information was provided on the above sources: The dialect recorded here is likely inaccurate. It was recorded after the interview by the interviewer. The text in brackets has been inserted for readability. These interviews were conducted in a government-funded programme to record folklore and experiences from elderly people who had been born under slavery.

**4. “En Blanc” (2008) by Francois Piquet,**

International Slavery Museum, National Museums Liverpool

Participants viewed the following statue during a workshop held at the International Slavery Museum’s ‘Makespace Gallery’.

The label behind reads: Born in France, the artist Francois Piquet explains how the work explores a female’s experience of slavery and loss and the lack of rights enslaved women in particular, had over their own bodies and those of their children: “The sculpture physically reflects the emotion I felt discovering this piece of curtain. It made me think of a disowned bride. She has a sex, but any possibility of maternity has been removed (breast, womb). Her child does not belong to her”

**Francois Piquet**



# Contemporary Source Material

Participants discussed the Lay Summary MBRRACE Report (2023), which outlines data on maternal mortality in the UK. They also discussed the report by the BBC revealing the tragic case of a Black mother and infant that died in Liverpool Women's Hospital in March 2023.

## Saving Lives Improving Mothers' Care 2023: Lay Summary



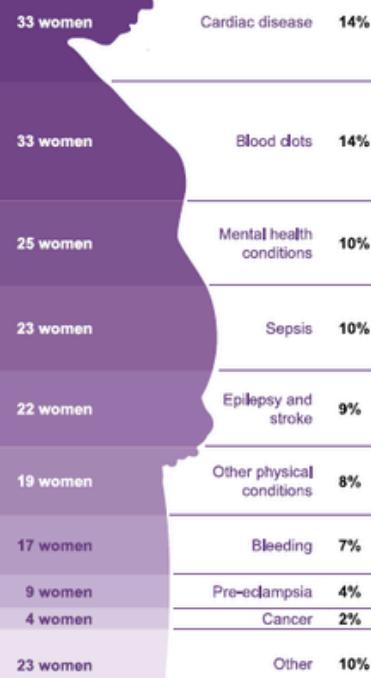
In 2019-21, **241 women died** during or up to six weeks after pregnancy among 2,066,997 women giving birth in the UK.

**11.7 women** per 100,000 died during pregnancy or up to six weeks after childbirth or the end of pregnancy.

### Causes of women's deaths

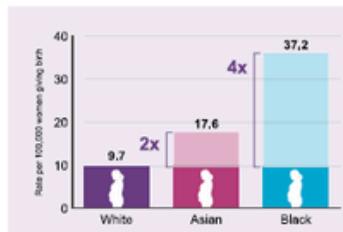


When maternal deaths due to COVID-19 are excluded, **10.1 women** per 100,000 died during pregnancy or up to six weeks after childbirth or the end of pregnancy

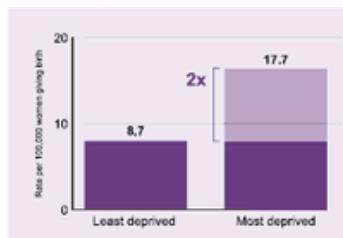


### Inequalities in maternal mortality

#### Ethnic group



#### Living in more deprived areas



MBRRACE: <https://www.npeu.ox.ac.uk/mbrrace-uk/reports/maternal-reports/maternal-report-2019-2021>

BBC News: “Ethnic bias” delayed care before Liverpool woman’s death”  
<https://www.bbc.co.uk/news/uk-england-merseyside-68300655>

# “Granny Marie Shrine”

The image and story of Marie Hoover resonated with the workshop participants.

The project group chose poetry and installation as their response to the archive material to honour “Granny Marie”, a midwife who lived on Oakland Plantation, Louisiana. She was 34 when slavery was abolished and died in 1935, aged 104.

The participants wrote individual letters to Granny Marie; lines from the letter were then combined and edited via a group activity to create a collaborative poem. The poem combined knowledge gained from the source material, with the workshop participants own experiences and views of maternal health and the role that Black women have played in advocating for their own communities over time.

The poem was then screen printed onto mirrors alongside Granny Marie's picture to form a shrine. This creative choice was made to propel viewers to be engage with the piece by positioning their reflection in the work.

Flowers were woven around a mesh frame to give Granny Marie "her flowers". Oakland Plantation is now part of Cane River Creole National Park and this collaboration will continue through an exhibition of the artistic work that will be incorporated into displays in winter 2025. The shrine itself is a permanent requisition by National Museums Liverpool.



Grannie Marie – Mother and Midwife

I want to reach out and give you flowers.  
I am in awe of you and your story.  
They asked for your help despite selling our children.  
Even though your humanity was questioned by some of  
those whose hand you held so gallantly in  
their most transformative hours.  
I wonder how many babies you delivered and how many  
you brought safely to their first breath.  
I wonder how many babies you carried  
and how many you kept.  
Our Black babies entered a world where their bodies  
would be broken by slavery.  
The white children would grow to be perpetrators.  
Did they ever punish you?  
They called you ignorant yet used your knowledge.  
How sad that it should be that way.  
Your auction price proves you were a valued commodity.



Guiding women, without grudge or prejudice, despite  
your extreme adversity.  
Natural, caring and nurturing;  
a profound connection to the preciousness of life.  
Oh to be humble for the sake of life and to have such  
capacity for love.  
You knew about earth medicine and how to work with  
nature;  
feet planted in the soil.  
Sharing wisdom and knowledge.  
I am proud to be your ancestor.  
How did you find the strength to be "present" for the  
mothers who owned you?  
A lost voice.  
We will bring you back to life with respect.  
Grannie Marie, thank you for being an amazing  
vulnerable part of this world.  
I want to reach out and give you flowers.  
And for you we will bloom.

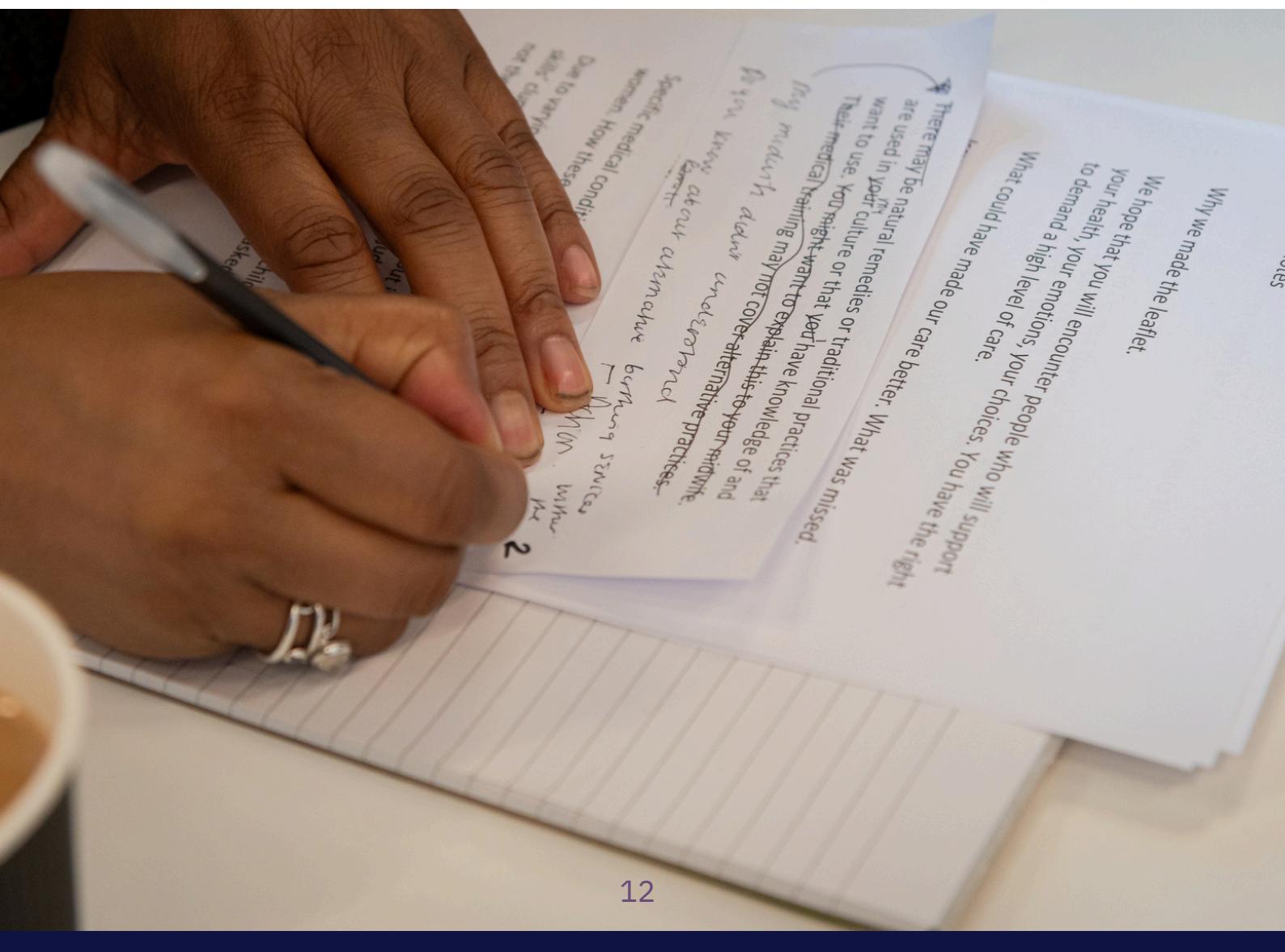
Recording available at  
<https://slaverystudiesljmu.squarespace.com/blackmaternalhealthproject>

# Hey Mama Leaflet

Participants wanted to create an information source for Black Mothers by Black Mothers to distribute to Maternity services, health care professionals and the community.

Participants in the group shared how they had not seen themselves reflected in the information and imagery in NHS services waiting rooms, and when they did, it was usually in cartoon form. Through discussions and creative exercises about their maternity experiences it was highlighted that when some of the women were asked about their ethnic background it was either clumsily managed, uncomfortable or delivered incoherently with little information on why Black mums were more at risk, just that they were. This led to confusion, upset and fear. The group agreed an informative leaflet in a supportive and comforting tone (their own voices) would support new Black mums on their maternity journey. We employed a photographer (Jazamin Sinclair) to attend a session to take pictures for the leaflet and worked through the main areas we felt should be addressed.

The leaflet contains additional information about what questions to ask (and why), and has links to useful services. The leaflet is endorsed by the Anti-Racism Hub at Liverpool Women's Hospital who are working with the project leads to introduce the leaflet into local NHS antenatal services.



# Communication

*"I was bewildered by questions about my ethnicity and how it could affect my birth."*

Some medical conditions more commonly affect Black people, such as sickle cell and preeclampsia. Because of your child's heritage or ancestry there may be more questions asked about your health.

**You are not the problem.**

Whilst the majority of healthcare providers are well-meaning, some conversations can be awkward due to varying levels of unconscious bias and interpersonal skills.

**In your appointments:**

- \* Ask about anything you don't understand
- \* Write things down prior to, or during your appointment, if you need to
- \* Know your rights and raise anything you feel unhappy or uncomfortable with. Involve PALS (Patient Advice and Liaison Service) if you need to
- \* You know your own body better than anyone, don't be afraid to advocate for yourself, or bring a trusted person with you.

**"Why shouldn't we deserve the best?!"**

Alert your midwife immediately if you have any one of the following: severe headaches, visual disturbances, vaginal bleeding, swelling in hands, face and feet and reduced movement. These are symptoms of pre-eclampsia.

# Useful Services and Tools

**Writing a birth plan guide:**  
<https://www.nhs.uk/pregnancy/labour-and-birth/preparing-for-the-birth/how-to-make-a-birth-plan/>

**Patient Advice and Liaison Service (PALS):**  
<https://www.merseycare.nhs.uk/pals-and-complaints>

**Family hub/Start for Life:**  
<https://fisid.liverpool.gov.uk/>

**Healthy Start:** [www.healthystart.nhs.uk](http://www.healthystart.nhs.uk) (free weekly vouchers/vitamins for pregnant women)

**Baby Basics:** <https://baby-basics.org.uk/>

**Tommy's non-urgent helpline for Black women:**  
<https://www.tommys.org/pregnancy-information/about-tommys/pregnancy-information/video-call-service>

**Tommy's pregnancy relaxation advice:**  
<https://www.tommys.org/pregnancy-information/im-pregnant/mental-health-wellbeing/tips>

**Black Mums App** for community support:  
<https://blackmums.com/>



This leaflet is affiliated with the Black Maternal Health Project Liverpool. Thank you to all who worked with us: Azena Baxter, Jennifer Hayashi, Danns, Letitia Denny, Leah Watson-Lee, Leah Katrice Nolan, Natalie Denny and Michelle Richards, Dr Andrea Livesey, Dr Clare Maxwell, Dr Alexander Scott and Makia Davis Bramble, Tessa Buddle, Wendy O'Connor, Amy Woods and Annette Burghes. Photography by Jazamin Sinclair. Funding for this project came from Liverpool John Moores University and The British Academy.

With thanks to the Anti-Racism Hub at Liverpool Women's Hospital.

# Hey Mama!

We are a group of Black and ethnically diverse mothers and we would like to increase the safety and positive experiences for Black women in the maternal health care system.

We hope that you will encounter people who will support your health, your emotions and your choices. Remember, you have the right to demand a high level of care.

Listen to your inner voice. Feel confident to express yourself. Your knowledge of your own body is valuable.

This leaflet is designed to aid you in your maternal journey, informed by our own experiences.

**We wish you a safe pregnancy!**



*"I thought it was important to do my own research and use my own voice."*

**Do you know your family's (and your baby's family's) health history? Is there anything that you need to share?**

Be open, and ask your healthcare provider if you have any concerns. There are links to alternative sources of information on the next page.

**Are you aware of any relaxation techniques/classes that can help you through your pregnancy?**

As Black women, our bodies have faced stresses due to ancestral trauma and racism. It is important to take time out for intentional relaxation and self care. Again, see resources on the next page.

**Do you have a birth plan?**

If not, creating one will help you to think through what you want and what you don't. If so, who else needs to know about it? You can have two people with you at the birth.

**Creating the right environment.**

Are there any items that you would like to have with you in your birthing space? Music? Ask your midwife what will be allowed.

**"Beyoncé is going to help me to have my baby!"**

Have you considered holistic or alternative support? See next page for more information on this.



## Maternal Checklist



# Dissemination event 1. Confronting Racism's Impact on Black Health in the Past and Present

Key to the project was the development of women's voices for advocacy to make a difference in their own communities. This event was run in collaboration with the Race and Health Cluster at Liverpool John Moores University, and the Race and Critical Health Humanities Network – a collaboration between Liverpool John Moores University and the University of Liverpool. This event was, as with the workshop, optional - though all participants were paid the same as the academic speakers at the event.

The participants were told in advance who would be in the room, which included healthcare practitioners, student midwives, heritage professionals, and university-based academics. Participants spoke on their experiences of the maternal health care system, both in the UK and outside, their experiences on the project, and their key takeaways from the historical source material. We brought in More than Minutes, a visual minutes service to record the conversations, but to give external feedback on the Black Maternal Health Project.





## CONFRONTING RACISM'S IMPACT ON BLACK HEALTH IN THE PAST AND THE PRESENT

### SPEAKERS



#### Natalie Denny

Writer and Activist, Black Maternal Health Project and Skywriters



#### Michelle Richards

Creative Arts Therapist, Black Maternal Health Project and Collective Encounters



#### Dr Ama Biney

Lecturer in Black British History, University of Liverpool



#### Helen George

Psychotherapist and founder of Community Trauma Conference, UK



#### Andrea Edwards

Psychotherapist and founder of Loveathome



2 October 2025

12.15-4pm



Room 206, Student  
Life Building.  
Liverpool John  
Moores University

### AGENDA

#### 12.15 Welcome Lunch

#### 12.45 Black Maternal Health Project: History and Experiences

Natalie Denny, Michelle Richards and Workshop Participants

+ Launch of 'Hey Mama' leaflet for antenatal waiting rooms

#### 2.15 Roundtable: Mental Health in Black Communities

Chair: Ama Biney

Speakers: Helen George and Andrea Edwards

#### 3.30-4.00 Ways forward

- Open discussion

Register Now @  
Eventbrite

This event is organised by the Race and Critical Health Humanities Network, a collaboration between researchers at Liverpool John Moores University and the University of Liverpool.

Event funding by Centre for Modern and Contemporary History @ Liverpool John Moores University, Centre for the Study of International Slavery and the ESRC



Contact [a.livesey@ljmu.ac.uk](mailto:a.livesey@ljmu.ac.uk)



Header photography by Jazamin Sinclair in Black Maternal Health Workshops

# Feedback from Dissemination Event 1.

## **What themes should be included in the next phase of the Black Maternal Health Project?**

“Racial trauma has to be multidisciplinary. The traumatising stereotypes must be historically contextualised, as well as understanding the current significance.”

“How does racial trauma link with physical pain?”

“Harnessing the strengths in communities in supporting Black women”

“Healing”

“Black fathers and advocacy”

“Make sure there is a richness/diversity of input from lived experience to bring to life the statistics you often hear”

## **How might the Hey Mama leaflet be used:**

“Black mums preparing to give birth might use this to prepare for conversations with doctors. I think they’ll take away questions for professionals and courage and confidence going into appointments”

· “I hope the Hey Mama leaflet is seen by pregnant, newly pregnant, and hoping-to-be pregnant Black women. I hope it’s comforting and makes them feel seen and supported and/or shared by Black women amongst themselves. I hope they take away that they’re not alone and there is support, especially in the face of such scary statistics”

## **What role can creativity play in addressing health inequalities?**

“The creative process allows us to pause for a moment. It is in this pause that we are allowed to make connections and generate useable solutions”.

“But they are not a substitute for clinical interventions”.

“Creativity can engage people not usually engaging in health services and therefore be a connector to non-traditional forms of care. Can also be a healing space.”

“Unlocking real questions and feeling from individuals that may not be voiced in clinical settings”

“Raising awareness in accessible way – can make problems legible, relatable, rather than only relying on statistics and clinical language”

“Impressed by the use of historical archives content to inform today’s mindsets and experiences”

# Dissemination event 2. NML Slavery Remembrance Day: Race, Medicine and Transatlantic Slavery Curatorial Workshop

As part of this workshop, Natalie Denny and Michelle Richards presented on the progress of the Black Maternal Health project, which according to an introduction by Dr Alexander Scott (assistant curator, International Slavery Museum) is an “example” of the public engagement and co-creation that will be a key part of the redesign of the International Slavery Museum (to re-open in 2028).



## SRD 2024: Health, Medicine and Transatlantic Slavery Workshop

No current dates available

📍 Maritime Museum

This workshop invites members of the public to help shape future displays at the International Slavery Museum. It concentrates on artefacts connected to the history of medicine and transatlantic slavery and explores how these should be represented at the museum. The workshop contemplates some of the ways that contemporary health inequalities experienced by Black communities are legacies of transatlantic slavery.

Tickets for this event are free and will be available from the 1st July.

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It will take place in the Maritime Dining Rooms on the top floor of the museum.

Where



Maritime Museum

Royal Albert Dock, Liverpool, United Kingdom, L3 4AQ

📍 [Get directions](#)

# History and Midwifery Decolonisation Project

The Black Maternal Health Project highlighted the need to understand history to confront present injustices around maternity care, and the History and Midwifery Decolonisation Project provided the link between the workshops and midwifery education to bring some of the lessons into practice. Education around the history of Black midwifery care was missing from the LJMU midwifery programme and meetings with LJMU's Black midwifery students revealed it was something that student midwives were keen to incorporate into their curriculum to promote inclusivity, empathy and to go some way to addressing mythologies of race for new midwives.

## Project Leaders

Dr Andrea Livesey, School of Humanities and Social Science and Dr Clare Maxwell, School of Public and Allied Health, Liverpool John Moores University

## Project Team

Olga Machado-Le Gal (OM), Gina Chapman, Eden Woodcock, Emily Atkinson  
Sarah McDonald and Georgina Keaney, School of Public and Allied Health



## Project Methodology

Our project aimed to explore links between historical narratives derived from transatlantic slavery and current outcomes of Black women in maternity services.

Our project outcomes were to:

- produce student-led curricula resources/interventions to be embedded into the LJMU midwifery programme.
- present at the Students at the Heart conference on how interdisciplinary collaboration between Humanities and Sciences can aid decolonisation.
- provide an opportunity to feed into the LJMU and Slavery Project report, led by Dr Andrea Livesey

Four undergraduate student interns were recruited from the LJMU Midwifery (x2) and History (x2) programmes to lead the project supported by the project leads and project team. The student interns applied for project ethical approval and developed recruitment materials in the form of participant information sheets, a project poster advert and a PowerPoint about the project. The interns also developed focus group schedule questions for the focus groups which would be used to collect data. The interns received training around managing focus groups from the project leads and attended the Black Maternal Health Conference in London, funded by their individual programmes



Four intern-led face to face audio-recorded focus groups were undertaken to capture data around the project aims. Interns recruited LJMU undergraduate students to attend focus groups. Focus groups 1 and 2 comprised of student midwives across all 3 years, N = 16. Focus group 3 comprised of history students N = 4. Focus group 4 was deemed a 'safe space' group which comprised Black midwifery students only, N = 2 and was led by OM. The interns undertook training around thematic analysis from the project leads and together with the project leads they coded and themed the focus group data. Three overarching themes emerged:

- Representation - Gaps in the curriculum were noted including Black culture.
- Recognition - Space for discussions; role that Black enslaved midwives had on reproductive health in the past, and in current midwifery practice is needed.
- Confidence - Barriers to conversation, lack of awareness, lack of education, and anxiety around discussions on race were noted.

A 'safe space to discuss race' programme has been developed and embedded into the midwifery curriculum in response to the themes from the focus groups. This will include:

1. A Black midwife, external to LJMU, who has undertaken a workshop with level 4 midwifery students around race
2. An invitation to the women who are taking part in the Black Maternal Health Project to discuss their work with level 5 students
3. Attendance of Olga Machado Le Gal who will discuss her experiences of being a newly qualified Black midwife with level 6 students
4. A lecture from Dr Andrea Livesey on the historical background mythology of race in healthcare.



The project was included in a Patient Excellence National Award nomination (Educator of Tomorrow category) for Olga Machado Le Gal, for which Olga was awarded runner-up.

# Evaluation Process

Due to the small number of people involved in the project, a qualitative evaluation was deemed most appropriate. We qualitatively assessed the processes and outcomes based on the original project design. Evaluation was undertaken via continuous monitoring (direct participation) and post workshop reports, which was agreed with participants in the first session. Evaluation was incorporated into every session, which added intentionality to the project. Participants were able to measure the day's activity's against what they wanted to achieve in the project. As participants had given feedback week-by-week it was deemed disproportionate to survey participants post-project.

The qualitative evaluation comprises of two elements:

1. Session observation (live and recorded) and facilitator reflection formally captured throughout
2. Participant feedback, elicited via the discursive process at each session
3. Meetings between project team to share information and outcomes of each workshop.

Key indicator	Activity/project	Data/outcome
7 workshops with Black mothers	5 Black mothers recruited and attended sessions weekly	7 workshops delivered and feedback collected
Work with LJMU's Midwifery Team to decolonise midwifery curriculum	Meetings and consultation at start and end of project.	Findings passed to LJMU Mistory project and incorporated into curriculum from Sept 2024
Hey Mama leaflet co-created and creative responses produced	Research and material collated	Published leaflet and shrine exhibited. Social media promotion successful
Help to develop women's voices for advocacy	Worked with women to prepare for Black History Month Event	Successfully completed BHM event with positive feedback
Develop working relationships in project team	Fortnightly meetings throughout project	Future funding application submitted July 2024.

# Thematic Feedback and Advice

## On Black Maternal Health Experiences

“Being a Liverpool Mum is completely different to being a London Mum – lots in our communities make things more difficult” (workshop participant)

The experiences of our workshop participants were vast: women had given birth in Liverpool, Manchester and Japan. There were a range of experiences, some terrible and terrifying, and some were holistic and positive (one woman had given birth in Japan and the aftercare, including food and time for recuperation were noted as exemplary). In the UK, women sometimes felt that they were a “nuisance” in maternity departments that are there specifically for them.

### No sense of ownership over birthing spaces

Participants noted the relief that they felt when they saw a Black member of staff in the maternity wards. One woman avoided getting up to go to the toilet until a Black member of staff came on shift and they could leave their baby with them. They saw Black members of staff as people who would more likely understand any issues they were facing and would be more likely to advocate for their welfare. This is a problem as Black women are currently underrepresented on NHS maternity wards.

Women noted that the only images of Black women in maternity waiting rooms were cartoons, whereas there were photographs of white women. They felt that this made them abstract and that they really should not be there. It was not felt to be their space. The women in the session discovered that Black women’s reproductive systems are aged 7 years more than white women’s (due to ‘weathering’). Questions were asked about the additional care that is needed for Black women as already women who are 35+ are labelled as ‘geriatric’.

### Importance of Community Support

Through the historical sources material the participants identified strong community-led support. From this emerged discussions over a doula’s place in Black women’s birthing experiences, and women suggested this for consideration by NHS (as in US Medicare funding). Women agreed that community support schemes are key. For our participants, the group meant a place for Black mums to feel heard and a sense of community. Having the space to discuss was described as “cathartic”. The women were relieved to be open and honest about their experiences without people saying “well the baby is safe so that’s the main thing”. They noted that they felt an inherent trauma that comes from not being listened to, which has stayed with them.



# Thematic Feedback and Advice

“It's not a matter of ‘race’; it’s a matter of ‘racism’”

## Linguistic and Cultural Competency

Participants noted a lack of cultural awareness and linguistic competency in antenatal and birthing spaces. Some Black women knew the statistic of (4x more) and repeated it to the medical staff throughout the pregnancy looking for reassurances that were not forthcoming. The way that Black women were approached about their additional risks during pregnancy made being Black feel like a ‘disease’: e.g. ‘Because you’re Black you face these additional risks’. What they could say was “because you have Black ancestry, you may be at additional risks of xx/xx/xx; you may not have any of these conditions, but we will be here at every point to answer any questions you may have and support you. You can also find more information here xx”

The maternity staff asked questions on ethnicity at the wrong time: “Because you’re Black” was used repeatedly and there were often no explanations for additional tests they were made to undertake “because they were Black”, which increased anxieties. There was a loss of individual identity. Participants felt that assumptions were made about them, i.e. they felt that immediate judgements on background made because of race, and questions around drug usage seemed pointed. The women felt lost as individuals because their treatment was purely led by being put in the “BAME” [sic] category.

Participants believe that the term ‘difficult’ repeatedly resurfaced to describe behaviours of Black women who had bad experiences. Participants reflected on what this term means and asked the question: When a woman asks questions/questions her care, is this being difficult? Women in the sessions had a strong reaction to the terminology ‘racial bias’ and stressed the need to call racism what it is, especially in relation to the recent tragic case of racism leading to death of Black mother in Liverpool Women’s Hospital.



# Thematic Feedback and Advice

## On the use and presentation of historical source material

Originally women in the sessions questioned the links between the past and the present: “how does this help us move forward?”, but as the sessions moved on the material had a real generative impact for discussions and the women felt connections to the women in the sources. Looking at the sources prompted question around the medicalisation of birth and the participants tried to get to underlying meanings in the source material that made sense to them and their communities. Mother Duffy, for example, said that “women show more to their doctors than they do to their husbands”, but what she really meant is that community is being pushed out of healthcare. “Granny Marie” should be thanked and honoured for her key role in her community.

## On the International Slavery Museum (Liverpool)

The women in the sessions said that they didn't like to take their children into the International Slavery Museum and found it a difficult space themselves. One of the women in the group said that their child had experienced racism from their classmates after a school visit to the International Slavery Museum: ‘Racist behaviours from classmates started with this visit’.

They did not find a space in the International Slavery Museum where the ‘pathology of whiteness’ was interrogated. They wanted to see a discussion of white enslavers and to understand why they enslaved. They saw little accountability.



## Reflections on the sessions

Feedback from both the session participants and leads were that these were not long enough. They should have gone on for more than 2 hours. This is accounted for by the lack of safe spaces provided to the participants previously to speak freely about their maternal experiences as Black women. The workshop leads did not want to stop the flow of the sessions to move onto activities but did often have to move the discussion on.

Transformations were happening in the room, week by week. One woman said that she had always felt disconnected from her community, but this project had made her feel part of a community of Black women.

The payment each week (£65 plus £35 childcare if necessary) was important for the success of the project – participants felt that their knowledge and reflections were valued.

The visual material (or written material accompanied by images) was much more valuable than written text. Participants felt they were able to connect with the people in the past if they were able to see them.

Aurelia - 26 Medina & "	" 500.00,
Maria - 28 NW1, & "	" 500.00,
Charlotte - 13 NW1, & "	" 350.00,
William - 12 Weston & "	" 250.00,
Sancho - 22 Easton & "	" 650.00,



## Feedback from workshop participants

"Space to be really honest about things that are difficult to talk about when others don't know your culture."

"It has raised the bar on my expectations of maternity services. Why shouldn't we deserve the best?!"

"This is a cathartic experience as Black women don't get the space to talk about their own experiences"

"I connected with Grannie Marie (Archive material of midwife in slavery). It reconnected me to my goal of wanting to train as a doula in later life."

"...this project and space has been so important for me personally without me even knowing I needed it- and will be so important for and to other women. Proud of everything we collectively felt, shared and achieved in those short hours! Powerful.. "

"...I've learnt and healed/healing parts of my labour/maternal experience and have learnt so much and a really good insight. This is amazing, look what we have created ladies..."



## Future directions

This pilot project has highlighted the need for a space for Black women to meet, bond, discuss and understand their experiences within the framework of a long history of Black maternal healthcare. The theme of Black community was key to all of the discussions, especially considering the source material considered was primary from formerly enslaved Black communities. There is much still to understand about the Black diasporic experiences of healthcare and the impact that understanding the individual's place in a historic diasporic community can do for mental, physical and spiritual maternal health.

**We continue to seek funding to expand our project to include transatlantic oral histories from women on the topic of Black maternal healthcare, and the need to understand similarities, divergencies and best practice in community-led care.**

Our workshop participants have been key to this process, and we hope to work with them for the duration of this project as our recognised co-researchers. Collective Encounters have now provided podcast training to two participants, who hope to go on to establish alternative means of supporting Black mothers.

Thank you to everyone who has worked with us, funded and supported us on this project.



