Racism, discrimination and maternal health

Make Mothers Matter (MMM) participated in the fourth annual seminar on Racism and Health held at the *UN House* in Brussels. This year's conference, Gender-Based Violence, Discrimination and Women's Health, examined how prejudice and structural inequalities within healthcare systems can shape women's experiences of care, often with lasting consequences for their health and wellbeing.

Organised by the *European Public Health Alliance (EPHA) and the UN Office of the High Commissioner for Human Rights (OHCHR) through the DisQo Stakeholder Network,* of which MMM is a partner.

Addressing racism as a structural determinant of health

Since 2023, EPHA and OHCHR have collaborated through the DisQo Stakeholder Network to strengthen the recognition of racism as a determinant of health within EU policymaking. Previous editions have examined the right to health of people of African descent (2023), the physical and mental health consequences of racism (2024), and the impact of racial trauma (2025).

The initiative has helped inform the development of the *EU Anti-Racism Strategy 2026–2030*, with recommendations submitted to the European Commission in 2025 and incorporated into the Strategy to varying degrees. Following the Strategy's adoption in January 2026, EPHA and OHCHR are now focusing on supporting its implementation, identifying how its commitments can be translated into concrete improvements in healthcare.

The urgency of this work is evident in the prevalence of gender-based violence across Europe. *One in three women in the EU has experienced physical or sexual violence during her lifetime*, with lasting consequences for her health and wellbeing. Women facing racial discrimination and other forms of marginalisation are often disproportionately exposed to violence, while encountering additional barriers to accessing support and care. Such violence occurs within healthcare settings themselves, where discrimination and a disregard for women's consent can become part of the care they receive. Yet significant gaps remain in recognising and addressing the experiences in which racism and gender discrimination intersect.

Obstetric violence: when mothers' rights and voices are overlooked

MMM led the panel *"Obstetric Violence in Maternal Healthcare"* which brought together Johanna Schima*, our Head of the EU Delegation;* Liz Kelly*, President of our member Irish Maternity Support*, and Cathrine Trulsvik, a *Norwegian midwife and member of our member Landsforeningen 1001 dager*, to examine obstetric violence and its implications for women's health and fundamental rights.

MMM drew attention to how maternity care can become overwhelmingly focused on the baby, while the mother's own health and wellbeing receive insufficient attention. This imbalance is especially concerning when discrimination shapes the treatment women receive, with their race, ethnicity, residence status or income potentially entering into how their needs are understood and addressed.

Obstetric violence, as she explained, is not always explicitly violent nor necessarily confined to a single incident, but can develop as a pattern of practices that undermine women's dignity and autonomy during childbirth. It can occur when women are denied the information needed to give informed consent or when their concerns are dismissed by healthcare professionals. Examples range from dismissive or degrading treatment and the withholding of pain relief to more overt violations, such as episiotomies performed without consent or caesarean sections imposed without adequate consultation.

MMM addressed the influence of racial prejudice within medical practice, drawing attention to the persistence of misconceptions about pain tolerance among women from certain ethnic backgrounds, including assumptions still encountered in medical education. Such beliefs can have direct consequences for how women's pain is assessed and treated, allowing racial discrimination to persist within routine healthcare practices.

MMM's intervention called to the need to examine obstetric violence in the context of wider inequalities in maternity care, where the quality of treatment and respect afforded to women should never be determined by prejudice on their background.

The wider consequences of obstetric violence

Liz Kelly, President of Irish Maternity Support, highlighted how women can be pressured into accepting medical interventions, while the professional judgement of midwives and other caregivers may also be disregarded. She spoke to the lasting effects of birth trauma on mothers' mental health, including difficulties bonding with their babies and the impact on family life. These experiences can carry significant financial consequences, for women whose ability to work is affected and for healthcare and social systems providing the additional support they may need.

Addressing these problems requires changes in how maternity care is delivered. Liz advocated stronger protections for informed consent and the expansion of midwife-led care across the EU. She also called for greater representation of racialised people within the midwifery profession, recognising the importance of diversity in delivering respectful and culturally responsive maternity care.

When equal treatment fails to deliver equitable care

Despite Norway's universal healthcare system and strong legal protections for patients, *Cathrine Trulsvik* pointed to studies documenting inequalities in maternity care for migrant women, including language barriers and treatment shaped by cultural stereotypes. However, documenting these inequalities does not necessarily reveal the extent of racial discrimination, particularly when women are rarely asked directly about their experiences of racism during childbirth. As Cathrine stressed, the absence of such evidence cannot be taken as proof that discrimination does not exist.

To explore how discrimination can persist even when equal treatment is the intention or the assumption that healthcare can be culturally neutral, she drew on research concerning Sámi women, Norway's Indigenous population. She cited a study titled "We are all Norwegians; we are all the same", reflecting an approach in which midwives sought to provide equal care to all women. However, when maternity services are organised around the language and cultural expectations of

the majority population, treating everyone identically can mean overlooking the needs of women from minority communities.

Cathrine also discussed findings from multicultural doula programmes in Norway, which has associated culturally adapted support with improvements in certain maternal and neonatal outcomes. These support her wider argument that addressing racism and obstetric violence requires examining the organisation of maternity services beyond the actions of individual healthcare professionals.

The trailer of the film from Annika Elisa Kiel: "From trust to trauma: perspectives on obstetric violence" was presented to the audience during the panel. The film received the MEDEA awards 20226 Special Jury Prize: From Trust to Trauma: Perspectives on Obstetric Violence — University of South-Eastern Norway (Norway). The educational film moves beyond the common framing of conflict between professionals and mothers giving birth, showing that both want safety, trust, and positive experiences. Through personal stories and professional reflections, it shows students how well-intentioned care can cause trauma when trust is broken, and asks how actions meant to protect can end up causing harm.

Towards anti-discriminatory healthcare across Europe

Beyond *MMM's* session, the conference explored evidence of gender-based violence and discrimination experienced by Black women and gender minorities in French healthcare, presented by *Tsippora Sidibé* of *Tant Que Je Serai Noire.*

A subsequent panel examined obstetric violence in the wider context of sexual and reproductive healthcare, with contributions from *Rozina Spinnoy Founder and Director of BIDS Belgium, women's health advocate Dakshina Gammanpila, Protection–Social Impact Programme Manager at Médecins du Monde Türkiye Sevda Ataş* and *Viktoria Vivlaki President of the European Midwives' Association.*

The event also included an interactive consultation on practical approaches to tackling racism and gender discrimination in healthcare, examining inequalities in access to care and how patients' health and pain is recognised and treated.

Putting mothers' dignity and autonomy at the centre of care

For *Make Mothers Matter*, ensuring respectful maternal healthcare means recognising mothers as rights-holders whose health, wellbeing and autonomy deserve attention in their own right. This includes protecting informed consent, listening to women's experiences and ensuring that maternity care responds to the diverse needs of all mothers.

As policymakers work towards implementing the *EU Anti-Racism Strategy 2026–2030*, the experiences of mothers, particularly those facing racial and intersecting forms of discrimination, must inform efforts to make healthcare more equitable and respectful.