Viral Labor Videos & Maternal Mortality

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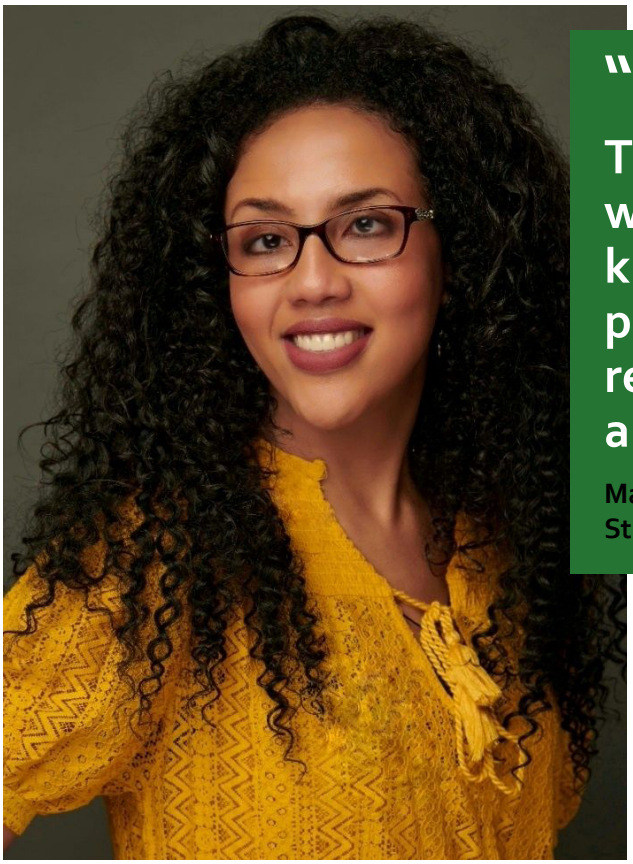

> "Their resonance stems from the way they brought visibility to known disparities, illustrated preventable harm, and reflected common experiences among Black women.
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> **Mahlet Zeru, MPH**
> **Strategy Manager**

Recent viral videos depicting Black women being denied or delayed care while in active labor have sparked a national conversation about maternal health inequities[1]. Although the incidents occurred outside Washington State, they highlight patterns long documented across U.S. healthcare systems and offer meaningful lessons for providers here at home. These widely circulated clips, one involving a woman in Texas left in a wheelchair during active labor[2], and another in Indiana where a woman delivered in her car shortly after being discharged received millions of views in just days[3]. Their resonance stems from the way they brought visibility to known disparities[4], illustrated preventable harm[5], and reflected common experiences among Black women[6].

The power of these videos stems from the fact that they reflect the findings that research has supported for decades. The United States continues to have the highest maternal mortality rate among high-income nations, with Black women facing pregnancy-related death rates three to four times higher than white women.[7,8,9] They also experience severe maternal morbidity at disproportionately high rates, including hemorrhage, hypertensive crisis, infection, and cardiomyopathy.[10] These inequities persist even when comparing individuals of similar education, insurance status, and prenatal care use. Demonstrating that structural racism and differential treatment, not individual risk factors drive much of the disparity.[11,12] Seeing Black women in visible distress, dismissed or left waiting in these videos closely mirrors research showing that Black patients' pain is more likely to be underestimated or undertreated.[13]

The videos resonate because they showed preventable harm unfolding in real time. The CDC estimates that roughly 80 percent of pregnancy-related deaths in the U.S. are preventable.[14] Delayed symptom recognition[15], communication breakdowns[16], and inconsistent triage practices[17], failures that appear in national maternal mortality data, were clearly visible in these videos.

Washington State's own 2025 Maternal Mortality Review Panel (MMRP) reported 82 percent of pregnancy-related deaths were preventable in 2021-2022.[18] The 2025 MMRP found that most pregnancy-related deaths in the state remain preventable, particularly among Black, American Indian/Alaska Native, and Pacific Islander women.[19] The report identified delayed recognition of warning signs, missed opportunities for escalation, poor care coordination, and lack of culturally responsive care as recurring contributors to preventable deaths.[20] Behavioral health conditions, including substance use and suicide account for a significant proportion of pregnancy-associated deaths, and the MMRP emphasized that marginalized communities face greater barriers to postpartum follow-up and supportive services. The MMRP findings indicate that Washington state is susceptible to the same issues shown in the viral labor videos and recommendations must be implemented to reduce maternal mortality.

The public response to the videos was also intensified by how closely they matched the lived experiences of many Black women.[21] National surveys show that one in three Black women report discrimination in pregnancy or childbirth[22], and many describe feeling dismissed, disrespected, or excluded from decision-making.[23] The MMRP report similarly noted patient and family accounts of being unheard or having symptoms minimized, especially among families of racial and ethnic minorities. The viral videos validated these experiences and highlighted that such experiences are not isolated but systemic. [24,25]

Triage delays, a central theme in both viral cases, are another known contributor to poor outcomes[26]. Research shows that Black women wait significantly longer for clinical assessment, even when presenting with symptoms requiring urgent evaluation.[27] After adjusting for potential confounders, Black women waited 46 percent longer than White women for emergency evaluation of pregnancy-related concerns.[28] The MMRP report identified delayed triage and inconsistent response times as recurring issues contributing to preventable deaths in Washington State.

Given these parallels, the viral videos offer a painful reminder of the consequences of delayed or biased care but also provide a renewed opportunity to strengthen maternal care. Standardizing triage and admission with objective criteria, ensuring immediate evaluation of high-risk symptoms, and tracking time-to-triage metrics by race to identify bias are all evidence-based strategies to reduce maternal mortality.[29] Ongoing implicit bias training emphasizing cultural humility[30], structural competency, and communication skills have also been instrumental competencies for sustainable change[31]. The MMRP report also recommends strengthening continuity of care across pregnancy and the postpartum year, expanding culturally concordant support services such as doulas, and integrating behavioral health screening and treatment into perinatal care. Incorporating equity indicators such as severe maternal morbidity rates, postpartum follow-up, and care coordination into quality improvement dashboards can help systems detect disparities early and intervene effectively.[32]

Endnotes are available on page 16

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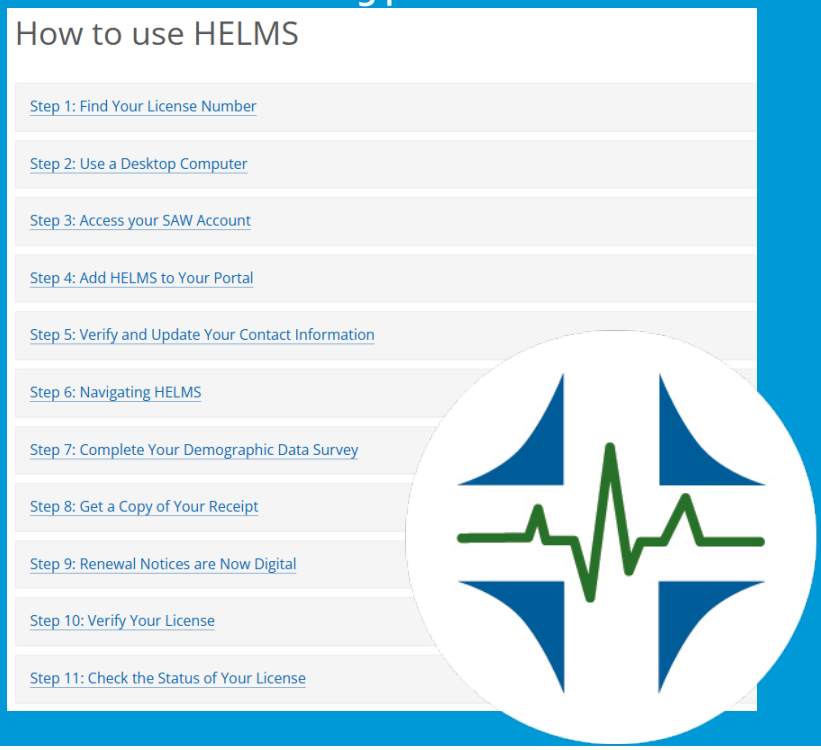

EndNotes

1 Viral Videos of Women in Labor Being Denied Care Renews Conversation Around Black Maternal Health Care | Chicago News | WTTW

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3 CNN speaks to Indiana mom who gave birth on the side of road after hospital discharged her

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