

ORIGINAL ARTICLE

Special issue: “The Politics of Uneven Reproduction in the African Diaspora” edited by Dana-Ain Davis and Chiara Quagliariello

Princess Banda 

School of Anthropology and Museum Ethnography, University of Oxford, Oxford, UK

Correspondence

Princess Banda, School of Anthropology and Museum Ethnography, University of Oxford, Oxford, UK.

Email: princess.banda@keble.ox.ac.uk

(Re)Turning to Black Feminist Consciousness: Deconstructing the Politics of Reproductive Racism in Britain

Funding information

University of Oxford's Clarendon Scholarship; Black Academic Futures Scholarship

Abstract

Using ethnographic vignettes from my doctoral research, this article contextualizes and analyses Britain's Black maternal health crisis— a crisis of reproductive racism— through a Black feminist lens. The inequities Black mothers face has a strong Black (and) feminist history of being analyzed in relation to the politics of anti-Black racism and misogyny as they are upheld and sanctioned by the State and the maternity services. This article, therefore, positions Black feminist consciousness as the overarching ethical and analytical framework that contemporary researchers must (re)turn to when studying reproductive racism in Britain. In light of this argument, I draw attention to the Black feminist articulations of racism, uneven reproduction, and reproductive necropolitics (introducing the idea of “necropolitical mythopoeia”), arguing that they are robust analytical tools that can kickstart the epistemological (r)evolution that is desperately needed in the British research landscape.

INTRODUCTION

Britain is suffering from a Black maternal health crisis and has done for decades. It is a crisis of anti-Black racism as it manifests across reproductive healthcare and the social context which frames it: reproductive racism. In the last 26 years alone, Black African and Caribbean women's maternal death rates have fluctuated between 2.3 and 7 times more than their white counterparts, with the current risk standing at 2.3 times more (CEMACH, 2004; Felker et al., 2025). Whilst this decrease from seven times more at the beginning of the millennium is welcomed, it remains statistically insignificant (MBBRACE-UK, 2025). Black women's consistent increased proximity to death *irrespective* of changes in government,

This is an open access article under the terms of the [Creative Commons Attribution](https://creativecommons.org/licenses/by/4.0/) License, which permits use, distribution and reproduction in any medium, provided the original work is properly cited.

© 2026 The Author(s). *Medical Anthropology Quarterly* published by Wiley Periodicals LLC on behalf of American Anthropological Association.

policy, practice, and education demonstrates that little has changed experientially, further justifying the language and logic behind the phrase “Black maternal health crisis” (Hutson et al., 2025).

In Britain (and beyond), the crisis of reproductive racism—that is, the racialized violence, abuse, trauma, neglect, and dehumanization that Black women are subjected to—is what grounds and perpetuates their increased risk of fatal maternal morbidities and exposes them to premature risk of death regardless of income, education, and other markers of health outcomes (Curry, 2023). Anti-Blackness is, therefore, an equalizer; an equalizer which transforms *all* Black women into vulnerable subjects susceptible to cruel treatment thereby increasing their proximity to death (or the liminal space close to death¹). Said treatment includes the refusal of pain medication, being ignored and silenced, misdiagnosis and delayed care, leading to critical but avoidable outcomes such as emergency c-sections, neonatal intensive care, and poor perinatal mental health (Brathwaite, 2020; BirthRights, 2022; Igwe, 2022; Hirsch, 2024; Peter et al., 2025; Walker et al., 2025). This racist treatment also directly leads to baby loss and the death of the mother herself as seen in beloved mum-to-be Nicole Thea and her son, Reign (Sky News, 2023).

Knowledge of the sickly and deathly effects of reproductive racism, their biopsychosocial workings, and the politics frames it all, has a long but hidden history. For example, Ann Phoenix published a chapter entitled “Black Women and the Maternity Services” in the book “The Politics of Maternity Care” (Garcia et al., 1990). This was 4 years before the annual inquiry on maternal deaths included Black women, in 1994, even though “assessors had the clear impression that ethnic minorities were over-represented among the deaths” (Drife, 2005: p.335). Phoenix’s book chapter, and the broader study and discussion of the politics of Black women’s healthcare, was preceded by “lay” Black women’s clear and unapologetic naming of anti-Black racism as the leading cause behind their maternal (and infant) mortality and morbidity rates, as well as a wider “Black socialist feminist” movement towards racial consciousness and the rejection of Empire (Bryan et al., 1985). Led by the London-based Brixton Black Women’s Group, this movement (and the group itself) “[never lost] sight of who their enemies were or the historical dynamics that informed the political stakes of their organizing. The coercive power of the state and the colonial roots of Black women’s oppression were always at the forefront of their minds. Recognizing that borders and nation-states were sites of imperial enclosure, [they] understood that their subjection in Britain was inseparable from the subjection that Black women experienced throughout the world” (Miller et al., 2023: p.31). Speaking to anti-Black and misogynoirist subjection in healthcare specifically, the founders of the Brixton Black Women’s Group—Beverly Bryan, Stella Dadzie, and Suzanne Scafe—wrote that, “since we were never identified as potential consumers of the service, our health needs did not enter the debate about the kind of health provision the country would establish. The [National Health Service] was geared, first and foremost, to meeting the needs of the white man as economic producer and— to a lesser extent— those of the white woman, as re-producer. These priorities have remained enshrined within the NHS ever since. They are reflected in every facet of the service, from the allocation of its resources to the structure of its workforce. As such, our treatment within the NHS is probably the most clear and damning indictment of our social and economic value to Britain” (Bryan et al., 2018: p.80).

What is particularly powerful about this era in British history and, I argue, is an indictment of the current moment, is that the knowledge pursued, shared, and analyzed regarding reproductive racism went beyond simply naming racism to explicitly framing it as a tool of state-sanctioned oppression and necropolitical control (Kanter et al., 1984; Bryan et al., 1985; Garcia et al., 1990). Black (and allied) researchers, scholars, activists, and mothers were clear about how the racism Black women were subjected to was not only due to racist science taught in medical and midwifery schools, but that it was an extension of Britain’s governing politics of race. Simply put, this means that the racism Black women faced in the maternal health landscape was conceptualized as inextricably linked to Britain’s wider ideologies of race, class, religion, gender, and citizenship.

Yet, despite this record of Black feminist consciousness and intersectional political analysis, there is nary an acknowledgement (if not a complete omission) of these politically engaged roots that

predate and historicize reproductive racism in contemporary times (see, for example, Redshaw & Heikkilä, 2011; Jomeen & Redshaw, 2013; Anekwe, 2020; Khan, 2021; Maclellan et al., 2022; Vousden & Knight, 2024). And whilst examples of literature where engagement with histories and politically engaged epistemologies of racism do exist, it remains thin and under-cited (see, e.g., Serrant-Green, 2011; Jones, 2021; Sowemimo, 2023).

This strange lack of engagement with the *politics* of reproductive racism demonstrates that there has been a regression in not only the quality of critical analyses offered by researchers, but a relapse of the ethical convictions behind health research which aims to address issues of racial disparities. I argue that there has been a depoliticization of research on reproductive racism as it pertains to Black women, resulting in counter-hegemony and activist organizing's role in research being pushed aside. Conscious, politically engaged critical analysis is, now, mostly found in Black women's autobiographical accounts (Brathwaite, 2020; Igwe, 2022; Hirsch, 2024), in research shared by non-profit organizations and think tanks (BirthRights, 2022; Peter et al., 2025; Walker et al., 2025), and in medical "trade" books (Sowemimo, 2023). It is rare that publications aimed at researchers, academics, and medical professionals articulate the concept, politics, and lived realities of reproductive racism in ways which meet the levels of consciousness and conviction required to go beyond simply naming or describing racial discrimination. If this is not corrected, research will remain insufficient, unhelpful, and untranslatable for Black women (as was consistently lamented during my ethnographic fieldwork by the "sistas" I spoke to²). Correction can come in many forms but must include: (1) a (re)turn to Black feminist consciousness (i.e., epistemologies, logics, ethics, etc.); and (2) an evolution of critical race analyses as they pertain to Black people in Britain (and beyond).

This paper will, therefore, offer examples of how we can do so, using my doctoral research as the ethnographic foundation. Beginning with an introduction of Ruth Wilson Gilmore's definition of racism, framing the problem of reproductive racism and its deathly politics with precision, the article will then provide an overview of my research and why it is that I came to investigate racism as deathly politics. I then discuss the politics of reproductive racism as it materializes through unevenness (specifically "uneven reproduction") and necropolitics (with a focus on reproductive necropolitics). I argue that an analysis of unevenness and racial capitalism is necessary in the study and conceptualization of the politics of reproductive racism, offering Dana-Ain Davis's analytic of "uneven reproduction" as a starting point. I then position necropolitics as an equally needed framework and critique, showcasing how the concept of "the necropolitics of reproduction" can open doors for a more rigorous analysis of racism as a politic of death vis-à-vis the obstetric institution. I do so through my readings of both Leith Mullings (2022) and Rodante van der Waal and colleagues (2021). In discussing the necropolitics of reproduction, I embed an ethnographic vignette to introduce the concept of "necropolitical mythopoeia" as a mechanism through which the obstetric institution dehumanizes Black women, stripping them to nothing other than a Black female subject on which sovereign powers can indict them to "small doses of death" administered through the "white imagination."

The aim of this paper is to demonstrate the analytical robustness of concepts and frameworks that are rooted in Black feminist consciousness (or critical race theory more broadly), positioning them as critical analytical tools which have the potential to enhance the study of reproductive racism and its politics in Britain. In doing so, I hope to encourage researchers and academics to deepen their thinking about the ways in which racism is an expression of anti-life and its implications for Black women's reproductive lives and rights in Britain—a country marred by anti-Blackness, contemporarily and historically.

Thinking through "Racism": Black feminists articulations

In order to begin to understand the politics of racism in, and out of, reproductive violence, the definition of "racism" must be clarified. The definition I find most useful is that offered by Black feminist

geographer Ruth Wilson Gilmore. Gilmore states that racism is “the state sanctioned and/ or legal production and exploitation of group-differentiated vulnerability to premature death” (Gilmore, 2007: 28). I comprehend this definition to be particularly poignant for two reasons. Firstly, it positions racism as government-enabled structural violence. Secondly, it tethers racism to one of the most permanent kinds of violence there is: death (which is a nod to Mbembe’s necropolitics). Together, these anchoring characteristics support the shift towards the conceptualization of racism as a biopsychosocial phenomenon that causes physical, biochemical, and psychological harm and eventually leads to death through mechanisms of embodiment (Krieger, 2000, 2016; Gravlee, 2009; Mullings et al., 2021; Geronimus, 2023). Wilson’s definition reminds us to remember that the government— who is usually a state’s highest authority— not only know about racism but uphold and sanitise it, enabling its continuation. Therefore, racism is a tangible, objective type of biopsychosocial violence that is a mechanism of state politics.

In Britain, one way that racism has been state-sanctioned and legally produced to enable the deaths of Black women and their babies is through the government’s refusal to set direct targets and strategies for the reduction of Black maternal health disparities (Mahese, 2023). In a response to the Women and Equalities Committee third report on Black maternal health (and broader advocacy efforts which name racism as a violation of Black women’s human rights), the government argued that “setting a concrete target for a specific health disparity does not necessarily focus resource and attention through the best mechanisms” (House of Commons & Women’s and Equalities Committee 2023: p.7). This refusal is not only a direct and transparent example of a deliberate institutional disinvestment from resources and changes which could save Black lives, but it is an example of the British government devaluing Black lives and sanctioning our deaths. This ability to choose who lives and who dies has been articulated as the power belonging to the “sovereign” (Agamben, 1998; Mbembe, 2019). In Graeco-Roman times, and other epochs, the sovereign was the king. In the contemporary world, which is molded by genocidal colonialism at the hands of nation-states, the power of the sovereign now lies with the government. It is they, through decisions regarding economics, the law, and other facets of politics, who decide who lives, who is *allowed* to die, and who lives in the liminal space between life and death. This is the politics of death: necropolitics (Mbembe, 2003, 2019).

I position Gilmore’s (2007) Black feminist, necropolitical articulation of racism as integral for the evolution of critical and conscious research efforts on reproductive racism in Britain because it reminds us that racism, at its core and in its ultimate function, is a mechanism of anti-life. Racism is a part of the pathology that leads to death. I believe that the clarity Gilmore’s (2007) definition provides is a gift that should be received freely. The precision of Gilmore’s definition is needed in the fight to understand the politics of reproductive racism, as was made evident in my fieldwork.

Embracing black feminist ethnographic consciousness: My fieldwork journey

“Could it happen again? Will they support me, will they leave me to bleed?... Will I die? Literally, like, will I die?” is a sobering, tearful statement of anxiety shared with me during an “intimate conversation”³ I had during my fieldwork. It reflects the fear, anxiety, and necropolitical terror many Black women experience in their engagement with maternity services.

My research was originally an ethnographic investigation of how reproductive racism has been experienced across generations by Black women in Britain, using Dana-Ain Davis’s framework of “obstetric racism” as the overarching analytic (Davis, 2019). However, my intellectual curiosity shifted to trying to better understand how obstetric racism has simultaneously functioned as a type of necropolitical violence and a bioethical violation when I noticed that the *sistas*’ stories were tugging at something underlying obstetric racism, and that this something was correlated to death; a recurring theme in our conversations. After only a handful of conversations, I frantically scribbled some questions down in my fieldwork notebook, one of which was: “how is this allowed to happen?.” And thus, begun my investigation into how death is embedded in the fabric of reproductive racism and what it means when the state is aware of this but does little to save Black lives.

My fieldwork involved 7 months of hybrid ethnographic investigation⁴. It produced 30 scheduled discussions with women across England. These consisted of intimate conversations with Black mothers (most of whom doubled up as nurses, midwives, doctors, doulas, academics, and activists), as well as a handful of semi-structured interviews with non-Black researchers, obstetricians, and midwives. I had several more unscheduled “chats” when I was “doing” multi-sited observations at Black mother-led events (like conferences and mother and baby groups) and, to my surprise, even in my everyday life; such as with healthcare professionals in my personal medical appointments (who were curious once they found out my occupation), with Black girlfriends (who were slowly becoming mothers or were desiring motherhood), and with the “aunties” (i.e., the older Black women in my community who were beaming with pride at my becoming a doctoral student and reiterated the need to study obstetric violence and reproductive racism given their own first, or second, hand experiences). I found that, regardless of who I was speaking to, the topic of death was unavoidable.

This is, somewhat, unsurprising given that Black women in Britain are 43% more likely to suffer a miscarriage than white women (Miscarriage Association, 2025), and Black babies are more than twice as likely to be stillborn than white babies (NPEU News, 2025). A recent cohort study also found that Black babies have an 81% higher risk of dying before discharge than white babies, and that white babies born to women from the most deprived areas have a lower mortality rate than Black babies born to women from the most affluent areas (Saberian et al., 2025). Black African and Black Caribbean women are, also, 83% and 80% more likely to suffer a “near miss” of death during birth (House of Commons, 2021). My fieldwork, therefore, revealed that the retelling of traumatic birth stories which centre increased proximity to death from racism-related neglect is not uncommon amongst Black women in Britain. In fact, “Will I die?” is the leading line of reproductive racism. And I will now share the story of the woman who uttered these words.

Reproductive racism and the black maternal health crisis: An ethnographic vignette

Her pseudonym is Thea. Thea was a 33-year old Nigerian-British researcher who was born, raised, and living in London with her husband and 9-and-a-half month old son. We were 27 min in, conversing for the first time over a Microsoft Teams videocall. She was recalling her experiences of racism, birth trauma, and baby loss across two pregnancies.

Thea’s first pregnancy was, unfortunately, a miscarriage and it was during the timeline of the loss that she first encountered the callousness and dismissiveness that characterize reproductive racism and its underlying (necro)politics. She was left, unattended to, for 7 weeks after going to hospital to confirm if she was miscarrying. She was out with her husband on a Saturday when she began feeling unwell and noticed profuse bleeding. She, subsequently, went to a well-known hospital in London where she was turned away because its maternity unit was closed on the weekend, to her shock and surprise. The staff were told she was bleeding, yet they sent her away with no signposting, help, or compassion. Thea and her husband then went home and Googled open maternity units near them, finding another one close by. Unfortunately, when they arrived, they were left waiting for 5–6 hours, where she was “just bleeding” out. When the staff finally attended to her, they told her there was nothing they could do because their maternity services were unavailable, so she had to wait until Monday for an appointment. When she was eventually seen on Monday, she described the experience as “so clinical...so cold. It was like they weren’t even acknowledging what had happened.” She then shared that it took 7 weeks before she had the procedure which removes any remaining pregnancy-related tissue after a miscarriage. She said, “between that day [i.e., the Monday she was seen] and when I actually had the [procedure], which was 7 weeks later, they let me bleed. I had to keep going back to them saying “this is not right, something is wrong. You can’t leave me like this”...*But they did* [her emphasis]. For 7 weeks [her emphasis].”

Thea shared that, in the first few times she had tried to be seen, she thought that racism could be a potential factor but she was reluctant to believe it. “This is wrong”, she reflected, “But it can’t be racism. It can’t be racism. I always think it’s the last thing.” Her mind changed when she witnessed the difference in treatment and response from staff based on race. She recalled that it was not until her husband—a white man—came with her the fifth time she tried to be booked for the procedure that the staff took her seriously. He told them, “You need to do something. My wife is in pain.” They listened to him immediately and organized the procedure for 2 days later.

Tearfully, Thea narrated how she learned she was pregnant again 2 months later but could not celebrate out of fear of miscarrying again, and anxiety at the thought that she might re-live the racism and neglect she experienced a second time. She shared that she and her husband decided to keep news of the pregnancy private from most people until she was 8 months along (although she, of course, attended the necessary medical appointments and check-ups). She began tearing up and said, “I was happy but I was scared because I just thought “oh my God, could it happen again?” Will they support me, will they leave me to bleed? Will I die? Literally, like, will I die?”

Thea went on to say that her rainbow baby, a son, was born healthy. It is not possible to share Thea’s full story in this article, but I will note that she went on to unpack that racism did, in fact, taint her birth and post-partum journeys, and that inter-institutional state violence and negligence (from the maternity services and the police) worsened her experience. Thea’s story, like the other ones shared by the brave *sistas* who trusted me with personal histories of traumas and vulnerabilities that they rarely discuss with anyone else, radically exemplifies why I felt it necessary to shift from merely gaining insight into the nuances of how reproductive racism manifests in Britain (as opposed to the United States, South Africa, South America, etc.), to conceptually contending with the reality that racism is an issue of necropolitics. My fieldwork revealed that, in Britain, necropolitics manifests in two main ways: divestment/ unevenness and mythopoeia.

The politics of racism: (Dis)Investment and unevenness

Why was Thea turned away from an, otherwise, open public hospital on a regular weekend in Britain? Why were the maternity wards in some of the largest, and likely better resourced, hospitals in the capital city of England closed during weekends? Why was she forced to wait days to receive the miscarriage services she required instead of having access to non-hospital alternatives? Why was there absolutely nothing for her, a Black woman, when the government and public health sector know the racially stratified statistics of miscarriage? These are the questions that come to mind as I sit with Thea’s story and the experiences shared by countless other *sistas*. And the particular politics of racism, of anti-life, that are evident are those pertaining to disinvestment and unevenness; specifically, through the closure of maternity wards on the weekends and the government’s refusal to set targets and allocate financial/material resources in service of reducing Black women’s mortality risks (and experiences of death). These questions, and the anti-life violence of disinvestment and unevenness, can begin to be addressed through what Dana-Ain Davis has coined “uneven reproduction.”

Uneven reproduction builds on the concepts of stratified reproduction (Colen, 1995), “unevenness”/“uneven development” (Smith, 1982, 2008), obstetric racism (Davis, 2019), and “reproductive geographies” (Mountz, 2021). Uneven reproduction is a term, framework, and critique of the ways in which *racialized* capital, imperial flows, and investments are used to encourage the reproductive health and capacity of one group whilst stifling that of another. It is an analytic which reveals the underpinning capitalist and imperial logics which enable the reproductive imbalances that occur when one group of women who are racialized as superior (be it in terms of pigment, class, caste, geographic location, etc.) are disinvested from so that another group can benefit, thereby enjoying improved reproductive outcomes (Davis, 2023). These imbalances include (but are not limited to): compulsory or coerced birth control, pressured abortion, pre-term birth, forced or unconsented

sterilization, overly prescribed inductions and c-section surgeries, and above average neonatal, infant, and maternal mortality and morbidity rates (Roberts, 1999; Smith, 2016; Davis, 2023). I would also add the rejection of institution-level interventions from authorities like the state or medical governing bodies. Uneven reproduction is, therefore, a framework which provides an additional lens through which reproductive racism can be deconstructed as a politic of life, death, and the liminal space in between. I, therefore, position uneven reproduction to be a mechanism of necropolitics.

South Africa and the America provide strong examples for why this is. In the case of the former, racialized capital and imperial (dis)investments in South Africa aided, created, and maintained the anti-Black life regime of apartheid. Apartheid fanned the flames of the fire of white supremacist imperialism, legally maintaining racial hierarchies and the use and abuse of Black African bodies after the formal end of colonialism (Mhlauli et al., 2015). Black South African life was disinvested from in many a cruel and evil way, including the stealing of material resources and the forced extraction of manual labor, for the benefit, survival, health, and steady reproduction of the white population (Kaufman, 2000). The continued reproduction of white populations and their enjoyed favorable reproductive outcomes was “simultaneously connected to, and in fact...made possible” (Davis, 2023: p.153) by the killing of Black life, the draining of Black labor, and the disruption to Black reproduction.

This is similar to America, where racialized capital flows and (dis)investments have also been researched and articulated by Black feminists. For example, the late anthropologist Leith Mullings studied “uneven development” as experienced by Black, working class women in Harlem, New York (Mullings, 1997). In this context, disinvestment materialized as the removal of jobs, public funding for parks, street and public housing maintenance, in partnership with investments into the “war on drugs” and housing segregation. Uneven development resulted in uneven reproduction, which wrought “havoc” on Black life (Davis, 2023: p.153). The practices of uneven reproduction which are showcased in America, and are also evidenced in Britain, include extractive obstetric and gynecological practices (Phoenix, 1990: pp.279-281; Cooper Owens, 2017), policies that stripped Black women’s reproductive autonomy and integrity (Kanter et al., 1984; Phoenix, 1990: pp.275-282; Roberts, 1999), discrimination against Black midwives (Phoenix, 1990: pp.281-282; McGregor, 1998), in addition to eugenics and forced sterilization (Phoenix, 1990: p.227, pp.280-281; Stern, 2015).

In Britain, in the last two decades in particular, the capitalist flows and (dis)investments towards unevenness in health have been through extreme austerity measures (see, for example, Graley et al., 2011; Marmot et al., 2020; Watson et al., 2024) and slow and secretive moves towards the privatization of public health services (Keep Our NHS Public, 2025; Goodair et al., 2024). It is, therefore, unsurprising, that Black women like Thea face increased vulnerability to death when miscarrying because they simply cannot access care due to the maternity wards’ closure on weekends. Yet, a notable gap in epistemology and research pertaining to reproductive racism and its politics remains. The conclusion of Davis’s work is that Black reproductive health and capacity is compromised wherever unevenness is established (Davis, 2023). Therefore, the analytic of uneven reproduction highlights that an understanding/ critique of racial capitalism as it pertains to the politics of reproductive racism is missing. I argue that the analytic of uneven reproduction teaches us that understanding the flows and (dis)investments of racial capitalism is foundational to understanding (and then rectifying) the ways “politics [is] a work of death” for Black women with greater precision (Kimberlin, 2016: p.124), giving sharper insight into how the British state is actively manipulating Black women’s reproductive capabilities and the ways in which it benefits the reproductive health and potency of its white population (no matter how implicit).

I, therefore, propose that researchers position uneven reproduction as a puzzle piece that requires *continuous* investigation, being studied as a longitudinal risk factor that contributes to Black women’s proximity to death. My aim in including uneven reproduction in this article is to highlight its absence and introduce it as a key component in analysis of the politics of reproductive racism. If Black feminist consciousness is a mosaic built from a combination of gems, stones, and tiles, then uneven reproduction is the corner glass tile which the sun shines through, enabling clearer vision of the mosaic’s complexities and nuances. When understood in light of one another, Gilmore’s definition of racism and Davis’s

uneven reproduction enable us to “attend to the material realities of birthing bodies” (Mountz, 2021: p.374). For Black women who are subjected to reproductive racism, these material realities are punctured by racial capitalism. Thus, the study of racial capitalism *and* how it is utilized in advancing uneven reproduction must be included.

The politics of racism: Reproductive necropolitics

Another strand of the politics of racism is the “necropolitics of reproduction”; that is, necropolitics as it materializes across reproduction, obstetric healthcare, and maternity. Necropolitics, as proposed by Mbembe and as developed by a legion of scholars, can be understood as “politics as a work of death” (Kimberlin, 2016: p.124). It (re)produces regimes of anti-life which are maintained through the violence of racialization, colonization, and capitalism, not only dispossessing the racialized but affecting our very biology (Mbembe, 2019; Mullings et al., 2021). A gendered reading of necropolitics has been offered by many Black feminists, often in relation to reproductive (in)justice and the (in)ability to birth or maintain Black life. Leith Mullings (2021), for example, conceptualized “the necropolitics of reproduction.” It is alternatively referred to as reproductive necropolitics and is the product of decades’ worth of research, where the conditions in which Black American women reproduce and the nuances of how death and disease permeate according to intersections of class, gender, and race have been studied (Mullings & Wali, 2001). Mullings draws on Mbembe to articulate that the necropolitics of reproduction is the utilization and manipulation of political power to determine who lives and who dies through not only reproductive policies and laws, but reproductive racial capitalisms, both past and present (preceding Davis’ work).

Reproductive necropolitics and its role in Black maternal health crises has been discussed and debated by Black feminist scholars in relation to anti-Black state violence and police brutality (Smith, 2016; Nash, 2021; Caesar et al., 2022), neo-imperialism and population control (Kimberlin, 2016), in addition to crisis and Black maternal subjectivities (Nash, 2019, 2021). These aspects of reproductive necropolitics are important and critical in understanding how the politics of anti-Blackness takes many forms to diminish, control, maim, and destroy Black life. In the context of Britain’s Black maternal health crisis, however, an element of reproductive necropolitics that I interpret to be particularly relevant, so argue should not be overlooked, is the analysis of the obstetric institution as a site of necropolitical violence, power, and control.

The obstetric institution, according to van der Waal and colleagues (2021), manages and (re)produces life whilst remaining entangled with necropolitical forms of capitalism, colonialism, and patriarchy. It is characterized by the hierarchical relationships that originated in the beginnings of modern obstetric medicine, such as that between the medical sovereign (the doctor, nurse, or midwife) and the medical subject (the (m)other) (van der Waal et al., 2022). It is also characterized by (sub)cultures of medical paternalism, white supremacy, patriarchy, and misogynoir (van der Waal et al., 2021). Consequently, the obstetric institution can be argued to be a relic of colonial forms of gendered and racialized subordination, maintaining the legacies of extractivism and disposability against Black women (Campbell, 2021; Boakye & Prendergast, 2024). Building on this, I propose that one way the obstetric institution upholds necropolitical violence is through misogynoirist constructions of Blackness as conceived through the “white imagination.”

The term “white imagination” stems from the concept of the “European imagination.” It is a worldview and extension of mythopoeia (i.e., the creation of myths) that not only positions white people and whiteness as the norm, but propagates anti-Black, colonial fantasies, fears and stereotypes, projecting them onto Black bodies (Meisenhelder, 2003; Yancy, 2008, 2017; Weheliye, 2014). In the context of health, mythopoeias of Blackness have imagined the Black body to be coded as inherently pathogenic—as a site of reduced value that requires to be othered to be treated (see, e.g., Fanon, 1963; Butchart, 1998; Yancy, 2017). The obstetric institution, I suggest, is yet another location where the white imagination and

(what I have termed as) the “necropolitical mythopoeia” of Black women’s bodies, Black life, and Black reproduction run rampant. From the inception of modern obstetric medicine, the obstetric institution has treated Black women’s bodies as “a matter of perception, language, social labelling, and racial politics...imagined, portrayed, depicted, stereotyped, mocked” (Boakye & Prendergast, 2024: p.2). What culminates from this imagined perception, language, social labelling, and racial politics is a mythopoeic subject: a Black female body which is constructed purely through the white imagination, where the narratives and logics applied to understand its internal and external conditions are anti Black life. By “anti Black life”, I mean that the mythopoeic narratives and logics are used to justify testing the humanity of Black women, permitting treatment which is othering (leading to dehumanization) and/ or enabling practices which push the boundaries of life, edging Black women closer and closer to death (or the point *just* before death).

I was made a witness to how this necropolitical mythopoeia is a tool against Black life, wielded by the obstetric institution, during fieldwork. One particular story that comes to mind is Itayi’s (a pseudonym). Itayi was a 50-something year old Zimbabwean mother of twins who was a computer programmer turned nurse. She had migrated to London (moving to the midlands soon after) in the early 2000s, where she began family planning with her then-partner and soon-to-be father of her children. After a very quick and joyful introduction, Itayi said, “D’you know when you’ve waited for so long...I tried to not talk to the girls about it until they were older...but then, I always feel like there’s some unfinished business, you know, when you haven’t spoken about it...” She went on to share how her traumatic birth story unfolded, telling her experience of reproductive racism via, what I have come to label, necropolitical mythopoeia:

“The...36 hours from when my waters broke were the worst 36 [hours] of *my life* [her emphasis]”. I was given a midwife, who was Canadian, I’ll never forget her. It’s [been] 21 years and I’ll never forget her...It started from the beginning. I was 3 minutes between contractions and this woman just looked at me. And each time I was in agony, I was not allowed any pain relief because she said “because you are allergic to codeine, you can’t have any pain relief except Entonox [gas and air]. I’m not giving you anything.” She wouldn’t even inspect to see how far [I was]. She says, “I don’t want to cause an *infection* [her emphasis, mimicking a “Karen”-like passive aggressive tone], I don’t want to touch you because it will cause infection.” So, each time I pressed the buzzer, because I was throwing up, you know, too much gas...she’d come after 20 minutes or so, at the door...“*what now?! [sharp, angry voice].*” And she’s a nurse. You should know that this is an expecting mother. It’s my first time. I don’t know how this works. I mean, I’ve done my placements when I was training *but I am not a midwife* [her emphasis; pained voice]. So, when she does eventually turn up, it’ll be “[annoyed gasp] *what now?!...I told you you’re not getting any pain relief.*”

Eventually, Itayi gave birth; her first daughter was born vaginally but the second came through an emergency c-section. She went on to share, “So, that nurse came in the morning and, in front of her ward manager, when she saw me, she said, “I would never have believed it...that Black women have got a high pain threshold. This one didn’t even have any pain relief and she’s proven my point.” [Pained silence from the both of us.] Yeah. And I’m so glad she said it...I was so angry that...I sat down and I just wrote everything that had happened. And I said that this thing [a complaint] needs to be done because I was not given any pain relief because she was trying to prove a point.”

There is so much to be said, analyzed, and reflected upon in Itayi’s story, but I will focus on the white Canadian midwife’s cruel and deliberate decision to withhold pain medication as an example of necropolitical mythopoeia. The midwife’s initial vocalized reason for withholding pain relief was because Itayi was allergic to codeine. This, of course, was not a valid reason as there are equally effective alternative medications she could have given Itayi if her goal was to treat her as a patient. But, as in all cases of reproductive racism and necropolitical mythopoeia, Black women are dehumanized and are treated as anything but a patient; anything but someone vulnerable in need of medical professionalism and assistance. The midwife purposefully kept Itayi in excruciating pain—despite the additional vulnerability to death because she entered labor pre-term with twins—because her white imagination

created a mythopoeia in which Itayi's body was abnormal. This abnormality, and deviance from whiteness, is a deeply colonial and fatal stereotype that Black women have superbodies that possess a higher pain tolerance than the norm (i.e., white women) and has been used to permit neglectful obstetric care to the point of death, or near death (Owens, 2018; Campbell, 2021). This necropolitical mythopoeic distortion of Black women's flesh, and our subsequent elimination from the category of "the human" (Fanon, 1963; Weheliye, 2014), has also been used to justify the use of our bodies for experimentation (with no pain relief) on dissecting tables and operating amphitheatres, classroom/ bedside demonstrations, and biomedical studies for hundreds of years in the name of "science" (Sowemimo, 2023). Knowing this, I posit that necropolitical mythopoeia is a white supremacist, colonial tool that is used to normalize watching the Black body suffer and, eventually, die at the hands of the obstetric institution. Necropolitical mythopoeia is a mechanism of slow deathly spectacle the Black female subject is violated with.

I would now like to draw attention to the midwife's manipulation of power. I interpret her power trip, and the subsequent lack of consequence, as a demonstration of how the obstetric institution enables midwives to also act as a sovereign over Black women and their babies. "To exercise sovereignty is to exercise control over mortality", writes Mbembe (2003: p.12); it is the power to be a decision-maker in the political game of who lives, who dies, how, and why. The midwife's cruel decision to withhold pain relief from Itayi was a power move that toyed with her life. Itayi entered labor prematurely, at 30 weeks, meaning that she and her twin girls' lives were at incredibly high risk. Their closeness to death was not hypothetical but an objective fact, as seen through the emergency c-section and the twins' 6-week stay in the intensive care unit. Yet, the midwife chose to control how Itayi lived through her 36 hours of labor in a way reminiscent of the experiments Black enslaved women and their in-utero babies suffered through (and died from). The midwife's racism, expressed through the mythopoeic fantasy that Black women can withstand abnormally high levels of pain (so can be trialled according to the whims and curiosities of the white imagination), translated into physical and emotional harm that haunted Itayi for 21 years. This haunting was the result of the obstetric institution granting the midwife the sovereign power to not only enact obstetric racism, but to exert necropolitical dominance over a Black woman's life. This sovereign power enables white healthcare practitioners to mete out "small doses of death" with total impunity and zero ethical accountability (Boakye & Prendergast, 2024: p.2). This is the sinister underbelly of the politics of racism that researchers have an ethical duty to address.

CONCLUSION

Itayi's story— alongside that of Thea, Candice Brathwaite (2020), Nicole Thea (Sky News, 2023), and Lioba Hirsch (2024), to name a few— reveals the severity of reproductive racism and the necropolitical violence that keeps Black women in Britain in a cycle of crisis. This is a crisis maintained by the normalization of death in small doses, administered via necropolitical mythopoeia, racism, and unevenness by the obstetric institution, the government, and their employees (who are granted sovereign power). The violence described in this article is endemic to the Black maternal health crisis and cannot be understood, disrupted, or corrected without the diagnostic and nuanced analyses offered by scholarship rooted in Black feminist consciousness. In learning from our predecessors (who were academics and activists), it is also clear that the study of reproductive racism cannot be divorced from politics or the literature, data, and analyses offered by grassroots collectives (like Brixton Black Women's Group). Thus, the reintegration of Black feminist consciousness in research is also a reintegration of academic-activist collaborations. Disruption of reproductive racism is impossible without them.

ACKNOWLEDGMENTS

I'd like to thank the organizing committee and attendees of the Black Reproductive Health and Rights Conference (EHSS, Paris, 2023) for giving me a space to flesh out this paper. The ethnographic data

presented in this paper is a part of my doctoral research. My doctorate is funded by the University of Oxford's Clarendon Scholarship and the Black Academic Futures Scholarship.

ORCID

Princess Banda  <https://orcid.org/0009-0008-8268-5870>

ENDNOTES

¹For more on liminality, read on the concept of 'the hold' by Christina A. Sharpe (2016).

²I use the word 'sistas' as my term of choice to label the women who participated in my study. 'Sistas' not only reflects the sisterhood that was apparent but is a nod to the Black feminist method of 'sista circles' as pioneered by Dr. Latoya Johnson (Johnson 2015). I find 'sistas' to be a more appropriate term than 'participants' and the like.

³I describe the discussions I had with the sistas as 'intimate conversations' rather than interviews in order to accurately label the method of engagement (as per McDonald 2007), and to reflect the sisterhood that framed the conversations. Intimate conversations are a Black feminist method.

⁴By 'hybrid ethnographic investigation', I simply mean that I conducted my ethnographic fieldwork both in person and online.

REFERENCES

- Agamben, G. 1998. *Homo Sacer: Sovereign Power and Bare Life*. Meridian: Stanford, California.
- Anekele, L. 2020. "Ethnic Disparities in Maternal Care." *BMJ*, 368: m442.
- BirthRights. 2022. "Systemic Racism, Not Broken Bodies: An Inquiry into Racial Injustice and Human Rights in UK Maternity Care." <https://www.birthrights.org.uk/campaigns-research/racial-injustice/>
- Boakye, P. N., and N. Prendergast 2024. "'There is Nothing to Protect Us From Dying': Black Women's Perceived Sense of Safety Accessing Pregnancy and Intrapartum Care." *Nursing Inquiry* 31(3):e12638
- Braithwaite, C. 2020. *I Am Not Your Baby Mother*. London: Quercus Publishing
- Bryan, B., S. Dadzie, and S. Scafe 1985. *The Heart of the Race: Black Women's Lives in Britain*. Virago
- Bryan, B., S. Dadzie, and S. Scafe 2018. *The Heart of the Race: Black Women's Lives in Britain*. 2nd ed. Verso
- Butchart, A. 1998. *The Anatomy of Power: European Constructions of the African Body*. (Volume 1) London: Zed Press
- Caesar, T., D. Melonas, and T. Jones 2022. "Mothering Dead Bodies: Black Maternal Necropolitics." *Meridians: Feminism, Race, Transnationalism* 21(2):512–37.
- Campbell, C. 2021. "Medical Violence, Obstetric Racism, and the Limits of Informed Consent for Black Women." *Michigan Journal of Race & Law* 26(26.0):47–75.
- Colen, S. 1995. "Like a Mother to Them: Stratified Reproduction and West Indian Childcare Workers and Employers in New York." in Faye D. Ginsburg and Rayna Rapp (eds.) *Conceiving the New Order: The Global Politics of Reproduction*. University of California Press, pp: 78–102.
- Confidential Enquiry into Maternal and Child Health (CEMACH). 2004. "Why Mothers Die 2000–2002." The Sixth Report of the Confidential Enquiries into Maternal Death in the United Kingdom. CEMACH
- Cooper Owens, D. 2017. "Medical Bondage: Race, Gender and American Gynecology." Athens, University of Georgia Press.
- Curry, G. 2023. "Black Women's Maternal Health in the US and UK." *Population Medicine* 5(Supplement):A1386
- Davis, D. 2023. "Uneven Reproduction: Gender, Race, Class, and Birth Outcomes." *Feminist Anthropology* 4(2):152–70
- Davis, D-A. 2019. "Obstetric Racism: The Racial Politics of Pregnancy, Labor, and Birthing." *Medical Anthropology* 38(7):560–73
- Drife, J. 2005. "Why Mothers Die." *Journal of the Royal College of Physicians of Edinburgh* 35(4):332–36
- Fanon, F. 1963. *The Wretched of the Earth*. MacGibbon & Kee.
- Felker A, Patel R, Kotnis R, Kenyon S, Knight M (Eds.) on behalf of MBRRACE-UK. 2025. *Saving Lives, Improving Mothers' Care Compiled Report - Lessons Learned to Inform Maternity Care From the UK and Ireland Confidential Enquiries Into Maternal Deaths and Morbidity 2021–23*. Oxford: National Perinatal Epidemiology Unit, University of Oxford.
- Garcia, J., R. Kilpatrick, and M. Richards 1990. *The Politics of Maternity Care: Services for Childbearing Women in Twentieth-Century Britain*. Clarendon Press.
- Geronimus, A. 2023. "Weathering: The Extraordinary Stress of Ordinary Life on the Body in an Unjust Society." Little, Brown Book Group
- Gilmore, R.W. 2007. *Golden Gulag: Prisons, Surplus, Crisis, and Opposition in Globalizing California*. Berkeley: University of California Press
- Goodair, B., and A. Reeves 2024. "The Effect of Health-Care Privatisation on the Quality of Care." *The Lancet. Public Health* 9(3):e199–e206
- Graley, C.E., K.F. May, and D.C. McCoy 2011. "Postcode Lotteries in Public Health - The NHS Health Checks Programme in North West London." *BMC Public Health* 11(1):738
- Gravlee, C.C. 2009. "How Race Becomes Biology: Embodiment of Social Inequality." *American Journal of Physical Anthropology* 139(1):47–57
- Hirsch, L. A. 2024. "Can I Be Seen? Birthing While Black." *The Lancet (British Edition)* 403(10427):608–9

- House of Commons & Women's Equity Committee. 2023. "Black Maternal Health. Third Report of Session 2022–23." 18 April. <https://committees.parliament.uk/publications/38989/documents/191706/default/>
- House of Commons. 2021. "Black Maternal Healthcare and Mortality." Debate, volume 692. 14 April. <https://hansard.parliament.uk/commons/2021-04-19/debates/6935B9C7-6419-4E7B-A813-E852A4EE4F5C/BlackMaternalHealthcareAndMortality>
- Hutson, E., S. Adebisi, P. Ihionvien, V. Idowu, K. Ahmad, and C. Tucker-Simpson 2025. "Black Maternal Health: Addressing the Crisis." <https://www.staff.sgu.ac.uk/about/our-education-centres/centre-for-innovation-and-development-in-education/inclusive-education/inclusive-education-blog/black-maternal-health-addressing-the-crisis> [last accessed 28/03/2026]
- Igwe, S. 2022. *My Black Motherhood: Mental Health, Stigma, Racism and the System*. London: Jessica Kingsley Publishers
- Johnson, L. 2015. "Using Sista Circles to Examine the Professional Experience of Contemporary Black Women Teachers in Schools: A Collective Story About School Culture and Support." *UGA Open Scholar*. <https://openscholar.uga.edu/record/10084?v=pdf&ln=en>
- Jomeen, J., and M. Redshaw 2013. "Ethnic Minority Women's Experience of Maternity Services in England." *Ethnicity & Health* 18(3):280–96
- Jones, K. 2021. "Promoting Women's Health and Well-Being for Black Women." *MIDIRS Midwifery Digest* 31(1):51–55
- Kanter, H., Lefanu, S., Shah, S., and Spedding, C (eds.). 1984. *Sweeping Statements: Writings from the Women's Liberation Movement 1981–83*. The Women's Press.
- Kaufman, C. 2000. "Reproductive Control in Apartheid South Africa." *Population Studies* 54(1):105–14
- Keep Our NHS Public. 2025. "Privatisation." <https://keepournhspublic.com/privatisation/#:~:text=What%20is%20privatisation%20of%20the,Governmental%20responsibility%20for%20the%20NHS>
- Khan, Z. 2021. "Ethnic Health Inequalities in the UK's Maternity Services: A Systematic Literature Review." *British Journal of Midwifery* 29(2): 100–107
- Kimberlin, H. 2016. "Reproductive Rights as a Tactic of Necropolitics Under Neoimperialism." *Sprinkle: An Undergraduate Journal of Feminist and Queer Studies* 9(11):124–31
- Krieger, N. 2000. "Refiguring "Race": Epidemiology, Racialized Biology, and Biological Expressions of Race Relations." *International Journal of Health Services* 30(1):211–16
- Krieger, N. 2016. "Living and Dying at the Crossroads: Racism, Embodiment, and Why Theory Is Essential for a Public Health of Consequence." *American Journal of Public Health* 106(5):832–33
- Maclellan, J., S. Collins, M. Myatt, C. Pope, W. Knighton, and T. Rai 2022. "Black, Asian and Minority Ethnic Women's Experiences of Maternity Services in the UK: A Qualitative Evidence Synthesis." *Journal of Advanced Nursing* 78(7):2175–90
- Mahase, E. 2023. "Government Refuses to Set Target or Strategy to End Maternal Health Inequalities." *BMJ (Online)* 381, p1509–p1509
- Marmot, M., J. Allen, T. Boyce, P. Goldblatt, J. Morrison, et al. 2020. "Marmot Review 10 Years On." The Health Foundation. Article M693.
- MBBRACE-UK. 2025. "Data Brief: Maternal Mortality UK 2020–22". Updated: Tuesday, 07 January 2025 10:48 (v11). <https://www.npeu.ox.ac.uk/mbrace-uk/data-brief/maternal-mortality-2020-2022>
- Mbembe, A. 2003. "Necropolitics." *Public Culture* 15(1):11–40.
- Mbembe, A. 2019. *Necropolitics*. Duke University Press.
- McDonald, K.B. 2007. *Embracing Sisterhood: Class, Identity, and Contemporary Black Women*. Rowman & Littlefield.
- McGregor, D.K. 1998. "From Midwives to Medicine: The Birth of American Gynecology." Rutgers University Press.
- Meisenhelder, T. 2003. "African Bodies: "Othering" the African in Precolonial Europe." *Race, Gender & Class*, 10(3): 100–113
- Mhlauli, M.B., E. Salani, and R. Mokotedi 2015. "Understanding Apartheid in South Africa Through the Racial Contract." *International Journal of Asian Social Science* 5(4):203–19.
- Miller, M., J. Bental, and Brixton Black Women's Group. 2023. *Speak Out!: The Brixton Black Women's Group*. Verso
- Miscarriage Association. 2025. "Pregnancy Loss Within Black and Black Mixed Heritage Communities." <https://www.miscarriageassociation.org.uk/information/pregnancy-loss-within-black-and-black-mixed-heritage-communities/#:~:text=It%20has%20been%20identified%20that,please%20do%20get%20in%20touch>
- Mountz, A. 2021. "Bodies, borders, babies: Birthing in Liminal Spaces." *Dialogues in Human Geography* 11(3), 374–76.
- Mullings, L. 1997. "Uneven Development: Class, Race, and Gender before 1900." in *On Our Own Terms: Race, Class, and Gender in the Lives of African American Women*. Routledge, pp: 32–51
- Mullings, L. 2022. "The Necropolitics of Reproduction: Racism, Resistance, and the Sojourner Syndrome in the Age of the Movement for Black Lives." in Sallie Han & Cecilia Tomori (eds.) *The Routledge Handbook of Anthropology and Reproduction*. Routledge: 106–22
- Mullings, L., and A. Wali 2001. *Stress and Resilience: The Social Context of Reproduction in Central Harlem*. Kluwer Academic/Plenum Publishers.
- Mullings, L., J.B. Torres, A. Fuentes, C.C. Gravlee, D. Roberts, and Z. Thayer 2021. "The Biology of Racism." *American Anthropologist* 123(3):671–80.
- Nash, J. 2019. "Birthing Black Mothers: Birth Work and the Making of Black Maternal Political Subjects." *Women's Studies Quarterly* 47(3/4):29–50.
- Nash, J. 2021. *Birthing Black Mothers*. Duke University Press.

- NPEU News. 2025. "Persistent Inequalities Remain in Rates of Stillbirth and Neonatal Deaths in the UK." 15 July. <https://www.npeu.ox.ac.uk/news/2570-persistent-inequalities-remain-in-rates-of-stillbirth-and-neonatal-deaths-in-the-uk>
- Owens, D.C. 2018. *Medical Bondage: Race, Gender, and the Origins of American Gynecology*. University of Georgia Press
- Peter M, R Wheeler, C. Abe, and A. Awe 2025. "The Five x More Black Maternity Experiences Survey: Continuing the Conversation on Black Maternal Care in the UK." Five x More.
- Phoenix, A. 1990. "Black Women and the Maternity Services." in Garcia, J., Kilpatrick, R., and Richards, M. (eds): *The Politics of Maternity Care: Services for Childbearing Women in Twentieth-Century Britain*. 274–99. Clarendon Press.
- Redshaw, M., and K. Heikkilä 2011. "Ethnic Differences in Women's Worries About Labour and Birth." *Ethnicity & Health* 16(3): 213–23.
- Roberts, D. 1999. *Killing the Black Body: Race, Reproduction, and the Meaning of Liberty*. Vintage Books.
- Saberian, S., C. Gale, N. Subhedar, N. Gallagher, O. B. Esan, I. Sinha, K. Harvey, D. K. Schlüter, and D. Taylor-Robinson 2025. "Inequalities in Neonatal Unit Mortality in England and Wales between 2012 and 2022: A Retrospective Cohort Study." *The Lancet Child & Adolescent Health* 9(12):857–67.
- Serrant-Green L. 2011. "The Sound of 'Silence': A Framework for Researching Sensitive Issues or Marginalised Perspectives in Health." *Journal of Research in Nursing* 16(4):347–60.
- Sharpe, C. E. 2016. *In the Wake: On Blackness and Being*. Duke University Press.
- Sky News. 2023. "Racism Was at the Heart of my Heavily Pregnant Daughter's Death, Mother Alleges." 11 July. <https://news.sky.com/story/nicole-died-in-2020-while-eight-months-pregnant-her-mother-believes-her-death-was-avoidable-12918829>
- Smith, C.A. 2016. "Facing the Dragon: Black Mothering, Sequelae, and Gendered Necropolitics in the Americas." *Transforming Anthropology* 24(1):31–48.
- Smith, N. 2008. *Uneven Development: Nature, Capital, and the Production of Space*. 3rd ed. University of Georgia Press.
- Sowemimo, A. 2023. *Divided: Racism, Medicine and Why We Need to Decolonise Healthcare*. Profile Books.
- Stern, A.M. 2015. *Eugenic Nation: Faults and Frontiers of Better Breeding in Modern America*. Berkeley, University of California Press.
- Van der Waal, R., K. Mayra, A. Horn, and R. Chadwick 2022. "Obstetric Violence: An Intersectional Refraction through Abolition Feminism." *Feminist Anthropology*.
- Van der Waal, R., V. Mitchell, I. van Nistelrooij, and V. Bozalek 2021. "Obstetric Violence Within Students' Rite of Passage: The Reproduction of the Obstetric Subject and its Racialised (M)other." *Agenda* 35(3):36–53.
- Vousden, N., and M. Knight 2024. "Ethnicity, Disadvantage and Pregnancy Outcomes in the UK." *Obstetrics, Gynaecology and Reproductive Medicine* 34(9):260–63.
- Walker, T., and Maternity Engagement Action. 2025. "See Me, Hear Me: Findings From a Community Research Initiative Led By Black Mothers in Birmingham." <https://maternityengagement.uk/wp-content/uploads/2024/11/See-Me-Hear-Me-Report-Design-final.pdf>
- Watson, R., D. Walsh, S. Scott, J. Carruthers, L. Fenton, G. McCartney, and E. Moore 2024. "Is the Period of Austerity in the UK Associated with Increased Rates of Adverse Birth Outcomes?" *European Journal of Public Health* 34(6):1043–51.
- Weheliye, A.G. 2014. *'Habeas Viscus: Racializing Assemblages, Biopolitics, and Black Feminist Theories of the Human.'* Duke University Press.
- Yancy, G. 2008. "Colonial Gazing: The Production of The Body As "Other"." *Western Journal of Black Studies* 32(1):1–15.
- Yancy, G. 2017. *Black Bodies, White Gazes: The Continuing Significance of Race in America*. 2nd ed. Rowman & Littlefield.

How to cite this article: Banda, Princess. "Special issue: "The Politics of Uneven Reproduction in the African Diaspora" edited by Dana-Ain Davis and Chiara Quagliariello." *Medical Anthropology Quarterly* 2026;e70076. <https://doi.org/10.1111/maq.70076>