

Structural racism and maternal mortality among black women in Brazil: an analysis of the impact on public health

Racismo estrutural y mortalidad materna entre mujeres negras en Brasil: un análisis del impacto en la salud pública

*Racismo estrutural e a mortalidade materna de mulheres negras no Brasil:
uma análise sobre o impacto na saúde pública*

**Ana Eliza Ferreira de Oliveira
Souza¹**

ORCID: 0009-0001-3186-8553

**Caroline Moraes Soares Motta de
Carvalho^{1*}**

ORCID: 0000-0002-1699-7349

**Rodrigo Oliveira de Carvalho da
Silva¹**

ORCID: 0000-0002-6143-7340

Luiz Carlos Moraes França²

ORCID: 0000-0002-6370-115X

Antonio da Silva Ribeiro¹

ORCID: 0000-0003-1888-1099

Denise Regina de Oliveira Soares¹

ORCID: 0009-0003-6782-4266

Rosângela da Silva Ribeiro¹

ORCID: 0009-0003-4750-6447

Debora Guedes Bastos³

ORCID: 0009-0003-5792-3674

Rosimere Maria da Silva⁴

ORCID: 0009-0008-8422-3733

Milena Cristie Gonçalves Silva¹

ORCID: 0009-0009-9560-6649

¹Centro Universitário Maurício de Nassau. Rio de Janeiro, Brazil.

²Universidade Federal Fluminense. Rio de Janeiro, Brazil.

³Centro Universitário Celso Lisboa. Rio de Janeiro, Brazil.

⁴Conselho Regional de Enfermagem do Rio de Janeiro. Rio de Janeiro, Brazil.

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*Corresponding author:

c.moraessoares@gmail.com

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Abstract

This study aimed to analyze and describe the impact of structural racism on maternal mortality rates among Black women in Brazil. The study was conducted through a literature review with a qualitative approach, using scientific articles, official publications, and academic materials. It is evident that structural racism, manifested in institutional practices and obstetric racism, contributes to Black and mixed-race women being more exposed to preventable maternal deaths. Thus, the importance of a multidisciplinary team for promoting humanized and anti-racist care is highlighted. Healthcare professionals must be trained and sensitive to the social, racial, and cultural specificities of these women, thus contributing to the reduction of inequalities in maternal outcomes. This study reaffirms the urgency of formulating and implementing public policies that recognize the impact of racism on maternal health and that are geared towards guaranteeing the rights of these women. It is recommended that future research further explore strategies to combat obstetric racism.

Descriptors: Women; Racism; Maternal Mortality; Public Health; Violence Against Women.

Resumen

Este estudio tuvo como objetivo analizar y describir el impacto del racismo estructural en las tasas de mortalidad materna entre mujeres negras en Brasil. El estudio se realizó mediante una revisión bibliográfica con un enfoque cualitativo, utilizando artículos científicos, publicaciones oficiales y materiales académicos. Es evidente que el racismo estructural, manifestado en prácticas institucionales y en el racismo obstétrico, contribuye a que las mujeres negras y mestizas estén más expuestas a muertes maternas prevenibles. Por lo tanto, se destaca la importancia de un equipo multidisciplinario para promover una atención humanizada y antirracista. Es fundamental que los profesionales de la salud estén capacitados y sean sensibles a las especificidades sociales, raciales y culturales de estas mujeres, contribuyendo así a la reducción de las desigualdades en los resultados maternos. Este estudio reafirma la urgencia de formular e implementar políticas públicas que reconozcan el impacto del racismo en la salud materna y que estén orientadas a garantizar los derechos de estas mujeres. Se recomienda que futuras investigaciones exploren estrategias para combatir el racismo obstétrico.

Descriptorios: Mujeres; Racismo; Mortalidad Materna; Salud Pública; Violencia Contra la Mujer.

Resumo

Objetivou-se analisar e descrever o impacto do racismo estrutural nos índices de mortalidade materna de mulheres negras no Brasil. O estudo foi realizado por meio de uma revisão bibliográfica, com abordagem qualitativa, utilizando artigos científicos, publicações oficiais e materiais acadêmicos. Evidencia-se que o racismo estrutural, manifestado nas práticas institucionais e no racismo obstétrico, contribui para que mulheres pretas e pardas estejam mais expostas a mortes maternas evitáveis. Assim, destaca-se a importância da equipe multidisciplinar para a promoção de um cuidado humanizado e antirracista. É imprescindível que os profissionais de saúde estejam capacitados e sensíveis às especificidades sociais, raciais e culturais dessas mulheres, contribuindo assim para a redução das desigualdades nos desfechos maternos. Este estudo reafirma a urgência da formulação e efetivação de políticas públicas que reconheçam o impacto do racismo na saúde materna e que sejam voltadas para a garantia dos direitos dessas mulheres. Recomenda-se que futuras pesquisas aprofundem estratégias de combate ao racismo obstétrico.

Descritores: Mulheres; Racismo; Mortalidade Materna; Saúde Pública; Violência Contra a Mulher.



Introduction

In Brazil, slavery lasted for about three centuries and was abolished by the Golden Law in 1888. However, despite guaranteeing the freedom of the Black population, it did not ensure their rights. Notably, Brazil was the last country in the Americas to abolish slavery. Some believe that racial and social inequality was resolved with the abolition of slavery; however, ideologies analogous to slavery are still reflected socially today¹.

Slavery in Brazil was a labor system in which people of African descent brought through the slave trade and Indigenous people living in Brazil were deprived of their freedom and used as merchandise by their masters, forced to work without pay. Furthermore, Portuguese cultures and beliefs were imposed upon them, marginalizing their original African and Indigenous cultures. In Brazil, even after the abolition of slavery, Black and Indigenous groups face the ideology of inferiority imposed by structural racism².

Consequently, the historical legacy for Black women includes the need to confront racial inequalities, defined as racism. More precisely, racism is a set of ideas, thoughts, and actions that assume the existence of superior and inferior races. It consists of a derogatory and discriminatory attitude towards a social or ethnic group³.

Maternal mortality is one of the most serious violations of women's human rights, as it is a tragedy that is preventable in 92% of cases and occurs mainly in developing countries. Structurally, obstetric racism is one of the most recurrent causes of maternal deaths in Brazil. Defined by the World Health Organization (WHO), maternal death is the death of a woman during pregnancy or within 42 days of childbirth, due to any cause related to pregnancy or interventions related to it, excluding accidental causes^{4,5}.

Obstetric maternal death is classified into two types: direct and indirect. Direct obstetric maternal death occurs due to complications during pregnancy, childbirth, or the postpartum period, generally related to inadequate medical interventions, omissions, or incorrect treatments. Indirect obstetric maternal death results from pre-existing diseases or diseases developed during pregnancy, which are aggravated by the physiological effects of pregnancy. In Brazil, direct obstetric maternal death is the main factor contributing to high maternal mortality rates. National studies reveal that many of these deaths could be prevented with adequate care during pregnancy, childbirth, and the postpartum period. These direct causes account for 66% of maternal deaths in the country and are more preventable than indirect causes, as they depend on the quality of care during the pregnancy-puerperium cycle⁶.

Inequality in access to healthcare services, influenced by socioeconomic, racial, and cultural factors, negatively affects the quality of care provided to Black women. Consequently, these women face higher maternal mortality rates compared to white women. In this context, obstetric nursing plays a fundamental role in mitigating these inequalities. The implementation of specific care for Black women improves maternal outcomes and strengthens the relationship of trust between healthcare professionals and pregnant women. Therefore, this project aims to

investigate nursing care focused on the maternal health of Black women, identifying effective practices and possible gaps in the care provided by healthcare professionals to these women, aiming to contribute to a deeper understanding of nursing practices that positively impact the maternal health of Black and mixed-race women⁷.

Given the above, this final course project is guided by the question: "How does structural racism influence maternal mortality rates among Black women in Brazil?". Its objective is to analyze and contextualize how structural racism influences maternal mortality rates among Black women in Brazil.

The purpose of this work is to evoke and understand the cause of such distinct numbers between Black and White maternal mortality, bringing visibility to the racial/ethnic aspect present in the scenario of women's health care. The relevance of studying this topic today is that it can significantly contribute to better targeting public policies aimed at reducing preventable maternal mortality, since it demonstrates the reality experienced by Black pregnant women, women in labor, and postpartum women in Brazil, and allows for an analysis of the scenario of women's health care.

Based on this information, it is possible to suggest strategies that promote comprehensive care for pregnant women, women in labor, and postpartum women. This would help to reduce maternal mortality rates, not only among Black women, but also among all women, regardless of their race or ethnicity.

Methodology

This study is a literature review, a methodology developed based on already published material. Traditionally, this type of research includes printed material such as books, magazines, newspapers, theses, dissertations, and proceedings of scientific events. It employs a descriptive and qualitative methodological approach. In this context, it is important to highlight that descriptive research aims to describe and characterize a phenomenon or variable to better understand the data obtained. Qualitative research seeks to analyze and describe social processes, relationships, and structures. This strategy is fundamental for understanding different aspects of social phenomena⁸.

Reducing maternal and neonatal mortality in Brazil remains a challenge for health services and society as a whole. The high rates found constitute a violation of the human rights of women and children and a serious public health problem, disproportionately affecting Brazilian regions, with a higher prevalence among women and children from lower-income social classes and those with fewer social resources⁴.

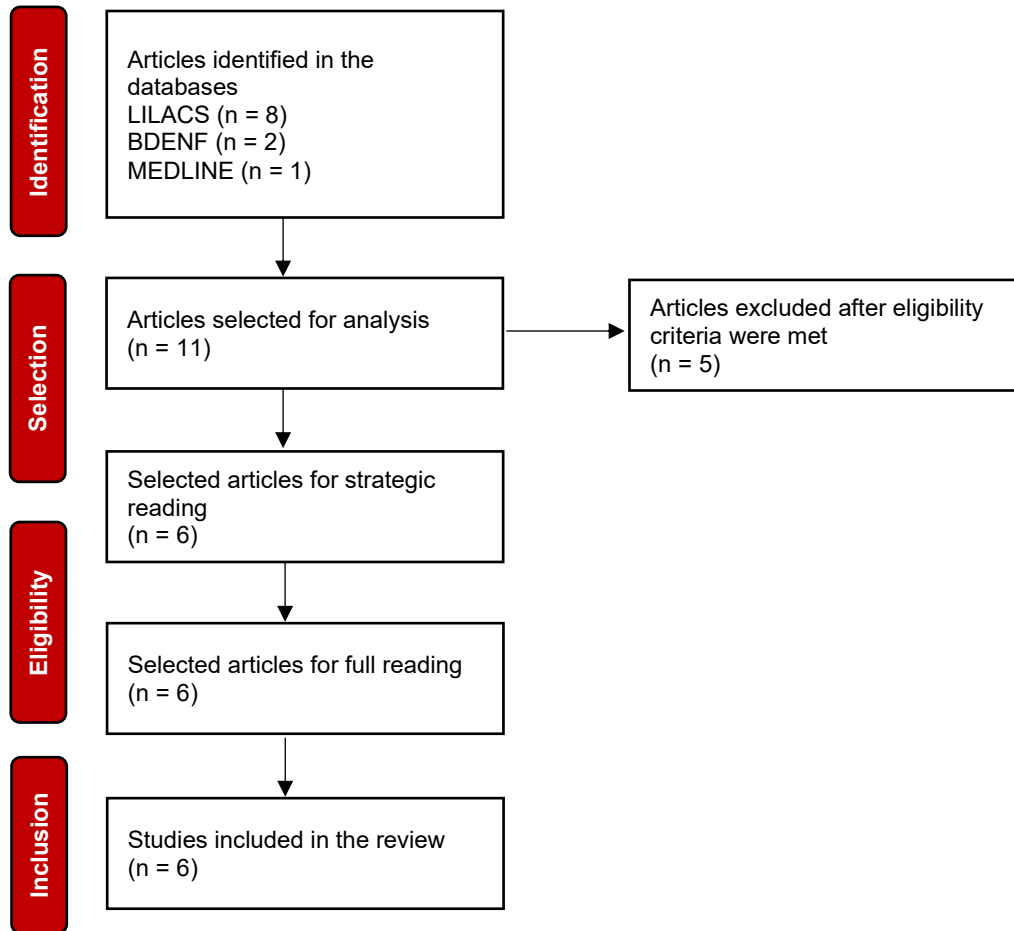
For the research, the Virtual Health Library (BVS) and the LILACS, BDENF, and MEDLINE databases were used as search bases, with the aim of expanding the results found using the Health Sciences Descriptors (DeCS), through cross-referencing with the descriptors Women, Racism, and Maternal Mortality, using the Boolean operator "AND". The inclusion criteria for selecting articles for the research will be



based on the full text and its relevance to the theme. Texts not available in full, unrelated to the theme, and duplicate texts will be excluded. Data collection involved a rigorous analysis to identify relevant and objective articles through

strategic reading of titles and abstracts after applying the filters. The following flowchart represents the process of obtaining articles.

Figure 1. Flowchart of the article selection process. Rio de Janeiro, RJ, Brazil, 2025



Results and Discussion

The results of this study point to how structural racism and racial inequalities affect maternal mortality rates among Black women in Brazil. Themes such as justice and equal access to rights are frequently debated in various areas of Brazilian society. It is undeniable that much progress has been made in the country's legislation, in International Human Rights Law, and in more recent policies regarding the promotion of equality in Brazil. However, despite this

evolution, Brazil still faces the reality of not having overcome the racial inequalities of its history, which are still manifested today. Structural racism is a factor that negatively impacts the health of the population. It consists of a system of domination in which one racial group is considered inferior to other racial groups, justifying inequalities using physical characteristics, such as appearance.

Chart 1 presents the selected studies, as well as their variables of interest.

Chart 1. Organization of the analysis corpus. Rio de Janeiro, RJ, Brazil, 2025

Title	Authors	Objective	Method	Year	Results	Conclusion
Mapa de evidências: iniquidades em saúde, estratégias antirracistas, mortalidade materna, saúde mental, quesito raça/cor e boas práticas de implementação da PNSIPN	Silva, L. A. L. B.; Araújo, B. C.; Melo, R. C.; Tafarello, E. C.; Domene, F. M.; Silva, J. L.; Poderoso, R. P.; Toma, T. S.; Barreto, J. O. M.	Address health inequities and anti-racist strategies related to maternal mortality, mental health, the quality of completion of the race/color question, and good practices in implementing the National Policy for Comprehensive Health of the Black Population (PNSIPN).	Literature review	2024	The studies included 23 specific populations, grouped into Black children, Black adolescents, Black women, immigrant women, marginalized communities, ethnic-racial groups, and healthcare professionals. The main inequities identified were related to maternal mortality and healthcare.	Anti-racist interventions target patient care, leadership, professionals, and institutional culture, as well as actions promoting equity, community health, and the defense of public policies. Properly completing the race/color category proved fundamental in highlighting inequalities.



Racial disparities and maternal mortality in Brazil: findings from a national database	Silva, A. D.; Guida, J. P. S.; Santos, D. S.; Santiago, M.; Surita, F. G.	Assess maternal mortality among Black, mixed-race, and white Brazilian women.	Retrospective cross-sectional study	2024	Between 2017 and 2022, the overall maternal mortality ratio was 68 per 100,000 live births. Black women had an MMR almost twice as high as white women in all regions of the country, with the greatest discrepancy in the Southeast region.	Skin color is a central determinant of maternal mortality in Brazil. Reducing the MMR (Maternal Mortality Ratio) requires addressing structural racial inequalities within the healthcare system.
Desafios do processo gestacional de mulheres negras: uma revisão narrativa	Carmo, C. B. C.; Melo, L. C.; Silva, F.; Souza, E. M. B.; Garcia, M. M. G.	Discuss aspects related to the gestational process of Black women, identifying differences in treatment during pregnancy, childbirth, and postpartum, and their relationship with morbidity and mortality.	Narrative literature review	2021	Studies have shown clear differences between white and black women regarding access to healthcare, with black women being more dependent on the public system, having fewer prenatal appointments, and reporting a higher incidence of mistreatment, restrictions on companions, and less access to pain relief.	The findings reveal that Black women face structural and care-related barriers that result in impaired health care throughout the pregnancy and postpartum period.
O quesito cor/raça: desafios dos indicadores raciais de mortalidade materna como subsídio ao planejamento de políticas públicas em saúde	Carvalho, D.; Meirinho, D.	Emphasize the relevance of race/color as a tool for measuring racial inequalities in maternal mortality during pregnancy, childbirth, and the postpartum period.	Disaggregation and analysis of secondary data	2020	The results indicated substantially higher maternal mortality rates among Black women compared to white women, highlighting informational gaps and weaknesses in public policies aimed at maternal health.	This study contributes to the implementation of integrated actions to combat racial discrimination and social exclusion in the health sector, reinforcing the right to life and comprehensive care.
Humanização na atenção à saúde e as desigualdades raciais: uma proposta de intervenção	Batista, L. E.; Rattner, D.; Kalckmann, S.; Oliveira, M. C. G.	Raise awareness among hospital staff about maternal mortality among Black women through a proposed institutional intervention.	Action research and intervention	2016	The intervention resulted in the inclusion of the race/color category in the Hospital Admission Authorization form, increased awareness among staff regarding the specific health needs of Black women, and a shift in professional perception regarding the father's presence during childbirth.	The proposal proved effective in highlighting racial inequalities from a human rights perspective, promoting benefits for women, families, professionals, and society.
Assistência ao parto de mulheres negras em um hospital do interior do Maranhão, Brasil	Belfort, I. K. P.; Kalckmann, S.; Batista, L. E.	Describe the care provided during the pregnancy and postpartum period to Black women residing in the municipality of Icatu, Maranhão.	Descriptive exploratory study	2016	The participants were between 10 and 39 years old, predominantly in stable relationships. Most started prenatal care in the first trimester, had six or more appointments, presented with iron-deficiency anemia, and expressed a desire for greater listening and support during childbirth.	Expanding the coverage of family health teams can improve access to information, the use of contraceptive methods, childbirth safety, and adequate postpartum care.

In Brazil, factors such as the history of slavery, the way it was abolished, the arrival of European immigrants, the mixing of different peoples, and the myth of racial democracy have helped to maintain this structured racism in society. Furthermore, racism directly impacts pregnancy outcomes: Black women have a higher risk of complications for both themselves and their babies, and report less satisfactory experiences during prenatal care, childbirth, and the postpartum period.

Regarding the reduction of maternal mortality among Black and non-Black women, authors⁹ in a cross-sectional study highlight that this is a significant concern globally. In this context, social conditions play a fundamental role in creating health inequalities. These social factors are not only related to medical conditions, but also to the conditions in which people live, work, and grow, influencing their health risks and outcomes. Structural determinants, in turn, involve the socioeconomic and political context that

maintains social hierarchies, placing people in different positions based on gender, race, skin color, income, and education level. These structural factors explain why some groups face greater health risks than others.

Their results are consistent with those of other researchers¹⁰, that contextualize this in their research, stating that racism is a structural determinant of living conditions and access to healthcare services. In obstetric care, the manifestation of racism carries a historical legacy of violence, torture, and experiments on the bodies of Black women, hence the term obstetric racism. They further add that performing procedures without anesthesia, without attention and care, because Black women were and are considered more resilient, exemplifies racist obstetric practices within a colonized understanding of humanity. Analyses of one study mention the discovery of an ideology within healthcare networks, with beliefs such as "Black people can withstand more pain" or "Black people don't get



sick," highlighting the difficulties of access and the inferiority in care to which these individuals are subjected¹.

Accordingly, for a study¹¹, since the establishment of the slave-owning social order and even after its fall, Brazilian society has maintained values in its structure that have corroborated various expressions of inequality in different spheres of social life against groups considered most vulnerable. This vulnerability is manifested in obstacles to accessing a variety of rights, including the right to information and health. According to authors¹²:

"This logic results in a series of practices that reveal differential treatment through restrictions on access to services, low quality of services offered, women's lack of information about their own rights, disregard for the hypertensive condition of Black women in the prenatal examination system, dehumanized care, and the spread of the misconception that Black women have children more easily and need less care. All this is coupled with the unavailability of quality prenatal, childbirth, and postpartum services for a segment of the female population, or services that are not offered due to their color, race, or cultural or ethnic origin. At this point, structural racism becomes institutional racism, perpetuating inequality of opportunity and the lack of equity in the lives of the Black population".

From the same perspective, authors¹³ developed the project "Humanization of childbirth and birth: ethnic/racial and gender issues," which resulted in the inclusion of the "race" category in the Hospital Admission Authorization; raising awareness among the staff about the specific health needs of Black women; and changing the staff's perception of the father's presence at the time of birth, leading to the campaign "Father is not a visitor".

A descriptive and exploratory cross-sectional study states that "[...] one of the challenges to be overcome in providing comprehensive healthcare to Black women, which presupposes that sexual and reproductive rights are understood as human rights, is to consider the diversity and specific needs of the female population"¹⁴.

Demographic profile of the black population in Brazil and socioeconomic inequality: the myth of racial democracy

According to the Brazilian Institute of Geography and Statistics (IBGE), in 2023, the Black population consisted of both Black and mixed-race individuals; thus, they make up the population understood as the Black race. Data from the last Brazilian census shows that the Brazilian population is composed of 203,080,756 inhabitants, of which 43.5% are white, 43.5% mixed-race, 10.2% Black, 0.4% Asian, and 0.6% Indigenous. The number of female inhabitants in Brazil is 104,548,325. Of this total, 9.7% are Black women and 44.8% are mixed-race, totaling 54.5% Black women¹⁵.

According to the IBGE (Brazilian Institute of Geography and Statistics), in 2018, the statistics on race or color produced show that Brazil is still far from becoming a racial democracy. On average, white people have the highest salaries, suffer less from unemployment, and are the majority among those attending higher education, for example. The socioeconomic indicators for the Black and mixed-race population, as well as those for Indigenous people, tend to be much more disadvantageous¹⁶.

As the author reports^{17,37}, "[...] racism is an immorality and also a crime, which demands that those who practice it be duly held accountable [...]" Racism in Brazil is a historical problem and is present not only in color discrimination itself, but also in social, institutional, and economic relations. There are various forms of racism, such as structural racism and institutional racism. In this sense, structural racism is defined as any form of racism that occurs within institutions such as government agencies, public institutions, companies, corporations, and universities. This practice includes specific social attitudes inherent in racially prejudiced actions, discrimination, stereotypes, omission, disrespect, distrust, devaluation, and dehumanization¹⁷.

Racial stereotypes and gender: the invisible maternal mortality of black women

Demystifying the image of the Black Brazilian woman as a fragile being is not a central concern of the Black Women's Movement. After all, having experienced so much abuse throughout their history, they have never been seen as vulnerable enough to need protection. This fragile view is related to the representation of the white woman, associated with ideals of purity, delicacy, and fragility. The cultural legacy of patriarchy exerts oppression on both white and Black women; however, due to the historical trajectory of Afro-descendant women, they face specific challenges, making the fight against the consequences of racism urgent¹⁰.

Maternal mortality is exacerbated by racial inequality, as shown by the comparison between the death rates of Black and white women. Maternal mortality affects Black or mixed-race women much more than white women. In 2022, of the women who died as a result of complications during pregnancy or childbirth, 68% were Black or mixed-race, while 29.7% were white. In this sense, obstetric racism relates to Black women during pregnancy, prenatal care, childbirth, abortion, and the postpartum period. Black women also present the worst social indicators: they have lower levels of education and income, live in the peripheries, in more precarious housing conditions, where access to health and social services is more difficult¹⁸.

Based on available information, in 2024, the Brazilian Federal Government implemented the Alyne Network, launched on September 12, 2024. The initiative honors Alyne Pimentel, a young Black woman who died at age 28 while pregnant and a victim of medical negligence in 2002. Her case led Brazil to become the first country condemned for maternal death by the Global Human Rights System worldwide. Today, 21 years after this incident, the problem persists: 19.8% of mixed-race women and 18.7% of Black women need to travel to receive treatment, compared to only 14% of white women^{19,20}.

The principle of equity, fundamental to the Brazilian Unified Health System (SUS) and in international health contexts, faces significant challenges in its implementation. Ethnic-racial disparities persist, especially when comparing the white population to the black population. The historical construction of ethnic-racial relations has contributed to the vulnerability of the black population to the social



determinants of health. Factors such as lower socioeconomic status and education levels, common in the black population, reflect the consequences of structural racism. It is essential to recognize that racism is a central factor in the production of health inequities experienced by the black population, regardless of region, educational level, or income, throughout all phases of life. These disparities

highlight the need for policies and practices that promote health equity, addressing the historical and structural roots of ethnic-racial inequalities.

Figure 2 below shows a comparison between maternal mortality rates for white, black (black and brown), yellow, and indigenous women from 2020 to 2022.

Figure 2. Percentage distribution of maternal mortality, by race or color in Brazil. Rio de Janeiro, RJ, Brazil, 2020-2022



Source: Adapted from Brasil¹⁸.

Note: Preta: Black. Parda: Brown. Branca: White. Indígena: Indigenous. Amarela: Asian.

Conclusion

Considering the development of this work, which aimed to analyze how structural racism influences maternal mortality rates among Black women in Brazil, it was possible to understand that the historical legacy of racial inequality continues to directly impact the lives of these women, especially in access to and quality of healthcare. Structural racism, clearly manifested in the obstetric context, significantly aggravates maternal risks, being a determining factor in the high mortality rates among Black and mixed-race women when compared to white women.

The data presented show that maternal mortality, in addition to being a serious violation of human rights, reflects the persistent racial inequality in the country. Reality shows that Black women are more exposed to precarious socioeconomic conditions, less access to quality health services, and, above all, to obstetric negligence and violence, which are direct expressions of structural racism. They carry a historical legacy marked by colonization, enslavement, and social exclusion, which continues to this day. These women are predominantly found in urban peripheries, in precarious

housing conditions, facing low levels of education, higher rates of unemployment or underemployment, and consequently, less access to economic, cultural, and social resources.

Racism, as a structuring system, is not only manifested in individual attitudes, but is rooted in institutions, social practices, and public policies, or the absence thereof. This structural racism directly impacts the lives of Black women from childhood to old age, but becomes even more cruel during pregnancy, childbirth, and the postpartum period. It is at this time that obstetric racism manifests itself through negligence, violence, lack of listening, dehumanization, and underestimation of the pain and complaints of these women who live in constant resistance, facing daily the intersections between racism, sexism, and social inequality.

The impact of racism is material: it means less access to quality prenatal care, delays in care, lack of support, less access to care technologies, and exposure to violent practices during childbirth. This largely explains why Black women are the majority in maternal mortality statistics



in Brazil. These are preventable deaths that reveal not only technical failures, but above all, ethical, social, and institutional failures that have color, class, and gender dimensions.

In this context, the fundamental role of obstetric nursing in promoting more humanized, equitable, and anti-racist care stands out. Healthcare professionals must be trained and sensitive to the social, racial, and cultural specificities of Black women, thus contributing to the

reduction of inequalities in maternal outcomes. This study reaffirms the urgency of formulating and implementing public policies that recognize the impact of racism on maternal health and that are aimed at guaranteeing the rights of these women. Furthermore, it is suggested that future research deepen the analysis of practices to confront obstetric racism, contributing to the construction of a more just, inclusive, and egalitarian healthcare system for all women, regardless of their race or ethnicity.

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