Faculty Information Literacy Stipend
Final Report

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Course: ANTH 3310: Gender and Sex Roles: A Global Perspective
Semester: Summer II, 2017

Introduction

This assignment was created to teach the IL tag during a summer session. A month is a daunting time frame in which to teach information literacy, a skill that must be practiced over and over. Sending students to do interviews or having them engage in a traditional research paper during a summer semester would not allow the breathing room that a fall or spring semester provides for students to try and fail along the way - an important part of acquiring a lifelong skill. As I grappled with this issue, I reached out to librarian Jennifer Sullivan for resources. She suggested modeling an assignment after a Wikipedia Edit-a-Thon.

Engaging with online information was another goal I had for the IL tag. News about the news gained popularity during the 2016 presidential election, and continues to be a question the nation is engaging with, most notably with the coining and proliferation of "fake news" (inaccurate or intentionally misleading news). Many Americans currently have questions about where information comes from, how to find reliable news and information online, and what it means to be an informed citizen. SMU students are most assuredly in the same position. In ANTH 3310, we learn how anthropologists produce knowledge about gender and sexuality: What is fieldwork? How does data from fieldwork allow us to create theories about human behavior? In particular, we explore how the Anthropology of Gender makes us question our basic assumptions about gender, sexuality, gender roles, and kinship. Meanwhile, national debates centering on gender and sexuality are something that students are likely encountering in their day-to-day lives.

The assignment Jennifer and I came up with asks students to use the big questions we talk about in class (e.g. "what is gender?") and grapple with presenting an aspect of it in a straightforward way using Wikipedia guidelines, which means removing as much bias as possible. By working with a popular online source of information, this project asks students to critically engage with how they find and consume information online. It asks them to identify and participate in knowledge production online. It is my hope that by working with information hands-on, students gain a sense of agency and ownership with online information and will help them remember to be a critical consumer of online information in the future.

Description of the information literacy assignment or activities

Students were asked to add a significant section to a Wikipedia page or to create a new Wikipedia page on a topic of interest related to gender or sexuality. Several classroom activities supported this assignment: a set of readings and class discussion on information literacy and knowledge production

online, a workshop with librarian Jennifer Sullivan on reliable sources and research resources, and a workshop with Jennifer Sullivan on how to use Wikipedia. Students also went through a series of assignments designed to help them work through drafts and engage with knowledge production as a collaborative activity. They turned in all drafts as a final packet, which was where their work was assessed for a grade.

Overview of Student Assignments:

1. Explore Wikipedia and Find Your Page
    a. Students explored Wikipedia, learned what makes a "good" page, and chose their top 2-3 pages to work on. The professor assigned each student (or pair of students) a page from her/his list, ensuring no overlap.
2. Peer Edits
    a. Students brought a hard copy of their drafts and at least one entry in their annotated bibliography to class. Students were paired and completed a peer edit worksheet (based on Wikipedia's standards for evaluating articles) for a classmate.
3. Submit Draft to Professor for Approval
    a. Students submitted a draft of their projects so far to the professor, along with drafts of their annotated bibliography and copies of any discussions they had on Wikipedia (Talk Pages). The professor then marked what parts of the draft could be made live on Wikipedia and which needed more work. The student then made approved changes live on Wikipedia and continued work on other sections. Students were expected to periodically check in on relevant talk pages to engage with feedback from other Wikipedia editors about their live edits.
4. Turn in Final Packet
    a. Students submitted a final packet of their Wikipedia editing project for a final grade. The package included documentation of the work they completed throughout, a short reflection paper, and an annotated bibliography.

Method of assessment

Students were given feedback throughout the process (by peers, by Wikipedia editors, and by the professor). However, formal assessment occurred when they turned in their final packet, using a detailed rubric (see assignment sheet in the appendix).

Results and impact on student learning

Students had two chances to describe their experiences with the project: student reflection essays submitted with the final packet and an anonymous feedback form I asked them to complete the last week of class.

- Based on anonymous student feedback, the class almost unanimously felt that they were able to learn a significant amount about a specific topic in the area of gender and/or sexuality while also adding to a public resource. Many students wrote in their essays to me that they were nervous

to have their work publicly available online, but the fact that it would be online gave them a sense of responsibility toward their work. This indicates that students were able to take pride in the work they did, reinforcing the information literacy frame of "information has value," while still expanding their knowledge of subject matter in the anthropology of gender.

- In response essays and qualitative anonymous responses, students often expressed that they were surprised by the editing process on Wikipedia. Almost all students said they had been warned away from Wikipedia as a reliable source of information in the past. Now many of them said they would consider it as a preliminary step in research. They were also often surprised by the iterative peer editing that goes on and the passion that many Wikipedia editors have for the project, showing engagement with the information literacy frames of "information creation as process" and "scholarship as conversation." Moreover, by having more hands-on experience with Wikipedia, students now have more tools to evaluate information they find on the site (e.g. page history, talk page).

- Students also found the requirement to write to Wikipedia's Style Guide challenging. In response papers, many wrote that writing an article (or article section) with the goal of removing bias more difficult than anticipated, since they are so used to constructing thesis-driven arguments. Some of them also wrote in their response essays that they located space for creativity in this project, since they could move the article in any direction they thought was best, while striving to make their writing balanced and evidence-based. In this way, students practiced the information literacy frame of "information creation as process." However, the goal felt attainable for them, as the class almost unanimously rated the project's difficulty as "difficult" or "just right" in the anonymous survey.

Summary and next steps

This assignment was more demanding of the professor than a traditional library research paper. Working in drafts requires more time throughout the semester, but – especially in combination with the more compact nature of this kind of writing – make grading final projects quicker. Supporting students through the messy nature of learning a new technology and what was, for many, their first experience with any kind of peer-review system, is also time consuming. However, it is precisely the struggles that accompany researching a narrow topic and working through others' comments that help students feel ownership of their research and experience the process of knowledge production. Partnering with a librarian certainly helps mitigate this time investment by spreading out the responsibilities; Jennifer Sullivan was generous with her time and met with several students. However, I will also encourage students to use the Wikipedia Teahouse for questions in the future, strengthening the goal of collaborative work.

Through implementing this project, I helped students explore an area of information literacy that was new to most of them – none of them had experience editing Wikipedia and many of them had never written for a broad audience before. Students also seemed to enjoy the project, overall. On their anonymous survey, all students said they would prefer to complete this Wikipedia assignment over another culminating assignment I have used for this class (without an IL tag) – writing a book review of an ethnography. Students also indicated that they enjoyed the flexibility to choose a topic of interest to them and the freedom to direct their research on their own. Helping students to grapple with some of

the trickier parts of research and see them take ownership of their work was a rewarding experience as a teacher.

There are a variety of improvements I would make the next time I use this assignment:

- I would give students a firm date to make their edits live to Wikipedia. This time, I gave feedback on drafts and asked students to make their pages live as soon as they could, but found that many waited longer than I had expected they would, which limited their interactions with Wikipedia editors.
- I would set aside class time with the librarian for a time shortly after students make their pages live to Wikipedia to help troubleshoot and provide support. I had envisioned this occurring in scheduled open help hours, but students felt more comfortable either in the classroom or working with us one-on-one.
- I would also set up a forum or other space on Canvas where students can post issues they encounter and get responses from the librarian and/or from classmates.
- I would proactively check on weaker writers and non-native speakers of English and more clearly encourage them to seek outside help in their work if they need it. Possible resources include SMU writing tutors and posting to the Wikipedia Teahouse for editing help. Especially for these students, but for all students, I also would prepare them for the emotional labor that can come along with opening your hard work up to feedback. I fear that one student who was a weaker writer never made his page live because he was too nervous to have others evaluate his work. I think simply bringing up the fact that it is normal to feel nervous about sharing your writing in class reaction may help normalize it and make students feel less alone in those feelings.

Wikipedia Project: Final Packet – Due 8/2

<u>This packet is where your final project grade will be established.</u> Evidence of your revision process and your experience of collaborating with others will be evident in your short reflective paper and in the screenshots/drafts you turn in.

To have a complete final project, <u>your packet must include ALL items on this checklist</u>:

☐ Cover page including: student name, student username, URL to Wikipedia article
☐ Short reflection paper (2-3 pages double spaced, Times New Roman 12-point font, 1 inch margins)
☐ A screenshot of the Wikipedia Page BEFORE you started working on it
☐ Your draft (article and annotated bibliography entry) and feedback paper from our peer edit day in class
☐ A final copy of your article, annotated to show what you contributed to it (e.g. highlight your contributions). This is NOT necessarily what is live on Wikipedia; it should be what you think is the most complete, best version of the article (even if some parts are under discussion with other editors).
☐ A screenshot of your interactions on any Talk Pages you used as you developed your Wikipedia page edits (you should have at least one).
☐ Your annotated bibliography, with at least 4 entries
☐ If you worked on your page with a partner, EACH STUDENT should email the professor the confidential, completed "group project evaluation form," which can be found on Canvas. (Please note your URL and partner name in the email to help me keep everything organized.) However, <u>only one packet needs to be turned in</u> to the professor.

*You do NOT need to include the draft/feedback from the professor on 7/26, as I still have access to these in Canvas.

*<u>Formatting Note</u>: Please do not use any bulky packaging (binders, etc) – a binder clip is sufficient. Fancy packaging doesn't boost your grade, and I have a bad back, so the added weight is a literal pain for me. Thank you for being mindful of this!

<u>Reflection Paper Requirements</u>

You will respond to the following prompt:

> What have you learned about knowledge production on Wikipedia? What kind of perspectives or information were missing from the page you worked on (e.g. non-Western perspectives? Information on women's lives?) Did you learn anything in the process of editing a page?

You may want to refer to the articles we read at the beginning of the semester about online knowledge production as you think about this writing assignment. It should be 2-3 pages double spaced, Times New Roman 12-point font, 1 inch margins.

Annotated Bibliography Requirements

You will need <u>at least four authoritative sources</u> for your bibliography. If our course readings cover information relevant to your Wikipedia Page, please utilize them. However, <u>only one course reading</u> can count toward these four.

Each entry should include:

- ☐ The full reference for the source
- ☐ A very short summary/main idea (usually 1-2 sentences)
- ☐ A short description of why it is authoritative in this context
- ☐ How did you use the source in your project? (This should help you as you research/write)

You can use the formatting from the full reference as it appears on the Wikipedia page (or, failing that, use an accepted format: APA, MLA, Chicago).

Each entry should be SHORT, usually one paragraph, maybe two. Show that you know what this source is and why you used it, but don't get carried away. Make sure you are using YOUR OWN WORDS in your summary; do not plagiarize.

A helpful reference for annotated bibliographies:
https://owl.english.purdue.edu/owl/resource/614/01/

More information on paraphrasing can be found here:
https://owl.english.purdue.edu/owl/resource/563/1/
You may also wish to schedule an appointment with a writing tutor at the A-LEC:
https://www.smu.edu/Provost/ALEC

	Excellent (A)	Good (B)	Needs Improvement (C)	Poor (D/F)
Reflection Essay 25%	Essay responds to all parts of the prompt and shows engagement with online knowledge production.	Essay responds to most of prompt, but has some errors or missing information	Parts of essay are not focused on the prompt, have poor organization, are unclear, and are missing information.	Essay does not address prompt or does so shallowly. Essay does not address online knowledge production.
Active participation in collaborative knowledge production (drafts/talk pages) *note, this does NOT mean that you must agree with or act on feedback you disagree with, but you must interact with people respectfully	Screenshots and Peer Edit Form show that the student was an active participant in all steps of collaborative writing.	Sometimes student did not fully participate in collaborative activities (e.g. responds without substance)	Student is missing one or more of the collaborative activities.	Student did not participate in collaborative activities or was disrespectful toward collaborators

15%				
Annotated Bibliography 10%	Has at least 4 sources, properly cited. Follows format given. Shows understanding of an authoritative source.	Has at least 3 sources, properly cited. Follows format given. Shows understanding of an authoritative source.	Bibliography contains some errors about authoritative sources and may be missing some required information.	Bibliography contains many errors about authoritative sources and is missing required information. Or any evidence of plagiarism.
Quality of Article (50% total – see below)	Article adds key information to the page, is written clearly and cited well.	Article adds key information, but has some errors and a few minor omissions.	Article adds some key information, but has substantial omissions and some errors.	Article lacks information, is difficult to understand, and has few citations. Or any evidence of plagiarism.
Added sufficiently to page 30%	Article added substantial information to the page, at least one new section in length.	Article is missing some information, but makes many substantial contributions to the page.	Many of the additions to the page offer no new information, but has some strong sections.	Added little to no information to the page.
Conformed to Wikipedia style (including use of links) 10%	Article includes links to related pages, is written without bias, and is clearly organized	Article is missing some links and may have minor issues with clarity	Article is difficult to understand in parts and uses few links	Unclear article that does not interact with other pages on Wikipedia
Cited Authoritative Sources as Needed 10%	All cited sources are authoritative and all facts are attributable to a source.	Article may be missing a citation or may have a poor source cited	Several missing citations and poor sources	Few citations and many poor sources referenced.

Maternal Mortality in the United States

Jessica Chong

Yellowbluebus90

https://en.wikipedia.org/wiki/Maternal_mortality_in_the_United_States

Reflection

Based on this project, I have learned that knowledge production on Wikipedia is largely controlled by both public interest and public discourse, as well as being primarily dominated by males. Pages pertaining to (intersectional) feminism, the plight of women, and other non-Western and non-androcentric pages are fewer and farther in between. Until more recently, a lack of female participation and involvement on Wikipedia meant that many of its existing pages tended to have a more androcentric, Eurocentric, and generally non-inclusive leaning towards the way information continues to be packaged and presented.

From what I have gathered, a lack of inclusivity and intersectionality remains one of the biggest re-occurring issues I have noticed on Wikipedia. Personally, I think it would be conducive to encourage pages to *at least* discuss racial and social disparities, even if such discussions do not pass the editing phase. I also understand that this poses a challenge, since discussing racism objectively can be difficult. On that same note, more studies are emerging that can statistically back claims regarding the multifaceted consequences of racism that are both implicit and explicit; I am excited to see Wikipedia pages that incorporate more of this knowledge, and I would be willing to contribute or help create these kind of pages. This project has taught me a great deal on the importance and value of objectivity, which I normally disagreed with and opposed quite passionately. Prior to this project, I had a habit of dismissing objectivity on the grounds that certain topics, such as social justice issues, did not "owe" objectivity to those who were being educated about it. On the other hand, I now see how creating Wikipedia pages for these pressing issues can help the cause and educate more people, and how

objectivity needs to be the basis for which these conversations and pages start. Therefore, I now believe that *how* knowledge is shared does matter, and I acknowledge that objectivity is absolutely necessary when sharing information about highly polarized topics, such as birth.

For my own project, I tried to dissect the discrimination aspect of maternal mortality as objectively as possible, by highlighting racial, economic, and social disparities. Also, I tried to be concise and "to the point" in my approach (bullet points became useful), because I felt that people would be more receptive to the information if the readability was more like an educational pamphlet rather than an argumentative essay. Naturally, this was the hardest aspect of this project for me, because of my own passionate personality and investment in this topic. At the same time, I felt obligated not only to Wikipedia's guidelines but to the cause itself (improving maternal and infant care in the United States), to present the information in such a way that people would start to listen, rather than continue sweeping this problem under the rug. Although discussing birth and maternal mortality yields highly charged emotions for me, this project has taught me an invaluable lesson on making this issue accessible to as many people as possible. I also felt like I was sensitive to the stereotype of women being too emotional to have any kind of platform in spaces like Wikipedia, which is why I made sure to back any and all claims with statistical proof. A great example of this was when an editor removed a sentence from my page—"According to the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, out-of-hospital births (such as home births and birthing centers) 'generally provided a lower risk profile than hospital births.'"—because he did not feel it was necessary or conducive to my page. I fully acknowledge

where this statement needed to be expanded upon, but I also kindly replied back that birth trends are indicative of birth statistics (including but not limited to maternal mortality rates). So, I undid his change and made sure to expand upon the original statement, because I think it is a disservice to this topic *not* to discuss birth trends and the impact they have on women. Also, I tried my best to emphasize that maternal care does not have to continue being dichotomous wherein women have to exclusively choose between midwifery models of care and mainstream obstetric care.

Even though the maternal and infant mortality rate is the highest in the United States (amongst developed countries), such a page did not exist on Wikipedia, which is why I chose to create it. In the process of creating this page, I learned a lot about the importance of creating an educational space for women *by* women. Of course, I believe that everyone can and *should* benefit from learning about maternal mortality in our country, but I also think it is important for women to create these kind of pages, especially women of color. This is especially true because I think representation matters and wanted that to reflect on my page. I tried to be careful when discussing midwifery, because I was afraid of people assuming that I was promoting the dichotomy rather than dissecting it. For this reason and many more, I chose not to introduce Ina May Gaskin, even though she is the poster child for midwifery in the United States. My decision was compounded by the fact that I did not want her to represent midwifery without first crediting the women of color whose practices Gaskin benefited from. Even if it is later decided that notable midwives and obstetricians do not have a place on a page specifically dealing with maternal death, I think the thought process (in and of itself) when thinking about intersectionality and representation matters greatly. In my experience, many of the editors I interacted with

appeared to be males. In fact, I do not think I interacted with other women during this entire process. That alone made me sensitive to comments from editors when they felt like the issue of birth trends was unnecessary. Then again, I know that I would have reacted just the same had anyone else said the same thing. However, that also made me realize that the issue was in the way that I was presenting the information (not enough clarification), and that I could discuss birth trends as long as I provided more explanation.

At the end of the day, this project made me aware of my own problematic tendencies, and made me realize that following Wikipedia's objective guidelines is not at all like waving a white flag of defeat but the exact opposite. Now, I feel empowered to create more pages and to make social justice and human rights issues more accessible to everyone. Rather than feeling confined and defeated, I feel like the possibilities are endless. In fact, I now appreciate objectivity in a way that I never had before. As with many of the ethnographic case studies discussed in class, women are always finding ways to utilize language to fight for their rights; I now feel like I am a part of this ongoing narrative and no longer feel confined by objectivity or male dominated spaces like Wikipedia.

Bibliography

Argawal, Priya. "WHO | Maternal mortality and morbidity in the United States of America".

www.who.int. Retrieved 2017-07-26.

Argawal argues that there are three factors that contribute to maternal mortality and

morbidity in the US: inconsistent obstetric care, lack of access and care for mothers with chronic

illness, and lack of comprehensive maternal health data. In her analysis, she argues that the

maternal care workforce in America needs a nationally implemented guideline to help deal with

medical emergencies that arise during childbirth. Secondly, she argues that lack of healthcare

makes women 3-4 times as likely to die from pregnancy-related complications, compared to

women who have healthcare. Lastly, Argawal argues that all states should put forth maternal

health data, because only half the states in the US have any kind of maternal mortality review

boards. In order to understand the solution, she argues that we first need the education and data.

The World Health Organization is a specialized agency within the United Nations that focuses on

international public health, and Dr. Priya Argawal is an obstetrician and gynecologist whose

work led her to advocacy positions such as (but not limited to) Executive Director at Merck for

Mothers, Executive Director at Vaccines & Women's Health, and Clinical Lecturer at Maternal

and Newborn Health Research Group.

Deadly delivery : the maternal health care crisis in the USA. Amnesty International. London,

England: Amnesty International Publications. 2010.

Amnesty International declares maternal health a human right, and so does the United

Nations. In their extensive research and analysis, Amnesty International illustrates a clear picture

of maternal mortality in the US, giving us explicit causes and solutions. Furthermore, Amnesty International dissects factors that otherwise go unchecked, such as the role that race, gender, and social/economic factors play in maternal health and death. Amnesty International is a well-known name and respected organization in the realm of human rights campaigns, and their case studies and research regarding maternal mortality are extensive and up to date.

Kilpatrick, Sarah J. "Next Steps to Reduce Maternal Morbidity and Mortality in the

USA." *Women's Health* 11.2 (2015): 193-99. Web.

Kilpatrick argues that maternal mortality can be understood as a continuum wherein the factors that lead to maternal death begins with "wellness to morbidity to severe morbidity to death." Furthermore, Kilpatrick stresses the importance of maternal morbidity as a significant factor in maternal death, because many of these ailments are easily preventable. Kilpatrick also stresses the importance of dissecting each cause of maternal morbidity, because in many cases, health care providers gloss over these ailments and women never get the treatment they need, because they were never properly diagnosed in the first place. Also, Kilpatrick's research is in line with the research produced by the World Health Organization, Amnesty International, and the Centers for Disease Control and Prevention, therefore her solutions are also in line with theirs. In conclusion, she outlines racial, social, and economic disparities that greatly put women at color of heightened risk of dying from pregnancy and childbirth related causes, and argues that the United States needs a comprehensive multidisciplinary approach in order to decrease maternal death. Lastly, Dr. Kilpatrick is a renowned expert on maternal health, with a focus on high-risk pregnancies, and serves as the chair for Department of Obstetrics and Gynecology.

Morton, Christine H. "Where Are the Ethnographies of US Hospital Birth?" *Anthropology News*

50.3 (2009): 10-11. Web.

Morton argues that an anthropological approach to birth trends in the United States would benefit the American public, because it would help us understand why the maternal mortality rate is so high in our country. Specifically, Morton is concerned with the statistics that derive from hospital births, because that is the trend in the United States for various reasons, compared to countries where midwifery models of care and mainstream obstetric care coexist and complement each other. Furthermore, Morton argues that ethnographers and anthropologists could play key roles in better understanding and improving the birth culture in the United States, especially because the United States does not have ethnographies of birth like many other countries do. Morton is a research sociologist at the California Maternal Care Collaborative, where improving birth and decreasing maternal morbidity and mortality are of the utmost priority, and she is also a member of the Council on Anthropology of Reproduction.

User:Yellowbluebus90/sandbox

From Wikipedia, the free encyclopedia

User:Yellowbluebus90

This is the user sandbox of **Yellowbluebus90**. A user sandbox is a subpage of the user's user page. It serves as a testing spot and page development space for the user and is **not an encyclopedia article**. Create or edit your own sandbox here (https://en.wikipedia.org/w/index.php?title=Special:MyPage/sandbox&action=edit&preload=Template:User_sandbox/preload).

Other sandboxes: Main sandbox | Tutorial sandbox 1, 2, 3, 4, 5 | Template sandbox

Writing an article and ready to request its creation?

Submit your draft for review! (https://en.wikipedia.org/w/index.php?title=User:Yellowbluebus90/sandbox&action=edit&section=new&preload=Template:AFC_submission/Subst&editintro=Template:AFC_submission/Subst/Editintro)

Contents

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Maternal mortality in the USA

Maternal mortality refers to the rate in which mothers die from pregnancy-related causes. Although the United States of America spends more on healthcare than any other country in the world, more than two women die every day during childbirth, therefore making maternal mortality the highest in the USA compared to 40 other countries in the world.[1] Furthermore, the majority of these deaths are preventable.

Causes

Measurement

Prevention

== References ==[2][3][4][5]

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Retrieved from "https://en.wikipedia.org/w/index.php?
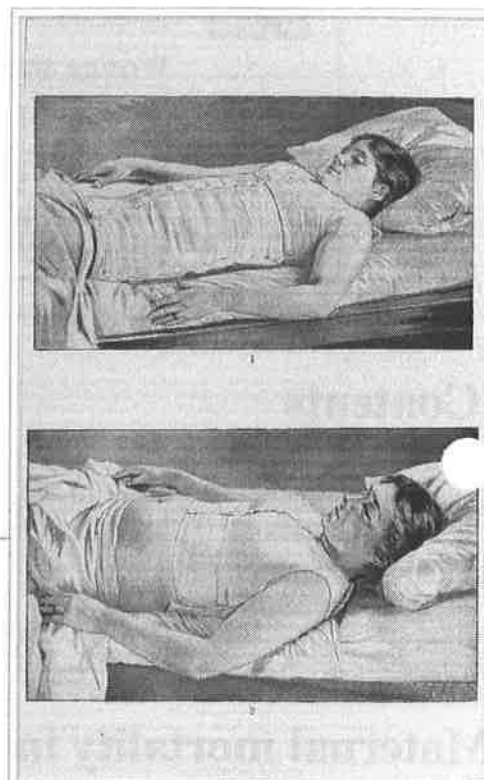title=User:Yellowbluebus90/sandbox&oldid=790816471"

Illustration in black and white from an American obstetric textbook showing two images of a woman in labor. She is on her back lying in a bed with her head resting on a pillow in both illustrations, with a blanket covering the lower half of her body. The top image shows her wearing an abdominal binder and a breast binder. The bottom image shows her belly exposed and bigger than in the top image.

Image of 1,200 hospital gowns hung from a rack in the middle of Daley Plaza in Chicago to represent all the mothers who died during childbirth in the USA in 2013. Some of the gowns are folded into triangles to mimic the way the American flag is folded at the funeral of a solider. The gowns are pink, blue, yellow, green, and purple with various patterns.

Editor: _Alex Lenczycki_

Author: _Jessica Chong_

Peer Edit Worksheet

Take your time and answer the following questions about your partner's paper. You must write on this form, but may also mark on the original paper. Please focus on **content** (as opposed to line edits), as it is assumed that the writer will go through several more drafts of this article. However, please do comment where meaning is unclear. The goal here is to give **constructive feedback** so that your partner can improve the content of her/his paper (and your partner will do the same for you!). Before you write a comment, always think "would this feedback be helpful for me if this were my paper?" Discuss with your partner, but always make notes here so the author has a written record of feedback.

1. Does the draft contain significant information, or is it just adding details to whatever is already in the article? Paraphrase the important addition(s) here (e.g. addition of a new topic).

   Jessica's writing an article completely from scratch! There is an overall page containing statistics on maternal mortality, but none containing comprehensive information about mortality in the U.S. The article contains sections on prevention, causes, and prevalence, as well as the inclusion of a possible further reading section.

2. Is the draft organized in a logical way (and is clear/easy to follow)? If not, how could it be improved? (Some examples: needs transitions, topics addressed in different order, unfocused paragraphs)

   Article is organized in a clear way — an ideal section set-up may be to cover the occurrence of maternal mortality + its statistics first, then discuss the causes, then prevention.

3. Are there any unsupported statements in the draft? Please mark on the draft if there are any —
   you can expand on why here, if necessary.

   N/A

4. Does the annotated bibliography entry (or entries) meet all requirements? Does it identify why
   the source(s) is/are authoritative? Note what is missing and/or why it is strong here.

   Lots of comprehensive sources!

5. What is the best part of the draft? Why?

   It is a topic that is very something important to the U.S. gendered experience,
   and is organized in a thoughtful way. There is a wealth of information on this
   topic that would strongly benefit from being organized into a single source.
   The inclusion of the art installation on maternal mortality in Dealy Plaza and
   further reading on gendered experience of men and women in healthcare.

6. What is the weakest part of the draft? Why?

Draft is still in the notes stage — will love reading the draft later on to reevaluate!

Just because you have excellent feedback from a peer doesn't mean your work is done! Think about what feedback you wish to incorporate into your article. Do so. Then make sure to **edit your own work**. The next draft should be complete. The professor will mark what you can make live to Wikipedia on that draft!

Suggestions for Self-Revision:

Proofreading is important, but not everything. Make sure to think about your **content and style as well! I usually save proofreading for the last step: no sense in worrying about a comma in a sentence that might be cut anyway!

** **Read your writing out loud**. Listen to your writing the way someone else might hear it. Underline passages or sentences where you pause or stumble as you read them out loud. Go back to these passages later to see if they could be made clearer.

Take breaks as necessary. Work on another project. Watch some TV. Even better, sleep on it and revisit your writing the next day. You will often return with a fresh perspective. I frequently find mistakes I had previously missed and see solutions to problems I couldn't figure out the previous day.

Save only the good pieces. I know you've worked hard on the words you've written, but don't be afraid to set aside pieces that just aren't working. Remember, writing is a process!

Don't be afraid of your paper or the process. You have been working on this project for a while now and are capable of doing this. Don't be intimidated, but also don't skimp on the work that is necessary to produce a good paper. No one writes perfect first (or second) drafts.

Maternal mortality in the United States

From Wikipedia, the free encyclopedia

Maternal mortality refers to the rate in which mothers die from pregnancy-related causes. Although the United States of America spends more on healthcare than any other country in the world, more than two women die every day during childbirth, therefore making maternal mortality the highest in the USA compared to 49 other countries in the developed world.[1] In 2016, the number of pregnancy-and-childbirth related deaths totaled approximately between 700 to 900 with their ages ranging from 16 to 43. [2] Furthermore, the Centers for Disease Control and Prevention (CDC) declares that 60% of these deaths are preventable.

According to the United Nations, maternal mortality has worsened over the years and remains a human rights issue at the forefront of American healthcare. [3] In the US, hospital bills for maternal healthcare costs over $98 billion. Race, location, and financial status all contribute to how maternal mortality affects women across the country. According to many studies conducted by but not limited to Amnesty International, the United Nations, and federal programs such as the CDC, maternal mortality has not decreased within the past 20 years, and evidence shows that the death rate might be on the rise instead.[4]
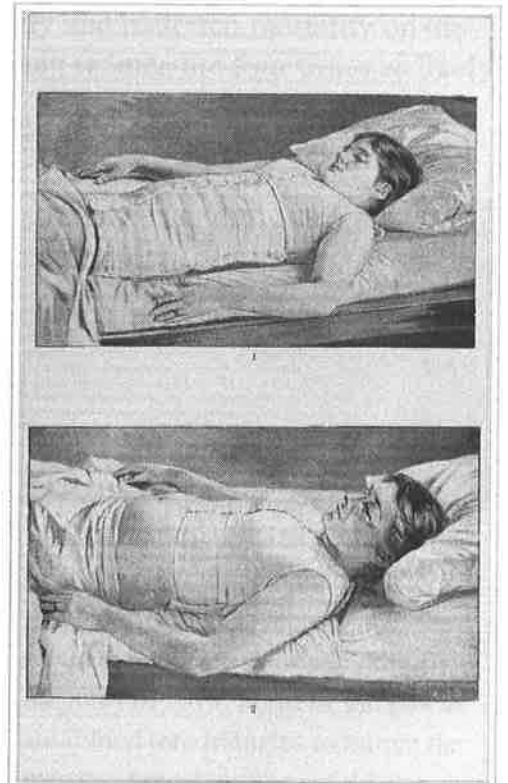

Illustration in black and white from an American obstetric textbook showing two images of a woman in labor. She is on her back lying in a bed with her head resting on a pillow in both illustrations, with a blanket covering the lower half of her body.The top image shows her wearing an abdominal binder and a breast binder. The bottom image shows her belly exposed and bigger than in the top image.

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Measurement

Amnesty International considers maternal mortality a healthcare crisis, based on their extensive research between 2008 and 2009. Healthy People is a federal organization that is managed by the Office of Disease Prevention and Health Promotion (ODPHP) at the U.S. Department of Health and Human Services (HHS). In 2010, the US maternal mortality ratio was 12.7 (deaths per 100,000 live births) which was 3 times as high as the Healthy People goal. Moreover, the US maternal mortality ratio, at 12.7 (deaths per 100,000 live births), was 3 times as high as the Healthy People 2010 goal, a national target set by the US government. [5]

...ne United States in 1987, the Centers for Disease Control and Prevention (CDC) and the American College ...i Obstetricians and Gynecologists (ACOG) created the Pregnancy-Related Mortality Surveillance System to monitor maternal death within a year of women giving birth and dying from any and all pregnancy and childbirth related causes per 100,000 live births. Prior to this change, the maternal mortality ratio monitored women 6 weeks postpartum per 100,000 live births.[6] With maternal morbidity and maternal mortality on the rise in the United States, studies have consistently shown that African American women are four times as likely to suffer from both, compared to Caucasian or Asian or Hispanic women.[6]

Causes

Maternal death can be traced to maternal health, which includes wellness throughout the entire pregnancy and access to basic care. In this context, the causes of maternal death can be illustrated as a continuum wherein "maternal health from wellness to morbidity to severe morbidity to death" is the cycle in which mothers often die of pregnancy related causes.[6]

More than half of maternal deaths occur within the first 42 days after birth. According to Amnesty International, five medical conditions collectively account for 74% of maternal deaths in the US.

Image of 1,200 hospital gowns hung from a rack in the middle of Daley Plaza in Chicago to represent all the mothers who died during childbirth in the USA in 2013. Some of the gowns are folded into triangles to mimic the way the American flag is folded at the funeral of a soldier. The gowns are pink, blue, yellow, green, and purple with various patterns.

1. Embolism 20%
   - A blood clot that blocks an essential blood vessel
2. Hemorrhage 17%
   - Severe blood loss
3. Pre-eclampsia and eclampsia 16%
   - Disorders associated with excessively high blood pressure
4. Infection 13%
5. Cardiomyopathy 8%

Social factors and healthcare access issues also contribute to the maternal mortality rate. In no particular order, these factors include:

1. Access to healthcare
   - Prenatal care
     - Doctors may be unwilling or unable to provide care for pregnant mothers, due to high costs. Many women are turned down due to Medicaid fees, as well. Women have also reported access and mobility as reasons why they are unable to seek prenatal care, such as lack of transportation and/or lack of health insurance. Women who do not have access to prenatal care are 3-4 times more likely to die during or after pregnancy than women who do. Access to prenatal care is an essential component for a healthy pregnancy, which decreases the chances of maternal mortality; however, women in America do not have easy and equal access to it.
   - Insurance
     - Insurance companies reserve the right to categorize pregnancy as a pre-existing condition, thereby making women ineligible for private health insurance. Even access to Medicaid is

curtailed to some women, due to bureaucracy and delays in coverage (if approved).

2. Discrimination
    1. Racial disparity
        - African-American women have maternal mortality rates that are four times higher than white women, and there has been no large-scale improvement over the course of 20 years to rectify these conditions.[7] Furthermore, women of color—especially "African-American, Indigenous, Latina and immigrant women and women who did not speak English" [1]—are deterred from seeking the care they need, due to discrimination.
    2. Economic disparity
        - It is estimated that 99% of women give birth in hospitals with fees that average between $8,900-$11,400 for vaginal delivery, and between $14,900-$20,100 for a cesarean.[1] Many women cannot afford these high costs, nor can they afford private health insurance, and even waiting on government-funded care can prove to be fatal, since delays to coverage usually result in women not getting the care they need from the start.
    3. Social disparity
        - Studies have shown that women are affected by the stress of being lower income, which then affects their pregnancies and unborn babies. In the US, women of color disproportionately experience stress related to financial burdens and racism when trying to gain access to healthcare. These women have a harder time maintaining or gaining access to healthy nutrition and even safe housing. These social factors are directly linked to the outcome of maternal care.
3. Cesarean birth
    - The Healthy People 2010 goal was to reduce the c-section rate to 15% for low-risk first-time mothers, but that goal was not met and the rate of c-sections has been on the rise since 1996, and reached an all-time high in 2009 at 32.9% (which is double what the WHO recommends between 5%-15%). Excessive and non-medically necessary cesareans can lead to complications that contribute to maternal mortality.[1]
4. Postpartum care
    - Women in the US usually meet with their physicians just once after delivery, six weeks after giving birth. Due to this long gap during the postpartum period, many health problems remain unchecked, which can result in maternal death. Just as women, especially women of color, have difficulty with access to prenatal care, the same is true for accessibility to postpartum care. Also, postpartum depression can also lead to untimely deaths for both mother and child.

Inconsistent obstetric practice, increase in women with chronic conditions, and lack of maternal health data all contribute to maternal mortality in the US. A nationally implemented guideline for pregnancy and childbirth, along with easy and equal access to antenatal services and care, and active participation from all 50 states to produce better maternal health data are all necessary components to reduce maternal mortality.[8]

Prevention

Research shows that, in the US and in many other countries, women and infants both benefit from a midwifery model of care. These studies conclude that a midwifery model of care has been proven to reduce the amount of medical interventions that may lead to complications and death, when administered unnecessarily and

cessively (i.e. episiotomies and cesareans). [1] That is not to say that cesarean births are in any way bad or useless. In fact, cesarean births can save lives when medical emergencies arise. However, in the US, excessive rise in cesarean births have been linked with maternal mortality.

The Hospital Corporation of America has found that a uniform guideline for birth can improve maternal care, thereby reducing the amount of "lower maternal and fetal injury, fewer c-sections and reduced litigation." However, no such mandated guideline currently exists. [1]

To prevent maternal mortality moving forward, Amnesty International suggests these steps:

1. Increase government accountability and coordination
2. Create a national registry for maternal and infant health data, while incorporating intersections of gender, race, and social/economic factors
3. Improve maternity care workforce
4. Improve diversity in maternity care

According to the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, out-of-hospital births (such as home births and birthing centers) "generally provided a lower risk profile than hospital births." [9] Contextually, birth trends are indicative of birth statistics, and midwifery models of care and mainstream obstetric care are not mutually exclusive nor do they have to be.[4] For example, in Canada where the maternal mortality rate is lower than the United States, midwifery and obstetric care often complement each other to offer woman a wide arrange of pregnancy and birthing options, wherein informed choice and consent are fundamental tenants of their reformed maternity care. [10] The maternal mortality rate is twice as low in Canada than the United States, according to a global survey conducted by the United Nations and the World Bank.[11]

Black and white image of an African-American midwife with glasses holding twins in front of a house, with another African-American woman standing behind her to the left. The photo was taken in Tallahassee, Florida.

Gender bias and obstetric violence in the medical field also important factors when discussing maternal wellness, care, and death in the United States.[12]

See also

- Child health
- Confidential Enquiry into Maternal Deaths in the UK
- Infant mortality
- List of women who died in childbirth
- Maternal mortality in fiction
- Obstetric transition

- Perinatal mortality
- Primary care
- Sepsis
- *The Business of Being Born*, a 2008 documentary
- Reproductive rights

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Image of a woman about to give birth in the delivery room of Loretto Hospital in New Ulm, Minnesota. The mother is on her back with her legs spread across, two hospital attendants in on the right, her husband on the left, and everyone is wearing a facemark and hospital gown. Industrial equipment are in the room with a light above the mother.

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title=Maternal_mortality_in_the_United_States&oldid=793566946"

Maternal mortality in the United States: Revision history

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[Compare selected revisions]

- (cur | prev) ⊙ 15:59, 2 August 2017 Yellowbluebus90 (talk | contribs) . . (16,028 bytes) (+159) . . (added citations) (undo) *(Tag: Visual edit)*
- (cur | prev)⊙ 15:26, 2 August 2017 WereSpielChequers (talk | contribs) m . . (15,869 bytes) (0) . . (typo) (undo | thank)
- (cur | prev)○ 06:12, 2 August 2017 Yellowbluebus90 (talk | contribs) . . (15,869 bytes) (+25) . . (→See also: Added reproductive rights to the list) (undo) *(Tag: Visual edit)*
- (cur | prev)○ 06:05, 2 August 2017 Yellowbluebus90 (talk | contribs) m . . (15,844 bytes) (-327) . . (undo) *(Tag: Visual edit)*
- (cur | prev)○ 06:01, 2 August 2017 Yellowbluebus90 (talk | contribs) . . (16,171 bytes) (+93) . . (→Prevention: I undid the change regarding out-of-hospital births vs hospital births, because I think birth trends are not only indicative, but relevant, when discussing birth statistics in any capacity.) (undo) *(Tag: Visual edit)*
- (cur | prev)○ 05:58, 2 August 2017 Yellowbluebus90 (talk | contribs) . . (16,078 bytes) (**+891**) . . (Undid revision 793491245 by EricEnfermero (talk)) (undo) *(Tag: Visual edit)*
- (cur | prev)○ 04:41, 2 August 2017 Yellowbluebus90 (talk | contribs) . . (15,187 bytes) (-127) . . (→Prevention) (undo) *(Tag: Visual edit)*
- (cur | prev)○ 02:28, 2 August 2017 EricEnfermero (talk | contribs) . . (15,314 bytes) (+90) . . (→Prevention: this passage really didn't summarize what the data said - this low risk profile just means that more high-risk women are getting to hospitals to deliver) (undo | thank)
- (cur | prev)○ 02:12, 2 August 2017 EricEnfermero (talk | contribs) . . (15,224 bytes) (**-1,434**) . . (→See also: generally, See Also is just wikilinks without commentary; See Also should not generally include wikilinks easily accessible in the body of the article) (undo | thank)

- (cur | prev)◯   02:06, 2 August 2017 EricEnfermero (talk | contribs) . . (16,658 bytes) (+213) . . (just pointing out one issue that needs addressing) (undo | thank)
- (cur | prev)◯   01:25, 2 August 2017 Yellowbluebus90 (talk | contribs) . . (16,445 bytes) (+340) . . (Added more to "See also") (undo) *(Tag: Visual edit)*
- (cur | prev)◯   01:11, 2 August 2017 Yellowbluebus90 (talk | contribs) . . (16,105 bytes) **(+891)** . . (Added more to "See also") (undo) *(Tag: Visual edit)*
- (cur | prev)◯   00:36, 2 August 2017 Yellowbluebus90 (talk | contribs) . . (15,214 bytes) **(+1,277)** . . (Added more details to "Measurement" and "Causes") (undo) *(Tag: Visual edit)*
- (cur | prev)◯   23:08, 1 August 2017 Cullen328 (talk | contribs) . . (13,937 bytes) (-27) . . (Remove orphan tag - no longer an orphan) (undo | thank)
- (cur | prev)◯   17:18, 1 August 2017 Dodger67 (talk | contribs) . . (13,964 bytes) (+41) . . (added Category:Health in the United States using HotCat) (undo | thank)
- (cur | prev)◯   17:17, 1 August 2017 Dodger67 (talk | contribs) . . (13,923 bytes) (-2) . . (added Category:Maternal health; removed {{uncategorized}} using HotCat) (undo | thank)
- (cur | prev)◯   18:30, 31 July 2017 Dodger67 (talk | contribs) m . . (13,925 bytes) (0) . . (Dodger67 moved page Maternal mortality in the USA to Maternal mortality in the United States: Move to correct the title, we never use "USA" unless it is part of anmactual official name) (undo | thanked)
- (cur | prev)◯   06:08, 31 July 2017 EricEnfermero (talk | contribs) . . (13,925 bytes) (+120) . . (→Causes: grammar/syntax, avoiding the phrases "die from maternal death" or "die from maternal mortality", added a clarify template) (undo | thank)
- (cur | prev)◯   05:59, 31 July 2017 EricEnfermero (talk | contribs) . . (13,805 bytes) (-456) . . (→Causes: distinguishing between causes of death and factors that contribute to the deaths) (undo | thank)
- (cur | prev)◯   01:56, 31 July 2017 Yellowbluebus90 (talk | contribs) . . (14,261 bytes) (+251) . . (undo) *(Tag: Visual edit)*
- (cur | prev)◯   01:52, 31 July 2017 Yellowbluebus90 (talk | contribs) . . (14,010 bytes) (+334) . . (Added bullets under "See also" from main maternal mortality page.) (undo) *(Tag: Visual edit)*
- (cur | prev)◯   08:00, 30 July 2017 Vanjagenije (talk | contribs) . . (13,676 bytes) (+61) . . (Added tags to the page using Page Curation (uncategorised, orphan)) (undo | thank)
- (cur | prev)◯   08:00, 30 July 2017 Vanjagenije (talk | contribs) . . (13,615 bytes) (-37) . . (undo | thank)
- (cur | prev)◯   07:33, 30 July 2017 Yellowbluebus90 (talk | contribs) . . (13,652 bytes) **(+13,652)** . . (←Created page with ' == Maternal mortality in the USA == File:An_American_text-book_of_obstetrics._For_practitioners_and_students_(1897)_(14581295649).jpg|link=https://en.wikipedi...') *(Tag: Visual edit)*

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20:03, 13 July 2017 (UTC)

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Your recent article submission to Articles for Creation has been reviewed! Unfortunately, it has not been accepted at this time. The reason left by Howicus was:

Thank you for your submission, but the subject of this article already exists in Wikipedia. You can find it and improve it at Maternal mortality in the United States instead.

The comment the reviewer left was:

Thanks for contributing this article. However, now that a version of the article is live, you should edit that article rather than creating a new draft.

Please check the submission for any additional comments left by the reviewer. You are encouraged to edit the submission to address the issues raised and resubmit <u>when they have been resolved</u>.

- If you would like to continue working on the submission, go to Draft:Maternal death in the United States and click on the "Edit" tab at the top of the window.
- If you need any assistance, you can ask for help at the **Articles for creation help desk** (https:/

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n=new&nosummary=1&preload=Template:Afc_decline/HD_preload&preloadparams%5B%5
D=Draft:Maternal_death_in_the_United_States).

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Howicus (Did I mess up?) 17:09, 1 August 2017 (UTC)

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