



RACE, INFORMATION, AND POWER IN PERINATAL CARE AND CHILDBIRTH

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INTRODUCTION

Information literacy and information literacy instruction are increasingly central to the missions of academic libraries. At my institution and at many others, information literacy is thought of as a general education outcome for undergraduates, a critical thinking skill for the information age. And yet we define information literacy largely from the perspective of academic librarians and in the context of college coursework.

With this paper I turn our attention away from our institutional and disciplinary contexts to focus on actually existing information interactions, using the example of information exchange in perinatal care as a case study. This analysis renders visible how information becomes a conduit for the exercise of power within the intersecting raced, classed, and gendered systems of power that shape pregnant people's interactions with their care providers. Based on this example, I argue that academic librarians, the majority of whom are white women, have defined information literacy in our own image, conceptualizing and valorizing it as an individual skillset in a way that reflects white women's experience of information interactions. My goal is to critique information literacy as itself a form of information privilege and an engine of information marginalization, to raise some questions about what it might look like to reconsider information literacy within the societal structures of oppression and domination that shape it, and to point towards some preliminary answers and avenues for future research.

THEORETICAL FRAME

This paper builds on a stream of research in LIS that calls for interrogating whiteness within the profession as a structural phenomenon. As Honma and Leung and López-McKnight have argued, the ways that whiteness and white supremacy have shaped every facet of this profession have generally been left unspoken and invisible.¹ To make it visible, we must go beyond what Hudson calls the "diversity paradigm," focused on representation and inclusion, and instead confront librarianship as an institution in which and through which the racial order is reproduced.² Given the overrepresentation of white women in librarianship, doing so requires paying particular attention to how gender "operate[s] in relation to whiteness" within the profession.³

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Whiteness and Cultural Capital

My analysis of whiteness here follows Hathcock's definition, which "use[s] 'whiteness' to refer both to the socio-cultural differential of power and privilege that results from categories of race and ethnicity and as a marker for the privilege and power that acts to reinforce itself through hegemonic cultural practice."⁴ That dovetails with Lewis's definition of hegemonic whiteness as "a shifting configuration of practices and meanings that occupy and secure the dominant position in a particular racial formation."⁵ A crucial insight in both definitions is that, while whiteness involves cultural capital, it does not operate purely on a cultural or symbolic level. Rather, the cultural is intimately intertwined with the material and the structural, which is how it serves to both justify and reproduce white privilege.

I want to be quite clear about what I mean by cultural capital, as I have seen this concept used within LIS in a way that I prefer to avoid. Cultural capital is not about quantity or quality—it is not that some people have more or better cultural resources. The issue is that dominant cultural resources are privileged and thus function as a form of capital. Throughout this paper the phrase "white middle-class cultural capital" denotes the sorts of cultural practices or meanings that are privileged for no good reason other than that they are associated with hegemonic whiteness.

Information Privilege and Marginalization

Information privilege, as originally defined by Booth, "situates information literacy in a sociocultural context of justice, recognizing privilege as the advantages, opportunities, rights, and affordances granted by status and positionality."⁶ Theorization of this concept has occurred in the context of academic instruction librarianship, and thus tends to focus on privilege in terms of access to scholarly information. But there is ample room in Booth's definition for a more expansive understanding of the information privileges tied to social location, which I begin to develop with this paper.

A complementary concept is Gibson's theory of information marginalization, which describes how socio-technical information systems and processes "push and hold certain groups of people at social 'margins.'"⁷ What is key about Gibson's formulation is that it pivots away from a focus on the individual and their privileges or lack thereof vis-à-vis information, and instead draws attention to information as a mechanism of marginalization.

RESEARCH QUESTIONS AND METHOD

In tying together these theories of whiteness, information privilege, and information marginalization, this paper seeks to foreground the power relations at play in information interactions and point towards a critique of information literacy as gendered, racialized cultural capital. The specific question I address is how race, gender, and class shape patient-provider information exchanges in perinatal care. The method I employ to answer this question is a review of the sociomedical literature on race and perinatal care, focusing on information interactions with care providers.

I treat this as a case study because the goal is not simply to review the perinatal care literature on this topic but rather to speak to two overarching research questions of deep relevance to librarianship: How does information literacy function within patriarchal and white supremacist structures? How might our foundational assumptions about information literacy be inflected by our positions within these power structures? Perinatal care makes for an informative case study because it is crisscrossed with raced, classed, and gendered systems of power, enabling us to unpack how information literacy and information privilege operate within those systems.

My positionality in approaching this topic is that of a white, middle-class, cis-hetero woman and mother, and my experience of maternal health care in the U.S. has been shaped by the intersections of my race, class, and gender. In this setting, I've used information in ways that I've experienced as empowering, enabling me as a woman to push back and advocate for myself in a patriarchal system that does not care for women well. It is critical that I recognize how my whiteness and my class privilege carved out the space for that self-advocacy and take care not to assume that my experience is universal or generalizable. Similarly, it is critical that we as an overwhelmingly white, female profession acknowledge that the information interactions we experience in our everyday lives are experienced as white women and examine how that positionality undergirds our understanding of information literacy.

INFORMATION AND REPRODUCTIVE JUSTICE IN PERINATAL CARE

Information in Medicalized Pregnancy and Childbirth

Today 99% of pregnant people who give birth in the United States do so in a hospital.⁸ But less than a century ago the norm was to give birth at home, attended by a lay midwife. As pregnancy and childbirth were increasingly medicalized in the first half of the 20th century, these lay midwives, who were predominantly black women, were gradually replaced by obstetricians, who were predominantly white men.⁹ This history exemplifies the multivalent racial, gender, and economic power dynamics at play when authority is in the process of being constructed and reconstructed. Underlying this historical shift was a set of ideologies about the types of information, knowledge, and expertise that count in pregnancy and childbirth.

Beginning with the women's health movements in the 1960s and 70s, feminist scholars have critiqued the ideologies of medicalization for having redefined a natural physiological process of the female body as a "techno-medical event" requiring scientific expertise and management. Their critiques have focused on how the unequal power dynamics between doctors and their patients are situated within a maternal health care system built in a larger social context of gender inequality.¹⁰ Yam argues that the "progress narrative" presented by medicalization "portrays biomedical technologies and medical institutions as superior to and more trustworthy than the embodied and experiential knowledge of birth held by midwives and the pregnant women themselves."¹¹ The result is a paternalistic system of care in which "doctor knows best" and pregnant people must depend on their doctors to make decisions for them, rather than making informed choices as active agents in their own care.¹²

Several scholars and activists of color, many associated with the reproductive justice movement, have observed that the women's health movement has primarily focused on the needs of white, middle-class women.¹³ They argue that justice requires widening the lens from the white feminist focus on individual rights, choice, and access to the systems and institutions that enable or impinge on those choices. Similarly, considering the information exchanges that are central to perinatal care from a reproductive justice perspective requires a shift in focus away from information literacy as individual knowledge practices and dispositions to the social contexts and interactions in which they are used. These interactions take place within the asymmetrical power relationships between patients and care providers, which exist within a neoliberal medical system, which exists within a paternalistic and white supremacist society. Thus activities associated with information literacy, such as accessing, understanding, and using information, take place within these nested power dynamics. Information is far from neutral; it serves as a key conduit for the exercise of power, impacting pregnant people differently depending on race, class, ethnicity, and other intersecting aspects of their social location.

Race, Class, and Information Gatekeeping

Prenatal care in the United States has the fundamental function of getting and giving information.¹⁴ Providers collect data on patients' bodies and habits and monitor their developing fetuses, and they provide information on what to expect and how to manage each phase of pregnancy and prepare for childbirth. Throughout prenatal care and during childbirth, physicians act as information gatekeepers, providing some information, withholding other information, and otherwise shaping the information they give to encourage their preferred decisions.

The intersections of race and gender power dynamics are particularly salient here. The care pregnant and birthing parents receive—and the information they are provided as a key component of that care—is profoundly unequal. A large body of research indicates that pregnant people of color experience disrespectful and discriminatory prenatal care due to health care providers' use of stereotypes and implicit biases. Race and ethnicity intersect with class in these experiences of care, but this pattern of discriminatory care is found among middle and upper-middle class women of color as well as lower class women.¹⁵

One tangible aspect of this discriminatory care is care providers' differential provisioning of information to patients based on race- and class-based assumptions about their knowledge, abilities, or personal proclivities. For example, black women are less likely to be advised by their clinicians to decrease smoking and alcohol

use during their pregnancies.¹⁶ Low-income women of color experience unmet information needs surrounding clinical decisions and procedures.¹⁷ They describe information as having been selectively packaged for them, particularly when they feel they are perceived as “undesirable” patients based on their race, class, or immigration status; this packaging of information heightens the patient-provider power dynamic and decreases women’s ability to be actively involved in their own care.¹⁸ Even middle-class black women, with higher levels of education and human capital, experience asymmetrical power relations in which care providers fail to provide them with the information they need to give informed consent to clinical procedures.¹⁹

In line with Foucault’s work on disciplinary power,²⁰ McCabe has argued that the exercise of power through covert techniques such as information gatekeeping “demonstrates that power operates not only through repressive techniques but also through enabling choices and freedom, producing subjects according to their capacities and resources, and consequently, reproducing inequality in care interactions.”²¹ In an ethnographic study of prenatal care of women of color on public health insurance at an urban hospital, Bridges observed that the information provided to pregnant women in prenatal care did not serve to educate women, but merely to train them in the procedures and expectations of medicalized prenatal care and childbirth in the hospital.²² Similarly, Armstrong found that the working-class Latina and African-American pregnant women in the hospital-based prenatal education she observed were targets of disciplinary practices meant to inculcate in them the values and expectations of the hospital.²³

The “Informed Patient” Ideal

One outgrowth of medicalization has been the emergence of the “informed patient.” The informed patient is a cultural ideal according to which patients independently gather information and learn about their health conditions, empowering themselves to negotiate treatment collaboratively with their doctors.²⁴ As Collins points out, the notion of “empowerment” as it pertains to the work of mothering is inevitably classed and raced.²⁵ Deeb-Sosa and Kane have argued that the informed patient ideal is closely linked to the white, middle-class intensive mothering ideal, in which “mothers are self-sacrificial, wholly responsible, and emotionally, physically, and intellectually absorbed in their children.”²⁶ It moralizes a particular approach to pregnancy and mothering that is individualistic and consumer choice driven, and thus primarily available to white, economically privileged mothers.²⁷ Song and colleagues have argued that both a woman’s desire to take on the role of informed patient and her ability to do so effectively are closely tied to her social location. They show that white middle-class expectant mothers engage in a complex negotiation of meticulous information gathering, assimilation of scientific knowledge, and deference to medical authority that requires them to leverage the economic, social, and cultural capital associated with their race and class privilege.²⁸

Yet, the women in their study did not use the considerable work they put towards informing themselves to resist the biomedical paradigm, but instead sought out sources that affirmed established medical authority. Similarly, Dixon-Woods argues that the informed patient discourse privileges bio-medical information over other forms of information to such an extent that rather than empowering patients as “information for choice” it serves instead as “information for compliance.”²⁹ Song and colleagues conclude that “the convergence of intensive mothering and informed patient ideals works to create a particularly powerful technology of the self for white middle-class pregnant women.”³⁰ While these women’s race and class privilege enable them to access and use information as a means of exerting some control over their reproductive care, their performance of the informed patient ideal ultimately reifies cultural expectations of intensive mothering held within these privileged groups without challenging the biomedical paradigm. For these more privileged women, information literacy itself operates as disciplinary power.

IMPLICATIONS FOR INFORMATION LITERACY

This example of information exchanges in perinatal care illustrates a multitude of ways that power operates in and through information interactions. The options and constraints available to women within these power-laden information interactions vary based on race and class. In this final sec-

tion, I discuss two implications of this example for the ways we as librarians think about and teach information literacy. The first is an expansion of the concept of information privilege as connected to information literacy. The second is initial sketches towards a critique of how the dominance of white women in our profession is reflected in our values and concepts surrounding information literacy.

On Multidimensional Information Privilege

The perinatal care example illustrates the complex ways information privilege and marginalization operate. In terms of accessing information, it is clear that information privilege is tied to social location in ways that extend beyond paywalls and open access and internet connections. Because, in practice, people's every day information gathering involves interactions with other people and with social institutions, and all the multivalent power structures that entails. The active process of information gatekeeping and marginalization that characterizes care providers' interactions with pregnant people of color likely constrains access to information in other contexts as well.

Moreover, it is not only *access* to information, but also *use* of information that is shaped by social location. For example, consider this quote from a middle-class Black mother about the discriminatory care she received during childbirth: "I just know that for Black moms, you will never be treated like your White friends. I made that mistake thinking because I am someone educated, and I was informed about the birth process and everything, that this wouldn't happen to me." Whether or not a person is listened to is a separate question from whether or not they have access to quality information, and is its own form of information privilege tied to other markers of social privilege.

The key point here for those of us who are teachers of information literacy is that we need to think about and teach information literacy not just in individualistic terms, as has been our tendency, but as occurring within interactions. Thinking of information literacy as interactional highlights, first, the fact that it is not used within a vacuum but within specific power structures that differentially enable or constrain its use. Second, it emphasizes that people on all sides of that relationship—both the future patient and the future doctor—pass through our classrooms. Indeed, most of our students will occupy various places within the power dynamics of information exchanges in various circumstances. What does information literacy look like, then, if we think through our students' future roles not just as users or producers of information, but also as providers and sharers of information, as hearers and receivers of information, and as information participants and collaborators? If we consider that students' ability to exercise information literacy is not simply a product of their own intellectual abilities but also of the external forces exerted by the gendered, raced, and classed systems of power in which they operate? Where can we see the potential for information marginalization, and how can our teaching resist or disrupt it?

On Information Literacy as Cultural Capital

The springboard for the second point about information literacy I derive from this case study is the concept of the "informed patient" as a raced, classed, and gendered cultural ideal. Recall that the informed patient's information literacy functions as a disciplinary power of the self, that its purpose is less about using information to make good decisions, and more about inhabiting the role of educated middle-class white mother. Along these lines, we can think of information literacy as gendered and racialized cultural capital with ties to hegemonic white womanhood, and so as both a form of information privilege and a potential engine of marginalization. I do not mean to suggest that this the *only* thing information literacy is, nor that people of color or nonbinary people or men cannot be information literate. But it is the case that we have conceptualized information literacy from the standpoint and experience of the white women who dominate our profession, and then presented it as a universalized set of knowledge practices and dispositions.

In her classic article interrogating how LIS as a feminized field has done the reproductive work of protecting and promoting white hegemony, Schlesselman-Tarango points to how the Victorian-era archetype of Lady Bountiful shaped librarianship. She concludes, "Lady Bountiful...is the product of various systems of power in addition to white supremacy and patriarchy, and she likely works in particular ways depending on context...The

scope of her mission, what it means to educate, the composition of her femininity, who can inhabit or ‘pass’ as this lady are all socially and historically contingent, affected by a myriad of forces.”³¹ The “informed patient” as a cultural ideal linked to white, middle-class mothering practices can be read as a specific instance of a broader archetype, whom I will call the Well-Informed White Lady. The Well-Informed White Lady is a contemporary, information age instantiation of Lady Bountiful. She is an archetype of idealized, white womanhood (motherhood in particular) that is specific to the intersections of patriarchy and white supremacy with neoliberalism. In a society in which public amenities like maternal health care have become privatized consumer choices, she arms herself with information, which she uses to secure advantages for herself and her children. (For another example, consider school choice policies, which have had the effect of resegregating urban public-school systems because white families, with white mothers typically doing the legwork, use them to opt out of racially diverse schools.) As Audre Lorde has observed, “In a patriarchal power system where whiteness privilege is a major prop...white women face the pitfall of being seduced into joining the oppressor under the pretense of sharing power.”³² The intensive information gathering and decision making associated with “good mothering” exerts disciplinary power over white women, engaging them in the labor of reproducing white privilege.

Librarianship is a predominantly white and female profession, and the Well-Informed White Lady looms in the ways we think and talk about information literacy. One place I see her influence is in our discourse of information literacy as “empowering.” We champion information literacy, saying we want to empower our students to be informed consumers, effective citizens, etc. But, as we see in the example of perinatal care, and as Collins reminds us, empowerment is a classed and raced discourse.³³ The ways we experience power in information interactions, whether and how information empowers us or exerts power over us, depend on our intersecting social locations. Moreover, we tend to talk about information literacy as empowerment in individualistic terms. A central observation from the reproductive justice movement is relevant here: white women’s focus on securing their individual rights obscures the structural change we need to ensure the well-being of all. Shifting the focus from rights to justice highlights the need to build relationships of collective power. With that in mind, here are some questions we could be asking that are obscured by our discourse of information literacy as universalized individual empowerment: To whom and for whom is information literacy as empowerment available? How is information being used to disempower and to marginalize? What structures are in place that are creating the need for people to be empowered with information literacy? How do information privilege and information marginalization interact with race, class, gender, and other forms of social inequality?

A second place where we might locate the Well-Informed White Lady within librarianship is in the ACRL Framework for Information Literacy (in which race is glaringly absent).³⁴ A line-by-line analysis is outside the scope of this paper, but an overarching observation for us to consider is this: The framework is based on threshold concepts as portals into dispositions and knowledge practices. Those are the same terms Bourdieu used to theorize cultural capital as dispositions of the mind, and habitus as a system of dispositions that informs practices. When we, as a very white, very female profession, frame information literacy in terms of dispositions and practices, we run the risk of inscribing white women’s cultural capital as normative, universalizing and even moralizing our own culturally embedded dispositions and knowledge practices. What would it look like if instead we were to maintain a constant, critical self-awareness about how our collective positionality as a profession shapes our thinking about information literacy? How might we think of information literacy differently? What if we allowed space for retheorizations of information literacy from non-white standpoints and experiences (perhaps from something like Yosso’s community cultural wealth perspective)?³⁵

CONCLUSION

To conclude, my goal in analyzing a specific type of actually existing information interaction in this paper was to render visible the power dynamics surrounding the use of information in our everyday social worlds. I acknowledge that I raise more questions here than I provide answers, but my hope is to prompt both myself and other white female librarians to carefully consider how our understanding of information literacy may be specific to our particular social locations. Because if we keep framing information literacy in terms of white women’s experience, without fully considering how race and class privilege shape those experiences, without addressing

the underlying power structures that both necessitate information literacy and enable it to perform the work of reproducing racial inequality, then it will not be “empowering” for anyone but us. It will tend towards upholding rather than challenging structures of oppression.

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