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Sovereignty and the Black and Brown Body in the Maternity System

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By Mars Lord

Sovereignty means ownership. It means the right to decide what happens to your body, on your terms, without justification, without negotiation, without fear of consequence. For most people this is framed as something already possessed that simply needs protecting. For Black and Brown birthing people in the UK, sovereignty has rarely been ours to lose. The question is whether it was ever handed to us at all.

The maternity system in the UK sits inside a society shaped by racism. It is not separate from that society, nor is it an exception to it. The NHS was built on the labour of Black and Brown people brought here by invitation and treated with contempt. The knowledge systems it draws on have roots in colonial medicine — experimentation on Black bodies, the dismissal of indigenous knowledge, hierarchies of care that mapped neatly onto hierarchies of race. You do not clean that history from an institution through good intentions or diversity targets. The institution carries it.

So when a Black or Brown birthing person enters a maternity ward, they do not enter neutral territory. They enter a space with institutional memory. A space that has historically regarded Black and Brown bodies as higher risk, more difficult, less reliable narrators of their own experience. The data tells us what that costs. Black women in the UK are still significantly more likely to die in pregnancy or childbirth than white women. Asian women are almost twice as likely. These are not anomalies. They are outcomes.

Sovereignty, in this context, is not just a philosophical question. It is a survival one.

As a doula, I have been in those rooms. I have watched questions get shut down mid-sentence. I have sat with families who were threatened with Social Services referrals for exercising informed refusal. I have seen Black and Brown birthing people labelled aggressive, accused of bullying, for doing nothing more than declining a recommendation or asking what the evidence was. And I have heard, more than once, a doctor instruct a midwife to go back into the room and tell the birthing person that this is what we will do. Not what we recommend. Not what we advise. What we will do.

That sentence tells you everything about whose sovereignty is considered real.

To claim your body in a system like this is to make yourself legible as a problem. The system does not respond neutrally to a Black woman asserting herself. It responds from within its own history. And its history is not ours.

Bodily sovereignty should mean that your decisions about your body are final. That informed refusal is as valid as informed consent. That your knowledge of your own body is treated as evidence, not attitude. For Black and Brown birthing people, that is still contested ground. Not because we do not understand our rights, but because understanding them and accessing them are not the same thing.

The gap between those two things is where we keep dying.

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