Tamar Braxton: “Uterine Fibroids Was the Root Cause of My Fertility Issues”

The singer and entrepreneur shares her experience with uterine fibroids to urge all women who are affected to speak up and be heard.

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Like many African-American women, Tamar Braxton was unaware that the heavy bleeding she experienced during her monthly menstrual cycle was not normal. Braxton spoke during a roundtable discussion titled “Unmuting Fibroids: Getting Loud for Equal Care” organized by the Black Women’s Health Imperative, a national nonprofit focused on advancing health equity and social justice for Black women across their life span, and Project Health Equality, a multifaceted, multiyear initiative launched by Hologic, a tech company specializing in women’s health.

“Fibroids were regular in my household growing up because I grew up in a house full of Black women,” she says. “I thought that this was everyone’s experience because, without giving my sisters’ personal information away, most of us suffered from this disease.”

Although doctors are not sure what causes fibroids, evidence suggests that these usually noncancerous tumors run in families. Perhaps, this genetic aspect is one reason many women with the condition believe that the symptoms they experience during menstruation are typical. Braxton believed that “this is just what a normal period was like” both for her and a few of her siblings, so she resigned herself to “having an insane amount of bleeding to the point where I became anemic,” she says.

“Bleeding heavily for 10 days is not normal at all, but if that’s what your mom or sisters experienced, you might think it is,” says Erica Marsh, MD, chief of the division of reproductive endocrinology and infertility at the Center for Reproductive Medicine at Michigan Medicine Von Voigtlander Women’s Hospital. “These misconceptions of ‘normal’ [are] a big reason many women delay treatment and suffer longer.”

Braxton’s symptoms also included heavy cramps. She had to take time off from school because she couldn’t get out of bed. Her siblings’ symptoms matched her own, further normalizing the monthly nightmare.

Then, one day, Braxton visited her doctor and learned that she had other reproductive health problems. “I found out that I had fertility issues, which was because of my fibroids,” she says. “I

remember having numerous conversations openly about my infertility issues and not talking about the core problem.

“A lot of people want to talk about infertility because I think that’s a conversation that’s more comfortable to have instead of [talking about] the root of the issue, which was the fibroids,” Braxton observes.

Two of Tamar’s sisters, Toni and Traci, chose hysterectomy to treat their fibroids. “The only advice that I can offer is to regularly get yourself checked out and do a lot of research,” she suggests. “When I was growing up, I didn’t do a lot of research because I thought it was what our periods are supposed to look like and be like. And do a lot of research even after you talk to your doctors. Do research on what they’re talking about too, because the result doesn’t always have to be a hysterectomy!”

According to the University of Michigan’s Institute for Healthcare Policy & Innovation, Black women are twice as likely as white women to opt for hysterectomy. One third of these surgeries to remove the uterus are performed on women during their peak childbearing years, ages 18 to 44.

“Despite minimally invasive options, Black women continue to dominate the percentages of women having hysterectomies for benign disease,” says Marsh. “We need to understand why.”

“A nearly 80% incidence of any medical condition should be a major public health priority,” says Linda Goler Blount, president and CEO of the Black Women’s Health Imperative. “Unfortunately, despite the prevalence and severity of uterine fibroids experienced by Black women, there remain deep disparities in how we receive care.”

Blount’s organization has identified uterine fibroids as one of the key health issues affecting Black women and girls in the United States, one that the medical care system must address.

“Health care providers, particularly the gynecologists who treat most women with fibroids, play an important role in advising and guiding women as they decide on the best treatment for their fibroids. Extensive research shows that provider beliefs and biases about Black women are linked to racial disparities in health and health care,” observes Blount. “Often, these biases are unconscious, but they still affect the care and recommendations provided by the physician and the trust a woman has in the recommended treatment. Physicians should be trained to recognize their own biases and learn strategies to prevent them from influencing the care they deliver.”

Today, advocates for health equity are calling more attention to uterine fibroids and the racial disparities that stand between Black women and culturally competent care. The landscape has also changed for Braxton, who is much more at ease discussing the problem.

“I thought there was something wrong with me until I knew that I had shared this experience with so many other [women], especially African-American women who had infertility issues,” she says. “Nine times out of 10, they had fibroids since they were younger.”

Braxton agrees that it’s time for all women to unmute themselves so that their voices can be heard.

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