

MENDS

Community strategies for improving maternity care: Insights from Black and Pacific Islander mothers in San Francisco



Overview

The US has higher rates of maternal death and morbidity than peer nations, and these rates inequitably affect certain communities. Nationally, Black and Indigenous communities are disproportionately burdened. In California, other minoritized communities are as well, such as Pacific Islander individuals. Research shows that many factors contribute to these rates, especially the compounding effects of structural racism—which affects patients' access to high-quality prenatal, intrapartum, and postpartum healthcare—as well as historic and contemporary discrimination and bias.

Fortunately, California and many health systems have taken steps to try to improve maternal health outcomes and reduce inequities in them. Examples include changes in data reporting, patient supports, and enhancements to the training and diversity of the maternity care workforce. However, these changes are rarely guided by the communities most affected by maternal health inequities. Our community/academic team—the MENDS Study—is working to change that.

In the Fall of 2024, we brought together eleven women who identified as Black and/or Pacific Islander, representing communities that are disproportionately affected by maternal health inequities in San Francisco. Ten had experienced maternity care at a San Francisco hospital, and one had delivered at a regional independent birth center. Across two in-person meetings and more than five hours, these community experts developed 48 powerful, specific, and actionable recommendations for how their local hospitals can make birth care better and safer for their communities.

We urge our hospitals to engage with these ideas sincerely, honorably, and humbly, over time; to root this work in love and courage; and to collaborate on these efforts with representatives of the communities they serve.
(More info on page 5)

If my hospital acted on these recommendations...
“ it would feel like peace, support, protection for myself and my baby.

- Community expert

The MENDS team is developing resources to support hospital-community partnerships. Please join our mailing list or reach out directly to be connected. We also welcome conversations and partnerships connected to this work. We plan to continue this work in additional regions in the coming years. Please get in touch!

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Recommendations from Community Experts: Ways to Make Maternity Care Better and Safer for Black & Pacific Islander Communities

The following recommendations address seven domains of the perinatal experience—key areas of opportunity for hospitals to promote health and build trust. **These domains (A-G) represent major goals that hospitals can and should pursue to improve care for Black and Pacific Islander communities.** The recommendations within them (bulleted) provide a wide range of powerful community-driven strategies that hospitals can use to achieve them. All of the recommendations apply to uncomplicated labor and delivery; most recommendations would help all patients.

Below, we present—in their own words—34 recommendations that multiple community experts endorsed as “highest priority” items. **The six highest-ranked recommendations, across domains, are bolded.** You can find the complete list of all 48 recommendations on our website.

Improve Patient Experience Through Better Communication, Relationship Building, and Respectful Care

Although some community experts had positive clinician-patient experiences, many described care experiences that were disempowering, disrespectful, unresponsive, or harmful. They recommended numerous strategies to improve clinician-patient interactions by improving clinical teams' communication and understanding with patients and by providing more respectful care.

A. Improve Communication and Understanding with Patients

Community experts said their care would be better if clinicians built stronger relationships with them by listening, taking time, and providing more information about medical procedures (e.g., c-section) and medications.

- Listen more thoroughly to us.
- Take time to fully explain information and answer our questions.
- Provide more information to us about birth care and medical procedures, risks and benefits, what they will feel like, and effects (short- and long-term). Have an ally or advocate be part of this.

B. Provide Respectful Care

Many community experts experienced care that clashed with deeply-held preferences and boundaries, or that expressed biases against them—all of which caused harm. They described many ways clinicians could express respect—for them, their identities, and their preferences—across the care experience.

- **Respect our preferences, wishes, and boundaries, including around changes of providers/nurses and about our birth plan.**
- **Provide trainings that educate and un-bias staff and providers to care for our community.**
- Ask for consent before you touch or examine us.
- Understand and communicate with each other about a patient. Know relevant information and her birth plan so you can be informed and do not have to ask us repeat questions.
- Have all healthcare workers introduce themselves to us before delivery.

Improve the Quality of Care Provided to Patients from Affected Communities

C. Improve the Quality of Care You Provide to Our Community

Some community experts described positive, reassuring, and responsive maternity care experiences. Many, however, had experiences that did not meet their standards (e.g., around staff qualities or communication within the care team) or that left important needs unmet (e.g., an environment that prioritizes physiological birth). Recommendations in this domain represent community-defined components of high-quality maternity care.

- Provide consistent, continuous care.
- Have staff and providers who are passionate, compassionate, have lived experience, and care about us, our pregnancies, and our babies.
- Create relaxing, calming spaces for our births. Make it feel different than routine medical procedures and spaces.
- Before labor, let us choose nurses and providers with qualities we want (like experience of childbirth, other lived experiences) and let us decide whether we want students involved.
- Give healthcare workers the support they need (mental, physical, breaks, etc.) to take good care of us.
- Give us more time in labor and delivery — including not rushing to do C-sections.
- Understand the natural birth process [physiological process and timing] and how to support it. Know non-medical approaches. Ground these approaches in community knowledge.

Foster Accountability to and Understanding of Affected Communities

Several recommendations focused on strategies to support improved maternity care through accountability and learning from patient communities. Many of these represented opportunities for hospitals to facilitate a more robust feedback loop about patient experiences of care; others were opportunities for patient empowerment and for healthcare workers to better know and appreciate their patient communities.

D. Create Accountability

These recommendations aim to improve care by helping providers better understand patient experiences and patient rights, and by disincentivizing suboptimal care. Other strategies that elevate patient voice and power felt deeply important to community experts in a context where many had felt disempowered.

- **Constantly review patient feedback. Use a tablet with nurse/provider pictures and names to collect patient feedback during the discharge process (“feedback tablet”). Feedback can be anonymous or not.**
- **Provide the Black Birthing Bill of Rights to all patients and be well-versed in it.¹**
- Don't keep on staff healthcare workers who cause harm.
- Allow us to record our interactions with healthcare workers.
- Involve “secret shopper” patients to show how healthcare workers treat us and how to improve.
- Have penalties when healthcare workers cause us harm by not respecting our wishes, especially if there are previous complaints made against them (e.g., cut pay, remove from staff).
- Make it easier for us to report complaints and act on our rights. For example, put information in every room about how to report and how to connect with an ombudsman or patient relations. Make provider and staff names available for reporting.
- Value our opinion and experience in complaints. Believe what we say.



E. Learn From and Connect with Our Community

Community experts felt that some of the problems they experienced in the hospital—such as biased care—came from clinical teams' lack of familiarity with or appreciation for their communities. They suggested ways hospital workers could better learn from and connect with their communities.

- Have healthcare workers go into the community to hear us, see our resilience, and see our beautiful families.

Enhance Resources to Support Holistic Patient Wellbeing Across the Perinatal Journey

Shifting away from how clinical teams provide care, some recommendations focused on improving resources to support wellbeing, both inpatient (Domain F) and in the community (Domain G).

F. Create Resources for Us Inside the Healthcare System

For many community experts, maternity care fell short of what they needed for a safe and supportive birth experience. They recommend enhanced resources and services to help them navigate, advocate, and meet their needs in the healthcare system—ideally provided by individuals with strong connections to local communities. Local racially- and culturally-concordant perinatal care programs were identified as strong examples of care that met a wide range of patient needs.

- **Create funds to support programs like EMBRACE, Black Centering, or M.A.N.A. that care for our communities.²**
- **Have a community task force.³**
- Have a care team and advocates that specialize in people of color who can advocate for us inpatient and postpartum.
- Help us learn about and connect to resources available to us in the healthcare system, in the community, and from the city, county, and state. People working on this (“ambassadors”) should be from our community and should know about local programs for us.
- Hire healthcare workers who know and come from our communities.
- Have healthcare workers from the community who specialize in mental health.

G. Create Resources to Improve Our Health in Our Community

Finally, community experts pointed out that the problems parents experience outside of the hospital, such as fragmented care, isolation, and poverty, affected their intrapartum experiences and postpartum wellbeing. They identified numerous ways hospitals could improve maternity care patients' wellbeing by creating or supporting resources in the community.

- Help support low-income moms in our community (e.g., financial support).
- Connect us with postpartum mental health resources, starting in the hospital.
- Support programs and resources that help us build community with other parents in the community, before and for several months after birth.



Next Steps for Achieving Community-responsive Maternity Care

We strongly recommend that hospitals initiate partnerships with members of local Black and Pacific Islander communities when starting work on these recommendations. Longitudinal community-facility partnerships can help hospitals interpret, select, adapt, and implement recommendations so that they respond to their community's needs. We expect that all recommendations apply to uncomplicated labor and delivery. Hospitals should work with community partners to explore their applicability to emergent cases.

We encourage hospital leaders to investigate how they can, over time, address all seven domains of improvement. We note that many of the recommendations can build on facilities' existing programs or plans, and that engaging community guidance in quality improvement is responsive to local Community Health Needs Assessments (CHNA). Additionally, many recommendations represent ways for hospital leadership respond to inequities identified in HCAI Hospital Equity reporting and to fulfill The Joint Commission's (TMJ) standards for reducing health care disparities or to work toward TMJ's Health Care Equity Certification.

Additional information and resources to support the implementation of the top six recommendations are available (linked above and on the MENDS website). We welcome conversations and partnerships connected to this work. Find us at MENDS@ucsf.edu

Footnotes

1 The National Association to Advance Black Birth. (2025). *The Black Birthing Bill of Rights*. <https://www.thenaabb.org/black-birthing-bill-of-rights>.

2 Refers to racially- and culturally-concordant perinatal care programs in the San Francisco, CA, area.

3 Refers to knowledgeable, passionate, and community-connected task forces that would be available to support patients while in the hospital and also postpartum. See the linked resource sheet for more information.

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