Community recommendations for hospital-based maternity care: Insights from Black & Pacific Islander mothers in San Francisco

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BACKGROUND

U.S. hospitals are increasingly working to advance maternal health (MH) equity. Equity efforts are strongest when grounded in the experiences of communities most burdened by health inequities. However, hospital engagement with such guidance remains rare.

OBJECTIVE

Document **community-driven strategies** for ways hospitals can advance maternal health equity.

METHODS

1) Community-based participatory research + adaptation of the Research Prioritization by Affected Communities (RPAC) protocol.[a]
2) Recruited from communities disproportionately burdened by poor MH outcomes.
   - Self-identified as Black and/or Pacific Islander;
   - Delivered/considered delivering in a SF hospital between 2021 and 2024.
3) Longitudinal in-person strategy sessions:
   - Session 1: Generate recommendations for improving hospital maternity care (2.5 hours)
   - Session 2: Review, refine, prioritize recommendations (2.5 hours)
4) Used session documentation, transcripts, field notes, and memos to:
   - Comprehensively record recommendations
   - Conduct inductive/deductive thematic analysis to develop recommendation domains.

Individuals from SF's Black and Pacific Islander communities generated a wide range of actionable recommendations for how hospitals can make maternity care better and safer for their communities.

RESULTS: Thematic Domains & Example Recommendations (*Asterisk = highest priority ranking)

Improve communication & understanding with us

- Listen more thoroughly to us.
- Connect with us, build a relationship.
- 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.
- Give more information and ask more questions before going forward with C-section.

Provide respectful care

- 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.*
- 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 her repeat questions.
- Ask for consent before you touch or examine us.
- Have all healthcare workers introduce themselves to us before delivery.

Create accountability

- Provide the Black Birthing Bill of Rights to all patients and be well-versed in it.*
- Allow us to record our interactions with healthcare workers.
- 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.*
- Value our opinion and experience in complaints. Believe what we say.
- 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).
- Don't keep on staff healthcare workers who cause harm.

Create resources to improve our health in our community

- 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.
- Help support low-income moms in our community (e.g., financial support).

Improve the quality of care you provide to our community

- Have staff and providers who are passionate, compassionate, have lived experience, and care about us, our pregnancies, and our babies.
- Understand the natural birth process and how to support it. Know non-medical approaches. ("Natural" means natural processes and timing of birth, like with home birth). Ground them in community knowledge.
- Provide consistent, continuous care.
- Create relaxing, calming spaces for our births. Make it feel different than routine medical procedures and spaces.
- Give us more time in labor and delivery —including not rushing to do C-sections.
- Give healthcare workers the support they need (mental, physical, breaks, etc.) to take good care of us.
- Support and strengthen wrap-around care—pre-natal and post-partum—for us.

Create resources for us inside the healthcare system

- Create funds to support programs like EMBRACE, Black Centering, or M.A.N.A. that care for our communities. [These refer to racially-/culturally-concordant perinatal care programs in the Bay Area.]*
- Hire healthcare workers who know and come from our communities.
- Have healthcare workers from the community who specialize in mental health.
- Have a community task force.*
- 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.
- Have a care team and advocates that specialize in people of color who can advocate for us inpatient and postpartum.

Learn from and connect with our community

- Have healthcare workers go into the community to hear us, see our resilience, & see our beautiful families.
- Go out to the community twice a year to collect feedback about how your hospital is doing.

RESULTS: Overview

11 of 12 invited candidates participated. Participants…

- Experienced childbirth at a SF hospital (n = 10) or independent birth center (n = 1).
- Identified as women and as:
  - Black/African American (n=6);
  - Native Hawaiian/Pacific Islander (NHPI; n=2);
  - NHPI and Black (n=2);
  - or as a combination of Black and other identities (n=1)
- **Developed, refined, and affirmed 48 unique recommendations.** Full list here →

Conclusions

- Recommendations affirm scholarship and advocate-developed guidance in other realms of reproductive care, suggesting applicability to other contexts.
- Recommendations include new ways for hospitals to better serve affected communities.
- Facilities should work with affected communities to guide the selection, implementation, & tailoring of change efforts.

REFERENCES

[a]Franck, L. S., McLemore, M. R., Cooper, N., De Castro, B., Gordon, A. Y., Williams, S., Williams, S., Rand, L. A Novel Method for Involving Women of Color at High Risk for Preterm Birth in Research Priority Setting. J. Vis. Exp. (131), e56220, doi:10.3791/56220 (2018).

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