



Community recommendations for hospital-based maternity care:

Insights from Black and
Pacific Islander mothers

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Disclosures

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Disclosures

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Our team



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Background – Taking action

- Maternal health inequities are substantial, unjust, and preventable.
- Affected communities have solutions to these inequities.
- Few healthcare entities deeply engage affected communities to guide their maternal health equity efforts

Our goal



Document community-driven strategies for ways hospitals can work toward maternal health equity.

“

How could your hospital make birth care better and safer for your community?

”

Building on complementary efforts...



Journal of Midwifery & Women's Health

www.jmwh.org

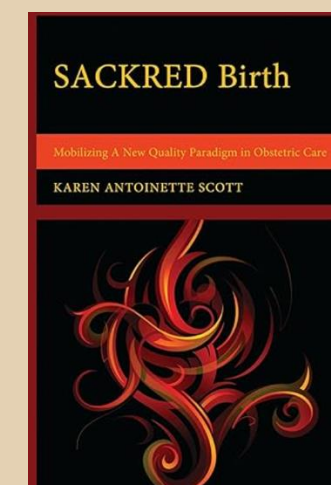
Original Research

Listening to Women: Recommendations from Women of Color to Improve Experiences in Pregnancy and Birth Care

Molly R. Altman^{1,2}, CNM, PhD, MPH , Monica R. McLemore^{2,3}, PhD, MPH, RN , Talita Oseguera³, CNM, MSN, Audrey Lyndon⁴, PhD, RN , Linda S. Franck^{2,3}, PhD, RN 

The Virtual Perinatal Quality Improvement Prioritization By Affected Communities (V-QPAC) Protocol

Karen A. Scott¹; Brittany D. Chambers^{1,2};
Safyer McKenzie-Sampson^{1,2}; Tamentanefer L. Camara³;
Emily White VanGompel⁴; Dána-Ain Davis⁵; Audrey Lyndon⁶



Methods - Design & Community engagement



Adapted an intensive community-centered research method (RPAC)

Community-specific recruitment by community-engaged collaborators

Dignifying and supportive engagement

Leveraging trust on the team and between the team and communities

Design

Adapted an intensive community-centered method:

Research Prioritization of Affected Communities (RPAC) protocol

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).



Design

“ How could your hospital
make birth care better and
safer for your community? ”

Two “strategy sessions”

1 – Idea generation (2.5 hours)

2 – Review, refinement, prioritization (2.5 hours)

- Located in community space
- Community facilitator-led
- Engagement with lived experience
- Concurrent visual documentation of ideas

Design

Invited participants who:

- Identified as Black and/or Pacific Islander
- Delivered at a San Francisco hospital between 2021 and 2024



Reflections on Methods



Lauleva Lua'iufi Aiono
Community Collaborator



Julie Taylor Community
Collaborator

Reflections on Methods



Julie Taylor

Community Collaborator

Community-specific recruitment by
community-based & knowledgeable team
members



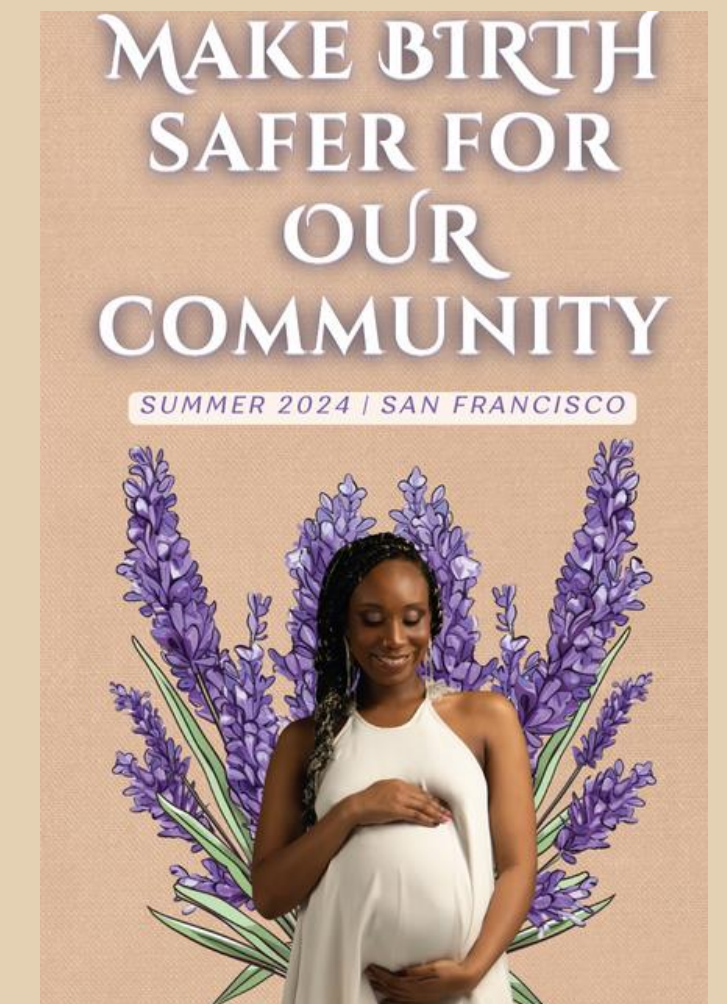
Respectful, caring, and supportive engagement

- Healing, not exploitative
- Comfortable event space
- Childwatch and food
- Meaningful compensation

Reflections on Methods



Community-tailored
recruitment and outreach





Lauleva Lua'iufi Aiono
Community Collaborator

Reflections on Methods

Community-specific recruitment by
community-engaged collaborators



Dignifying, supportive, meaningful engagement



Leveraging trust on the team and between
the team and focal communities

Analysis

- Coproduction of recommendations (participants, facilitators, over time)
- Numerous sources of data (in-meeting documentation, transcript, field notes)
- Inductive/deductive thematic analysis to identify domains
- Interpretations checked with participants
- Team identification of relevant quotes



Results



Results – The participants

11 participants (12 invited)

All self-identified as
non-Hispanic women

10 delivered at a SF hospital
1 at a regional birth center

Self-identified race	n
Black or African American	6
Native Hawaiian or Pacific Islander	2
Black/African American & Native Hawaiian/Pacific Islander	2
Black/African American & American Indian/Alaska Native & white	1

Results – Recommendations for improving hospital maternity care Robust discussions

48 unique
recommendations
in 7 domains



Recommendations overview

Domain (n)	Example recommendation topics
a) Improve communication & understanding with patients (6)	Relationship-building; listen to patients; provide more information and explanation
b) Provide respectful care (6)	Respect patient preferences and boundaries; staff/provider trainings; improve communication and coordination in patient care; narcotics discussions

Recommendations overview

Domain (n)	Example recommendation topics
c) Improve the quality of care you provide to our community (10)	High-quality, compassionate, well-trained staff; patient selection of care team; calm environment; wrap-around care; wellbeing of healthcare workers
d) Create accountability (8)	Education on patients' rights; assessments of care quality; facilitate & act on patient reporting; penalties for providers who cause harm

Recommendations overview

Domain (n)	Example recommendation topics
e) Create resources for us inside the healthcare system (11)	Racially- & culturally-concordant care teams; patient/community advocates; link patients with system & community resources
f) Create resources to improve our health in our communities (5)	Support for low-income mothers, postpartum care, and mental health; CBOs for health outreach
g) Learn from patient communities (2)	Community-based visits to better know the communities & to receive feedback on the hospital

Highest-priority recommendations

Participants each selected up to 15 “most important” recommendations from the 48.

- Nearly all recs (44/48) were selected by 1 or more participant.
- 6 recs were selected by half or more of the participants

Presenting the 6 top-ranked
recommendations...



Linda Jones
Community
Collaborator



Breezy Powell
Community
Collaborator

Top-ranked recommendations

Constantly review patient feedback. Use a tablet with nurse/provider pictures and names to collect patient feedback during the discharge process. Feedback can be anonymous or not.



“We can uplift the work that we’re doing right now, if we [gave] feedback, genuine feedback about your experience. If the doctors, if there would be some accountability for the doctors too, actually listen to the feedback... I think there should be a constant review of feedback and really encouraging the patients to provide that feedback at the end of their visit.” - Participant

Top-ranked recommendations



Respect our preferences, wishes, and boundaries, including around changes of providers/nurses and about our birth plan.

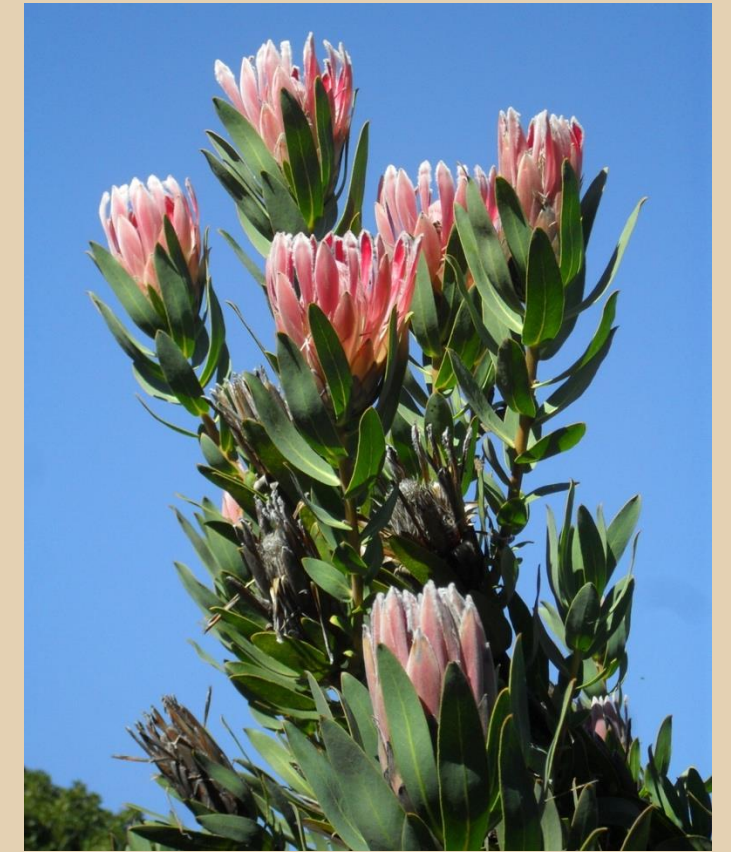


“First of all, they need to respect wishes. If I say I don’t want a man present in my hospital room, don’t bring a male into my hospital room... [but] then it’s like that’s not relayed back because it’s not really cared about or valued.

“We're all here because we had our babies, but, like, we're dying at astronomical numbers because we're being shirked off when we're saying we're in pain [or] we're experiencing something.” - Participant

Top-ranked recommendations

Provide trainings that educate and un-bias staff and providers to care for our community.



“They should do a lot of in-person training.. And online too... And then [there] also should be testing.” - Participant

Top-ranked recommendations

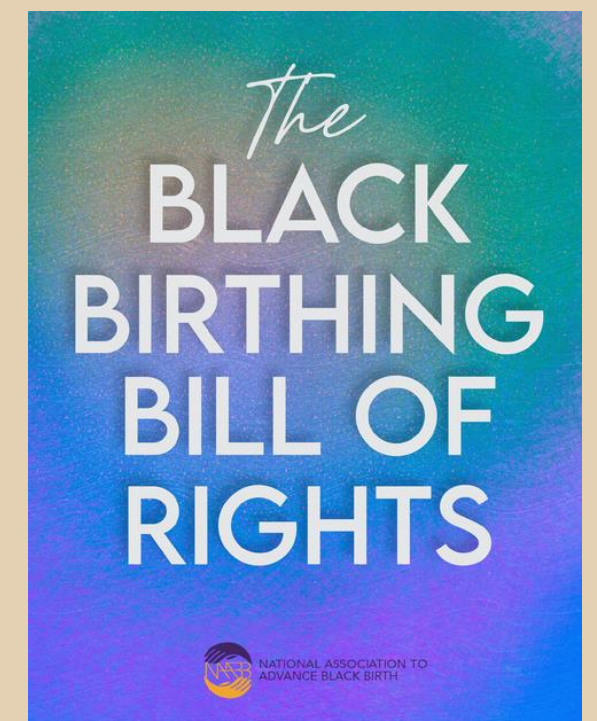


Provide the Black Birthing Bill of Rights to all patients and be well-versed in it.



“Remind them of your rights... [Something] that everyone gets when they come to the hospital that’s like, ‘These are your rights in labor. This is your right to change your doctor, record or not record,’ like, whatever it is... And for them [healthcare workers] to understand it.” - Participant

NAABB 2024 <https://thenaabb.org/black-birthing-bill-of-rights-2/>



Top-ranked recommendations



Create funds to support programs like EMBRACE, Black Centering, or MANA that care for our communities.

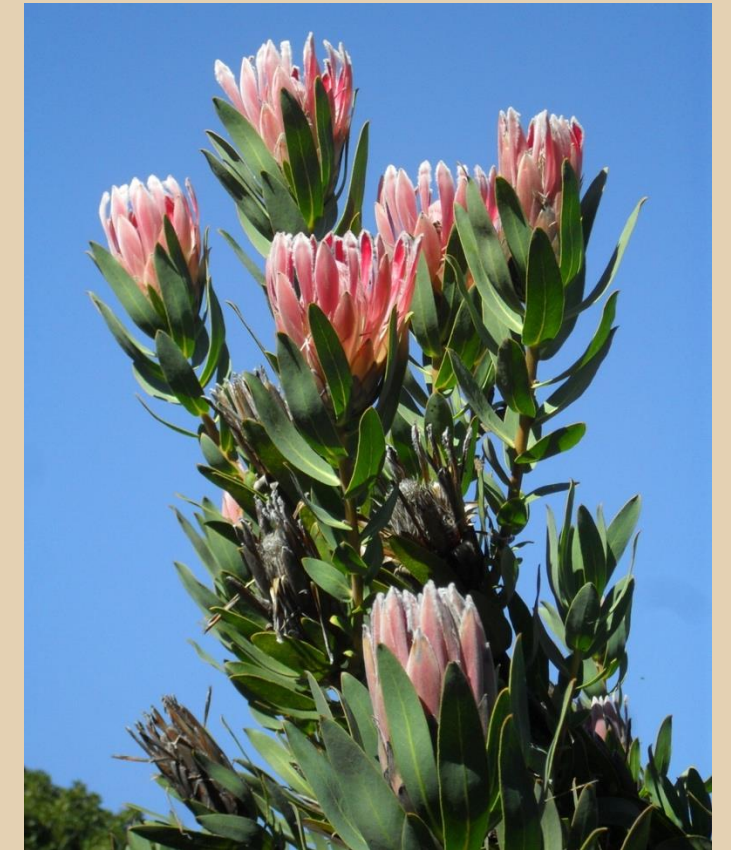
(Racially & culturally concordant perinatal care programs)

“All hospitals need to have at least... like, an EMBRACE, like a Black care team that specializes in people of color, not just Blacks, like all people of color and advocates for them.” - Participant



Top-ranked recommendations

Have a community task force.



“They should be very knowledgeable about our rights. They should be very knowledgeable about resources, so that way they can come in and advocate for us. ... We could say, ‘Oh, I don’t know,’ and then she could be, ‘Okay, I’m on it. I’m looking for it. I’m about to find out.’” - Participant

Results

WHAT WOULD IT LOOK LIKE AND FEEL LIKE IF YOUR HOSPITAL
ACTED ON THESE RECOMMENDATIONS?

*It would feel like Peace, Support, Protection
for myself + my baby.*



Conclusions & Implications

These findings...

- (i) Affirm scholarship and advocate-developed guidance in other realms of reproductive care
- (ii) Illuminate new (specific, locally-tailored) ways for hospitals to better serve affected communities

Strengths & limitations

- Modest focus/sample
 - Other communities can generate additional/different recommendations
- Intensive community-led activities enabled creative, frank and highly productive discussion

Considerations for “use” of recommendations

- Facilities should partner with community to select, implement, customize. Not a check box!
- Indications of relevance to other settings
 - Alignment with scholarship
 - Targeting of key mechanisms (next presentation)



Next steps

- Developing documentation & resources for action
- A starting point for collaboration - “not a checklist”





Next steps

- Seeking to partner with communities, CBOs, facilities & researchers in other regions
- Looking for examples of strong hospital engagement with community wisdom and guidance.

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Thank You



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