



UNITED  
STATES *of*  
CARE

100 Weeks of Care for Black Maternal Health  
*Key Overarching Insights*

*December 2023*

**C+R**  
RESEARCH

**culturebeat**

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A photograph of three women sitting together on a couch. The woman on the left is looking towards the center. The woman in the middle is holding a pair of glasses and looking down at them. The woman on the right is smiling and looking towards the center. The entire image is overlaid with a semi-transparent blue filter. The text 'BACKGROUND & METHODOLOGY' is centered in a light blue, serif font.

## BACKGROUND & METHODOLOGY

# BACKGROUND + METHODOLOGY

## BACKGROUND

- United States of Care is conducting a series of research initiatives to uncover the current Black maternity journey in the United States to better understand disparities in maternity healthcare across the full 100-week journey span.
- In partnership with C+R research, they seek to hear stories and experiences that will be used alongside literature and statistics to add a layer of rich context and memorable stories. This rich context will inform future strategies to help bridge the gaps of disparities along the journey.

## OBJECTIVES

- Uncover the current Black maternity journey in the United States to better understand gaps and inequities in maternity health care across the full 100-week journey span.
- Humanize and bring Black women's maternity experiences to life.
- Inform future strategies to help bridge the gaps of disparities in care along the journey.

## METHODOLOGY

- C+R Research conducted an **asynchronous discussion**, followed by **in-depth interviews with Black women** who have given birth at least 2 years ago
- Both sessions activities were designed to include discussions around their pregnancy journey: through preconception, pregnancy, childbirth and postpartum.
  - n=23 participants in the asynchronous discussion
  - n=12 participants in the in-depth interviews
    - 90-minute sessions
    - 3 of the interviews were dyads in which participants joined with a loved one



# EXECUTIVE SUMMARY

## WHAT SHE THINKS

The core of what's driving Black maternal mortality rates is a lack of understanding, listening, and cultural empathy.

From what she has heard, seen and experienced in the healthcare system at large, doctors and healthcare workers, both in and out of culture, do not listen to nor express care for Black women's concerns and health, especially the elements surrounding pregnancy and her overall well being.

Therefore, before she even begins her 100-week journey, she's starting from a deficit when it comes to her confidence in the healthcare system and her perceptions of healthcare providers.

## WHAT IT MEANS FOR HEALTHCARE

- ✓ Doctors and healthcare workers need to find ways to improve their care of women of color in all elements of care, but particularly in maternal care. Empathy training is essential to help rebuild the fractured relationship between Black women and healthcare providers.
- ✓ Healthcare facilities & staff may consider diversifying in terms of both the ethnicities of their staff & medical backgrounds.

## WHAT SHE FEELS

She believes that this issue is systemic and engrained in the very fabric of healthcare in the US. This makes her feel targeted and categorized as "less than".

At some point of her journey, she experiences microaggressions or mistreatment. These situations make her feel ignored, anxious and unsure of the correct steps to take on her journey.

## WHAT IT MEANS FOR HEALTHCARE

- ✓ Doctors and healthcare workers should work on strategies to show Black women that the system values their care and that supporting them in a priority.
- ✓ Health care professionals need to create a safe space where Black women can ask questions and address concerns free of judgement.

## WHAT SHE DOES

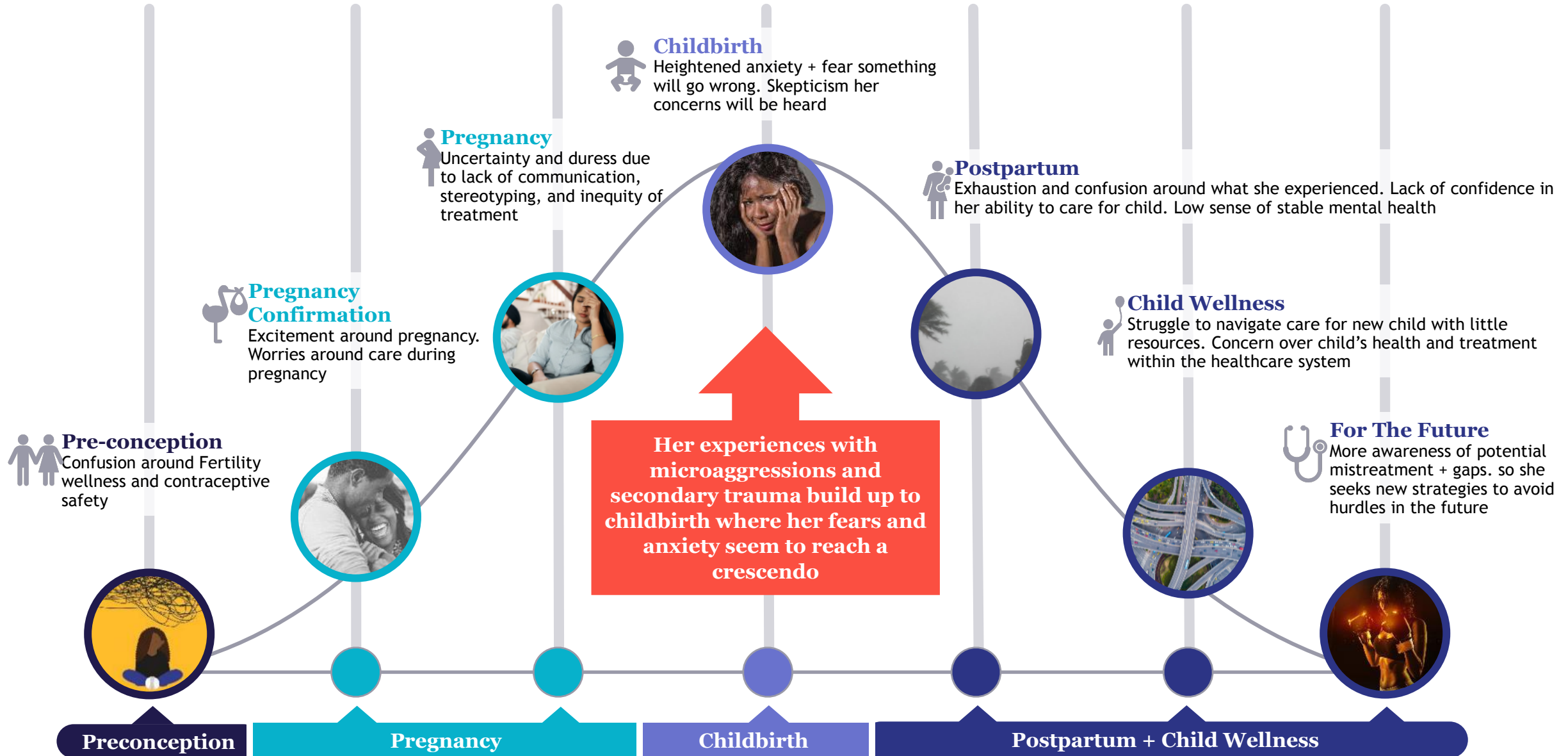
While in-culture doctors are often better, not all "skinfolk are kinfolk" and therefore, have their best care in mind.

Once her 100-week journey concludes, she says Western medicine is not made with her in mind. Moving forward her solution is to activate strategies to "hack the system" and avoid further trauma and danger. This can involve turning to other resources, in-culture support groups, natural practices, and heavily vetting future healthcare providers.

## WHAT IT MEANS FOR HEALTHCARE

- ✓ Doctors and the healthcare system should consider cultural context in their practice that can make Black women feel at home and remedies/routines to promote better health.
- ✓ When building a new relationship with a Black patient consider offering context around how the facility caters to the needs of the Black community and how disparities in the system are being addressed.

# Black Maternal Emotional Journey



Images shown were selected by participants to describe their emotions/feelings experienced

# Gaps + Pain Points Across the 100 Week Journey

Preconception	Pregnancy	Childbirth	Postpartum + Child Wellness
<ul style="list-style-type: none"> <li>× Unsupported efforts to get pregnant</li> <li>× Lack of fertility information</li> <li>× Racial stereotyping</li> <li>× Prescription over natural</li> <li>× Birth control pressures</li> <li>× Negative effects of birth control</li> <li>× Information overload</li> <li>× Stigma surrounding birth control</li> </ul>	<ul style="list-style-type: none"> <li>× Vaccine pressures</li> <li>× Racial predispositions</li> <li>× Racial Profiling and Stereotyping</li> <li>× Pretreated for comorbidities</li> <li>× Telehealth care falters</li> <li>× Lack of personalized care</li> <li>× Racially motivated mistreatment</li> <li>× Dismissive doctors</li> <li>× Strong Black Woman trope</li> <li>× Stress from racial trauma</li> </ul>	<ul style="list-style-type: none"> <li>× Racial profiling and prejudice in the labor and delivery room</li> <li>× Not feeling heard by care team</li> <li>× Doctors could not be found or were uncommunicative</li> <li>× Induced without their knowledge</li> <li>× Lack of empathy after miscarriage</li> <li>× Not informed of the need for a birth plan</li> <li>× Lack of doula support available</li> <li>× Heightened Tendency for C-Sections</li> <li>× Early Term Delivery Due to Health Risks</li> <li>× Lack of Communication Around Baby Complications When in NICU</li> </ul>	<ul style="list-style-type: none"> <li>× Lack of postpartum information and resources around mental health, breast feeding, etc.</li> <li>× Pain after birth dismissed</li> <li>× Complications after having a c-section</li> <li>× Concerns around excessive bleeding</li> <li>× Lack of follow-ups from their care team</li> <li>× Negative experiences with post-labor team</li> <li>× Lack of support after experiencing a loss</li> </ul>
<h3>Her Ideal Journey</h3>	<h3>Her Ideal Journey</h3>	<h3>Her Ideal Journey</h3>	<h3>Her Ideal Journey</h3>
<ul style="list-style-type: none"> <li>• Woman of color health care provider who could offer advice and care tailored to her cultural needs</li> </ul>	<ul style="list-style-type: none"> <li>• Doctors listen to her health concerns and address questions with care and understanding</li> <li>• Doctors would encourage her to get a birth plan and do their best to honor it</li> <li>• Employers offer better health coverage that covers additional options, including doula or at-home birth</li> </ul>	<ul style="list-style-type: none"> <li>• Doctors/hospital staff ask to see what she needs help with after giving birth</li> <li>• She desires a positive birthing experience where she feels respected, supported, and empowered during labor and delivery. This includes having options for pain management, being able to make informed decisions about their birth preferences, and feeling safe in the birthing environment.</li> </ul>	<ul style="list-style-type: none"> <li>• She would receive more information and resources about postpartum journey and recovery</li> <li>• Employers would allow more time to recover</li> <li>• More support from doctors, midwives, lactation consultants, and doulas during recovery</li> </ul>



## Preconception

- ✓ **In-culture Conception Advice:** Some mothers mention their community sharing natural remedies to help foster better fertility for their path to conception. These practices felt personalized and tailored to their personal needs of being proactive and were tied to their cultural heritage
- ✓ **Empathetic Health Professionals:** New OBGYN was caring and understanding of patient's weight and ways to overcome this hurdle when trying to get pregnant

## Pregnancy

- ✓ **Initial Medicaid Enrollment:** One woman had to confirm her pregnancy at a free clinic due to not having insurance. After confirmation, they helped her enroll for Medicaid and connected her with additional medical offices and classes to gain access to information and items for the baby. The clinic also continued to see her until her insurance kicked in.
- ✓ **In-culture Support Groups:** These groups online or in-person can help ease anxiety and seem tailored to their personal lived cultural experience. They also provide a safe space for mothers to talk about ways they should self advocate throughout their pregnancy journey
- ✓ **In-Culture Health Care Staff** provide a sense of support and security that is specialized for her and baby

## Childbirth

- ✓ **Healthcare providers who listen to their concerns,** provide personalized care, and address any issues or complications promptly. These providers also provided comfort/support to help ease their fears of mortality in appointments into the birthing process
- ✓ Healthcare/hospital **staff who work well with privately hired birthing specialists** (i.e. Doulas) even thought it may be abnormal
- ✓ **In-culture doulas and midwives** that can stand in the gap when she is physically and mentally focused on delivery. They provide reassurance and a sense of comfort due to having the same cultural background. Have less clientele compared to the doctor so therefore are free to provide total round the clock care of the mother.
- ✓ In addition, because they can provide a personalized experience compare to their OBGYN or PCP, **doulas have the bandwidth to provide needed support and guidance** they can't get during the postpartum period

## Postpartum + Child Wellness

- ✓ **Attentive Physicians:** PCP and OBGYNs that provide advice and resources beyond the standard recommendation of a 6-week follow-up. These healthcare providers provide support for her overall wholistic well being including advice around rest, physical care, and mental health assessments
- ✓ **Extended Maternal Leave:** allowed them to heal completely and to adjust properly to baby at home
- ✓ **Supportive Pediatrician:** One was able to find an in-culture pediatrician who made her feel supported, comfortable and took time to answer her questions

# Solutions Across the 100-week Journey



## Improved Doctor-patient Communication:

She emphasizes the importance of healthcare providers actively listening to concerns and taking them seriously. Building trusting relationships and effective communication can help ensure that Black women receive appropriate care.



## Sensitivity Training for Healthcare Providers:

She suggests that healthcare providers should undergo sensitivity training to better understand the unique challenges and experiences faced by Black women. This training could help reduce biases, improve cultural competence, and provide more equitable care.



## Increased Representation of Black Doctors & Midwives:

Having more Black healthcare professionals, including doctors and midwives, can help address disparities in maternal health outcomes. Black healthcare providers may have a better understanding of cultural nuances, experiences, and specific complications that Black women may face during pregnancy and childbirth.



## Accessible Information & Resources:

She mentions the need for accessible information about prenatal care, childbirth education, postpartum support, and resources specifically tailored to the needs of Black pregnant women. This could include dedicated platforms or websites providing comprehensive information and connecting Black women with relevant services.



## Advocacy & Support Systems:

She stresses the importance of having advocates or doulas who can provide support, guidance, and advocacy for Black pregnant women throughout their pregnancy journey. These advocates can help navigate the healthcare system, ensure proper care is received, and address any concerns or complications.



## Addressing Systemic Racism:

She acknowledges the need to address systemic racism within healthcare systems that contribute to disparities in maternal health outcomes for Black women. This includes addressing racial bias, discrimination, unequal access to quality care, and socioeconomic factors that impact health outcomes.



## Community Engagement & Education:

Engaging communities through educational programs, workshops, support groups, or community outreach initiatives can help raise awareness about maternal health disparities among Black women. Empowering individuals with knowledge about their rights, available resources, and how to advocate for themselves can contribute to better outcomes across the 100-week journey.

A photograph of a man and a woman embracing a pregnant woman. The man is on the left, leaning in to hug the woman. The woman is in the center, smiling and holding her belly. The image is overlaid with a semi-transparent blue filter. The text 'HISTORY OF INEQUALITY' is centered over the image in a light blue, serif font.

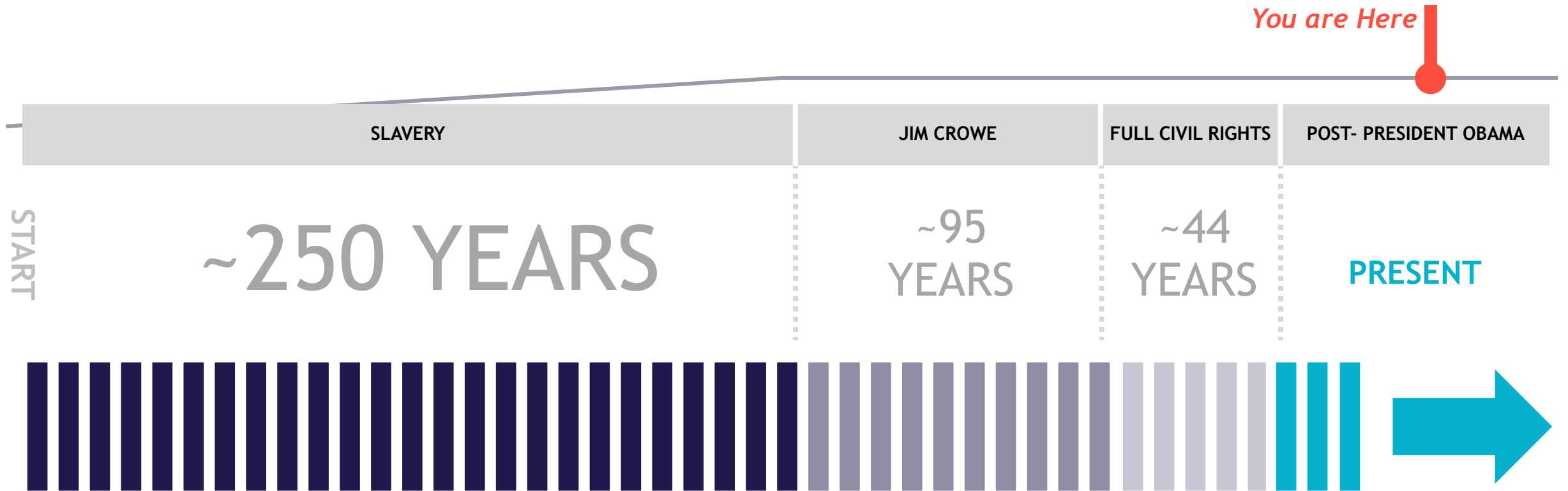
# HISTORY OF INEQUALITY

To understand how Black women view their cultural identity and how it shapes their health experiences, we must first look back at historical context



The journey to equality for Black/African American people has seen significant changes within the last 60 years and with this, a shift in how Black people express their cultural background/roots in the US

### 400+ year Span of Black/African History in the U.S



# Black/African American Medical History in the US

The beginning of this history was particularly laced with scientific violence against black bodies and segregation to prevent access to basic healthcare



## SCIENTIFIC RACISM during the ANTEBELLUM ERA

Black people were refused basic medical treatment & were used in medical trials against their will

1815-1861

## SEGREGATION DURING JIM CROWE

Segregated care led to disproportionately high rates of sickness, mortality, and limited access to maternity care. Initiatives like National Negro Health Week and Women's Club helped to fill gaps of care



1877-1965

## PROVIDENT HOSPITAL & TRAINING SCHOOL

is opened, the first run by Black leadership to train Black physicians and nurses to combat discrimination



## THE NATIONAL MEDICAL ASSOCIATION

an organization of Black physicians, protested the pro-segregation provisions of the Hill-Burton Hospital Survey and Construction Act, and demanded an end to discrimination by the AMA which permitted all-white local chapters.



## DR. REBECCA LEE CRUMPLER



first Black woman to earn medical degree

1864

1891

1948

# Black/African American Medical History in the US

However, Black advocates persevered despite these barriers to provide care within Black communities through local churches, community centers, and a coalition of Black physicians/doctors. Later Medicare, Medicaid, and the Affordable Care Act helped to fill some of the gaps in healthcare equity

## EUGENICS & STERILIZATION ABUSE

During the 20th century, Black women were disproportionately targeted for forced or coerced sterilization procedures, often without informed consent. This abusive practice contributed to reproductive health disparities and mistrust in the healthcare system.



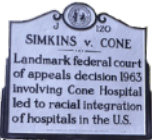
## 1877-1965

### MEDICAL ACTIVISM

- The interracial Medical Committee for Civil Rights (MCCR), picketed AMA's convention in Atlantic City to "end all segregation and discrimination in medical care."



Atlanta Motel v. United State: (1964) played a role in dismantling discrimination in healthcare facilities.



### MEDICARE/MEDICAID & COMMUNITY HEALTH CENTERS ACTS

- Medicare & Medicaid provided improved healthcare access & helped alleviate financial barriers.



Community health centers through the Community Health Centers Act helped to expand healthcare access.

### AMA ENDS PRACTICE OF RACIAL EXCLUSION

the AMA finally agreed to end its practice of racial exclusion.

#### The AMA Judicial Council

After desegregation became the law of the land, the AMA voted to amend the *Constitution and Bylaws*, giving the Judicial Council the authority to

- (1966) Investigate allegations of discrimination in state/local societies
- (1968) Expel state/local societies found guilty of racial discrimination

### THE FLYING BLACK MEDICS

A group of Chicago health professionals who chartered planes from Chicago to Cairo to provide care.



Established by Dr. Leonidas Berry (Pres. NMA) with support of the AME Church & Cairo, IL civil rights orgs.

### THE AFFORDABLE CARE ACT (ACA)

brought significant changes in healthcare access, expanding health insurance coverage, prohibited insurance discrimination based on pre-existing conditions, & aimed to reduce health disparities.



1963

1965

1968

1970

2010



Source: <https://www.ama-assn.org/about/ama-history/history-african-americans-and-organized-medicine>

# Key Moments of Mistreatment on Healthcare and Maternal Care

When it comes to healthcare specifically, she recounts notable examples of mistreatment that have shaped the inequities she has experienced today

1845

## ○ JAMES MARION SIMS

Sims performed gynecological experiments and surgery on enslaved Black women without anesthesia because he believed Black women did not experience pain the same way White women did. This belief shaped numerous medical journals and teachings for future medical staff.



SLAVERY

1951

## ○ HENRIETTA LACKS

Cancer cells were taken from Lacks by her doctor without her permission. These cells continue to be used to this day to learn about viruses.



FULL CIVIL RIGHTS

JIM CROWE



In Tuskegee, Black men believed they were being treated for 'bad blood' but instead were being used as test subjects in the "USPHS Untreated Syphilis Study at Tuskegee". These men did not receive treatment even after one was found.

## ○ TUSKEGEE EXPERIMENTS

1932

POST-PRESIDENT OBAMA



After giving birth, Williams faced numerous health concerns. When voicing her concerns, she was not listened

## ○ SERENA WILLIAMS

2017

to. Her struggles showed that regardless of socioeconomic status, mistreatment of Black women persists.

2020

## ○ BLACK LIVES MATTER

Following the death of George Floyd, numerous examples of injustice were called out in the medical field. Data around mortality risk of Black mothers became more widely known.



POST-BLM MOVEMENT



Ross struggled to give birth because her baby had shoulder dystocia. The doctor allegedly\* refused to give a requested C-section and used "excessive force" to remove the baby, resulting in decapitation.

## JESSICA ROSS ○

2023

# Cycle of Determinants of Health

**This mistreatment in healthcare is particularly troubling as various external factors have created an environment in which Black health is constantly at risk**

## SOCIAL DETERMINANTS OF HEALTH

Several external factors play a role in individuals' health & quality-of-life:

-  Economic Stability
-  Education Access & Quality
-  Health Care Access & Quality
-  Neighborhood Built Environment
-  Social & Community Context

As the Black community battles racism across generations, these determinants have been negatively impacted:

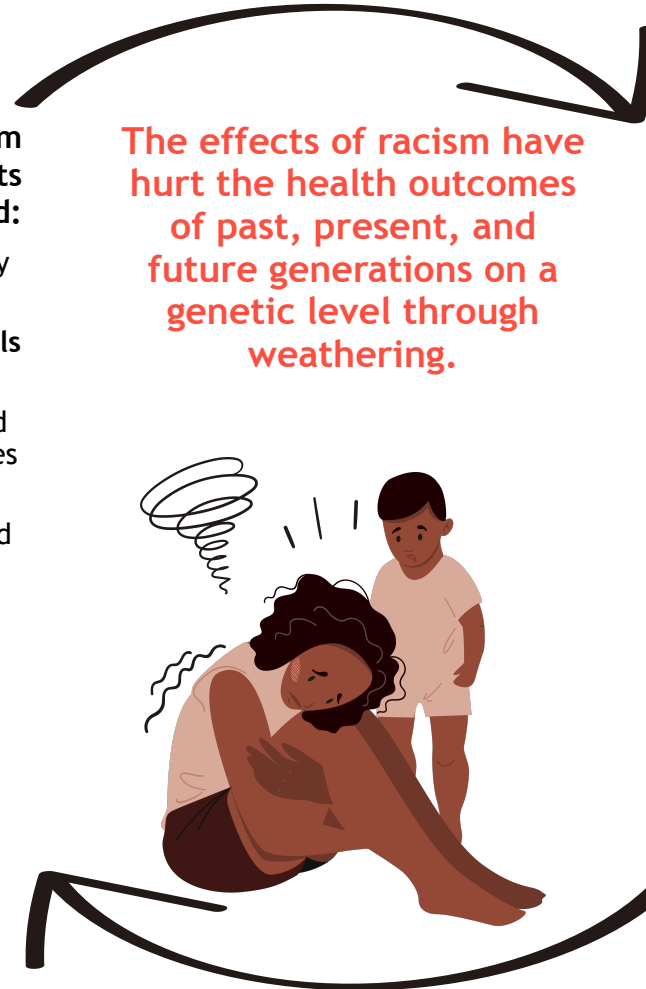
- Low access to jobs due to discriminatory hiring practices
- Low quality and underperforming schools due to redlining
- Low access to healthcare due to limited insurance coverage, underfunded facilities and inadequate transportation
- Low access to fresh produce due to food desert communities
- Low access to opportunities to build social capital due to discriminatory practices

**The effects of racism have hurt the health outcomes of past, present, and future generations on a genetic level through weathering.**

**WEATHERING** is the wear and tear on the body from prolonged, chronic, accumulated stress. The weathering hypothesis is supported by biological evidence, including Allostatic Load, Epigenetics, Telomere Shortening, and Inflammation

These factors can be seen in **higher rates of health disparities within the Black community:**

- Hypertension
- Heart Attacks + Disease
- Cancer
- Diabetes
- Stroke
- Sickle Cell Disease
- Maternal Disparities (preeclampsia, gestational diabetes, etc.)



**These health disparities may make it more difficult to gain access to necessary determinants of health to improve their position**





**BLACK WOMEN + THEIR RELATIONSHIP  
WITH MATERNAL HEALTHCARE**

## As she considers the treatment of Black women in healthcare, notable examples of mistreatment come to mind immediately



- Utilizes quiet time to recharge & assess; gives her the energy to conquer the day
- Enjoys spending quality time with family, also helps keep her grounded
  - Waking up with her kids, connecting at the dinner table, and worshipping together are her most valuable moments in her day
- Struggles managing mom guilt and the ability to not do it all. She is often not able to find moments to care for herself



Even with the added stressors, she celebrates the resilience, joy, and togetherness of the Black community. She's determined to always strive to break generational trauma



## Resilience + Joy

She describes her family as courageous and strong. However, she acknowledges the added stresses and pressures of having to navigate the world with brown skin. Regardless, she still has Black resilience and Joy as a people, knowing that even when going through struggle, she can come out on the other side better for it.



## Breaking Cycles

She seeks to break generational cycles for her family and especially for her children (such as not being raised by both parents). Included in this effort is her desire to break negative stereotypes that have been perpetuated on the Black community.

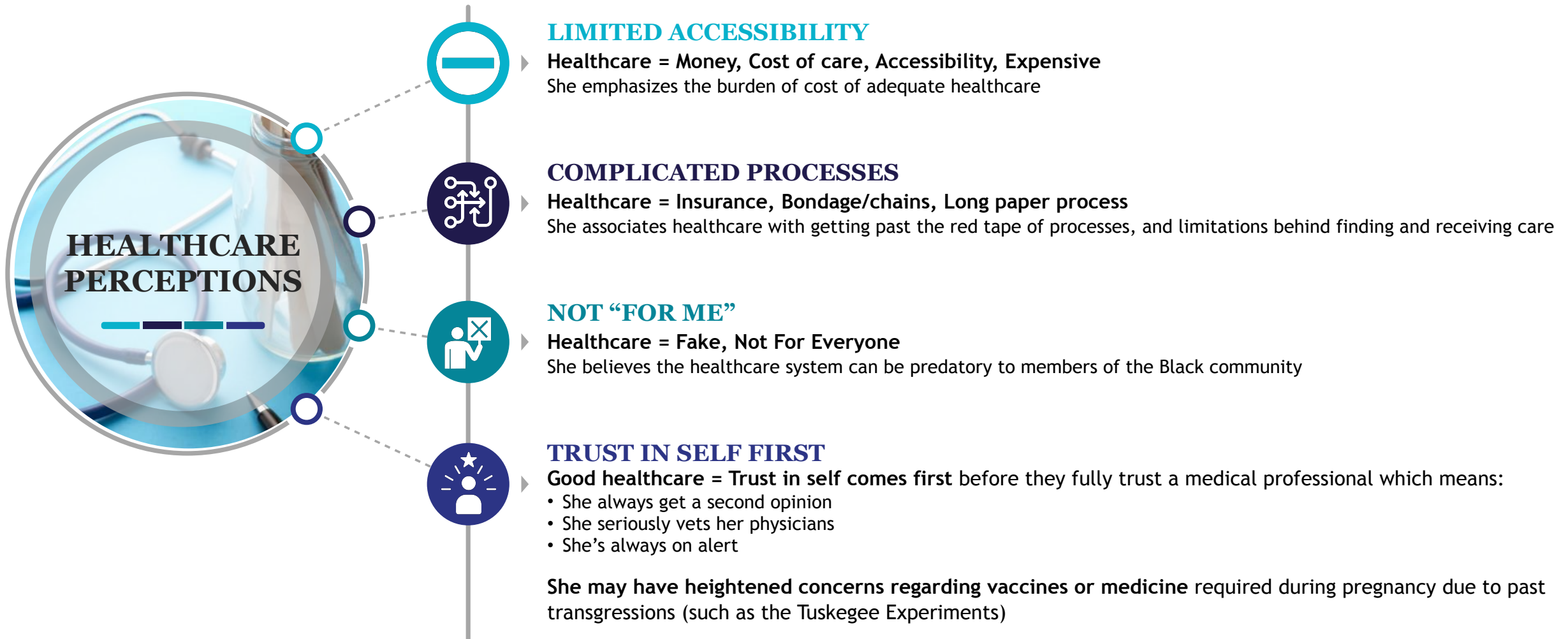


## Family Beyond Bloodline

Family extends beyond bloodline, and her cultural village helps her cope with the added stresses and anxieties. Having a support system helps minimize stress on her mental health and therefore her body.

# She most likely has a story of maltreatment within her healthcare journey which effects how she approaches future care

Malpractice often goes unchecked and little opportunity to provide feedback is given. She often solves just by switching doctors and taking their experiences into account (into her next healthcare experience)



# Black women navigate healthcare carefully due to a constant awareness of the stereotypes, prejudice, and preconceived notions that follow Black people

**They are aware of what lens society will see them through which means they move through the world differently...**



**Black people are unhealthy/don't care about their health**

*"I think people think we all had like diabetes or high blood pressure, high blood pressure or high cholesterol... I think they think we only eat like McDonald's or fast food or just unhealthy stuff." Rochelle D*

**Black people are "ghetto", not well behaved, angry**

*"They see a traditional family like mine and they say, 'Oh wow, like that, that's beautiful. That's a beautiful thing.' But then, you know, media portrays us as ignorant and ghetto and the women are, I hate to say it. Black women are brute beasts and Black men are weak and feminine." Tanisha J*

**Black people can handle pain (have a higher pain threshold)**

*"I felt like I had to advocate for myself more often because I know there is biases against Black woman in regards to their pain level. A lot of doctors believe Black woman have high pain tolerance level but that is another bias against my ethnic group. It was very hard for me to find reliable information on Black mothers." Lasonja Z*



**Consciously Thinking About:**

- How they present in the world (how they dress, speak, and move throughout the day)
- Discerning what places and spaces feel comfortable and welcoming
- Determining if people's actions are genuine or discriminatory
- Avoiding certain physicians or are willing to switch when uncomfortable

She is also faced with the intersection of stigma surrounding family planning and corresponding stereotypes that young, Black mothers are burdened with



**All Black women are single moms**

*“I also feel like at the same time it is expected from my culture for you to be pregnant at a younger age or be considered a single mom. So I think I was a little worried about that at first.” Kimberly S*

**Black women don’t want their pregnancy/get abortions**

*“I’m at clearly, like I said, low-income- a lot of people are getting pregnant without, you know.. a lot of people are having abortions. I have friends who’ve had like five abortion, so it’s like, almost like normalized in this community and this environment in a way.” Claire N*

*“Growing up my mom didn’t really talk to me about sex and the different contraceptives. She would leave condoms on my dresser but didn’t talk to me about it or how to use them. It was a taboo topic in my household.” Brianna P*

*“I do feel like my ethnicity and culture always made people, especially my doctors, question if I was ready to have a kid and bring a kid into this world at a young age. I even had one doctor tell me that I should wait until I could take care of my baby without the help of welfare.” Rekia D*

**Stigma Around Family Planning**

Birth control and those taking it are looked past or not discussed at all by many households and communities

**The “Right” Path**

Many are brought up in a culture where it is expected to follow a certain “plan”/path when it comes to getting pregnant



**Stereotypes of Young, Black, Single Moms**

Most are aware of stereotypes stating that Black moms are all young and single. If one finds herself in this situation, this can create anxiety regarding how she will be perceived by others, and potentially add friction in her doctor’s appointments

**Mothering Everyone**

Black women love being mothers to everyone (even outside of their kids)

# Her ideal pregnancy involves a 360 covering of support to help alleviate anxiety and provide a personalized journey infused with cultural empowerment and positivity

## Preconception

Week 0



- **Woman of color health care providers** who could offer advice and care tailored to her cultural needs

## Pregnancy

Week 1

Week 14

Week 28



- **Doctors listen** to her health concerns and address questions with care and understanding
- **Doctors would encourage** her to get a **birth plan & do their best to honor it**
- **Employers offering better health coverage** that covers additional options, **including a doula or at-home birth**
- **Having emotional support** throughout the pregnancy journey including having someone to talk to, share experiences with, and receive guidance if needed.

## Childbirth

Weeks 35 - 40



- **Doctors/hospital staff ask to see what she needs** help with after giving birth
- She **desires a positive birthing experience where she feels respected, supported, and empowered during labor and delivery.** This includes having options for pain management, being able to make informed decisions about their birth preferences, and feeling safe in the birthing environment.

## Postpartum + Child Wellness

Week 41+



- **Employers would allow more time to recover**
- **More support** from doctors, midwives, lactation consultants, and doulas during recovery
- **Desires resources that are easily accessible and provide guidance on various topics** such as nutrition, exercise, breastfeeding, postpartum depressions, anxiety, and newborn care.

However, her ideal seems out of reach due to her own experiences & the stories she has heard regarding Black mortality rates. She leans on her faith & the community to help mitigate anxiety



### WHAT SHE'S HEARD: "You Aren't Worthy or Protected"

- Aware of higher mortality rate amongst pregnant Black women
- Aware of higher risk for certain conditions such as preeclampsia, pulmonary embolisms
- "Horror stories" of Black women having bad experiences with doctors, being mistreated
- Hearing these topics from a variety of sources - which can confirm further that it's true



Other Moms



News Stories/Articles



Social Media



Guest Speakers

### WHAT SHE'S EXPERIENCED: Unequal + Dangerous Treatment

- Felt that she was being treated differently, received less care/focused attention than women of other races
  - Noticed other white moms receiving tours of OB office
  - Doctors pushed giving up the baby/assuming that her pregnancy was an accident
- Communication - felt written off by staff when she was going through the process
  - Doctors brushed off questions/expressions of pain she was feeling
  - Doctors and health staff ignored her while she was in the hospital/in labor

### STRATEGIES SHE TAKES

#### ➔ Impact on Seeking Care

- More vigilant in search for a health facility & provider to ensure needs are being met & avoid risks
  - ➔ Gets recommendations from family, friends, and other doctors on which physician to trust and alternative options
  - ➔ Reads reviews
- Ensures she gets the proper treatment & care
  - ➔ Advocates for herself
  - ➔ Switches doctors, if able
- Finds a midwife/doula because she has seen or heard about the support they can provide during pregnancy
- Creates a support circle of doctors, family, and church members to help her reduce her level of anxiety around pregnancy



While she attributes higher mortality rates to a variety of things, she feels that the lack of being seen and heard is the root cause of these inequities

## BLACK MATERNAL MORTALITY CAUSES:



**Negligence & Lack of Advocacy:** She cites concerns about negligence from healthcare providers, where Black women may not be heard or taken seriously, leading to delayed or inadequate care. Single mothers specifically struggle as they are likely to not have a support advocate



**Lack of Access to Quality Healthcare:** She believes limited access to quality healthcare, including prenatal care and postpartum support also contributes



**Racial Bias & Discrimination:** The historic presence of racial bias and discrimination within the healthcare system also shapes doctor's and patient's communication and trust

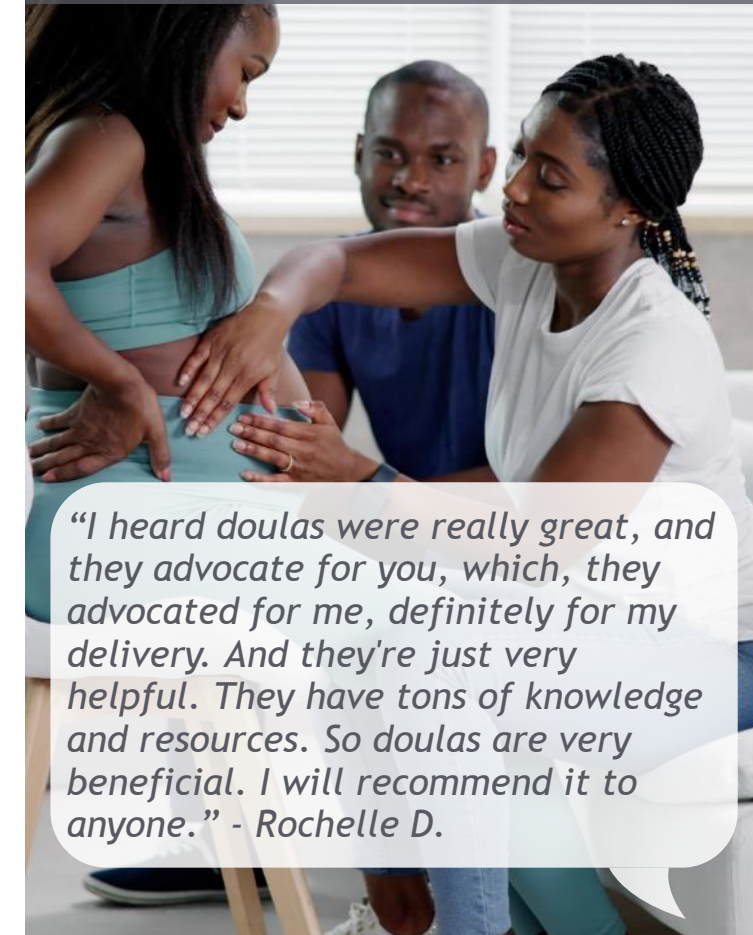


**Socioeconomic Factors:** Socioeconomic factors such as poverty, limited resources, and systemic inequalities can impact the health outcomes of Black pregnant women



**Stress & Mental Health:** Stress related to racism, discrimination, and social determinants of health were mentioned as potential contributors to adverse maternal health outcomes

IN-CULTURE MIDWIFES, DOULAS, & COMMUNITY MEMBERS can help stand in the gap when she feels something isn't right



*"I heard doulas were really great, and they advocate for you, which, they advocated for me, definitely for my delivery. And they're just very helpful. They have tons of knowledge and resources. So doulas are very beneficial. I will recommend it to anyone." - Rochelle D.*

These fears of mortality and anxiety around motherhood cause her mental health to deteriorate, but finding help can be its own struggle



## HERSELF

- **Confusion:** She may struggle to understand her feelings or understand what's wrong
- **Identity Crisis:** Feeling like she lost herself; struggles to deal with not being the same person she was before
- **Chasing “The Snapback”:** Recovery is never-ending; she's always trying to get back to where she was before, both physically and mentally

## MOTHERHOOD

- **Questions Ability:** *How well am I handling being a mother? Can I handle being a mother? Am I a failure because I can't get my baby to latch?*
- **Anxiety:** She has a strong attachment to the baby and finds herself in a constant state of worry
- **Pressured:** She may feel solely responsible for baby's health



## BARRIERS TO FINDING HELP

### ADMITTANCE:

The hardest part is admitting that she needs help

### STIGMA:

Feeling that mental health treatment in Black/ African American communities is not taken seriously, frowned upon

### UNTRUSTWORTHY:

Not feeling comfortable sharing her mental health struggles with her doctor due to a perceived lack of interest on the doctor's end

### NOT “FOR ME”:

Doctors may recommend therapy groups, but she does not feel she belongs due to the severity of some of the issues faced by the other mothers

### LEANS ON LOCAL CIRCLE:

She ultimately turns to her family, friends, faith, and her own perseverance to come out of the negative mental space

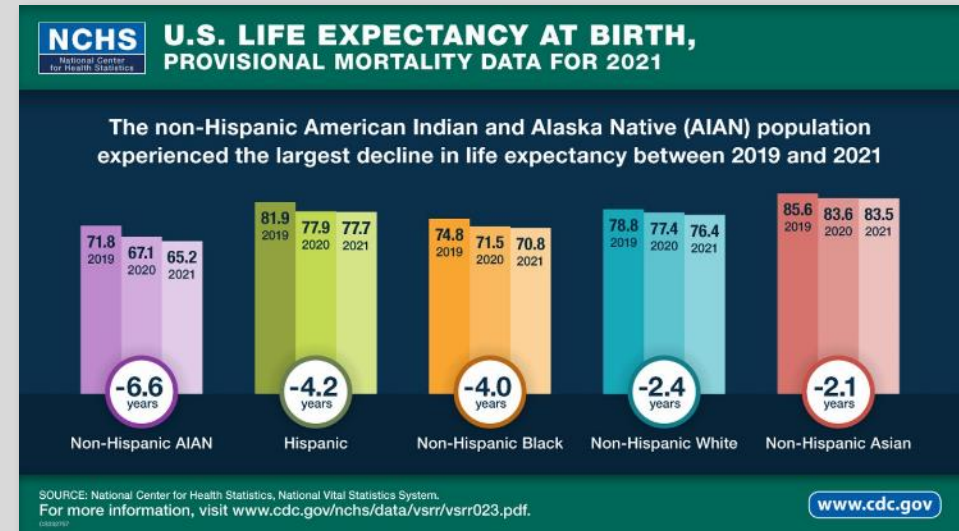
# Added stress throughout their healthcare journeys can also lead to additional health complications

*“I did not know what to ask for or what was available to me. I ended up reaching out to Black Mamas in my social circles about how to get support financially, baby resource/products wise, and there was NO offerings of support for my partner/husband. I was not the only person that went through the traumatic experience, but the only one that had any aftercare of any type offered. Again, if I did not have access to our mothers for physical and emotional support, my own community of Black Christian believers and Moms, and friends to check in on me (along with the social media help?), my level of overwhelm post-delivery may have been insurmountable. With all the support that I had, I was on my own to deal with my mental health. I had before and requested again a therapist as part of my postcare. I scheduled a postnatal massage,*

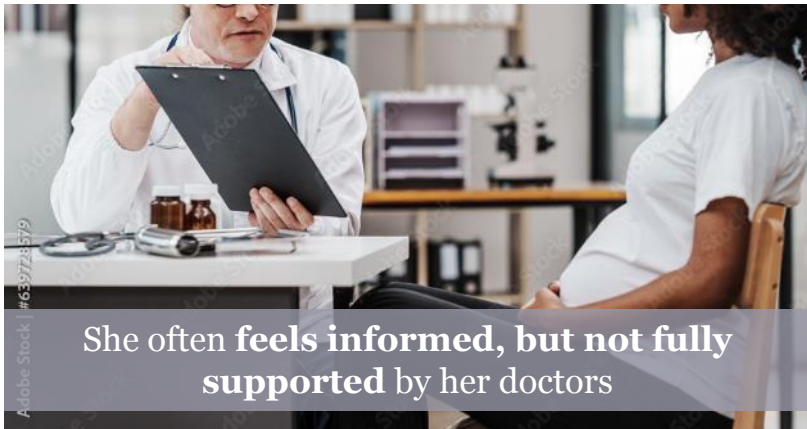
*but I ended up experiencing what felt like sciatic nerve pain during and after the massage. I found a Black Woman therapist to help me not lose my mind because the fog of Mama brain, the realities of all of the major lifestyle shifts of our household, and the pervasive threat of COVID19 (along with the stress of Black Lives (not seeming to) Matter) had me in a terrible headspace that took me years to recover through.” - Robin K.*



Racism is associated with higher rates of stress, increasing a person of color’s risk of developing high blood pressure. In fact, the Centers for Disease Control and Prevention (CDC) report that Black people are more likely to have hypertension than any other racial or ethnic group. This all can have an effect on the community’s overall life expectancy which is the second lowest when compared to all minority groups (Native Americans being the lowest)



When faced with questions, concerns, or complications on her journey, she turns to experienced mothers she has come across in her life or online



She often feels informed, but not fully supported by her doctors

- **Given information about common pregnancy conditions** (gestational diabetes, preeclampsia, etc.)
  - If she has government insurance, she is less likely to be informed about health issues that are most prevalent in Black women
- **She may feel well-informed, but not prepared**
  - Hard to really know what giving birth will be like, even if given proper information
  - May feel overwhelmed with information when facing health concerns/conditions
- If she feels uninformed, she is **often unsure of the right questions to ask at appointments**
- Feels that **doctors try to “scare” patients with information**
  - Strong statements around risks of not getting vaccines, various tests
- **She does not realize how much paperwork comes along with pregnancy, handling insurance**
  - Feels overwhelmed by forms & bills



For information & general pregnancy questions, she turns to the internet

**Google YouTube**

 • 1 in 4 specifically mention Google as a main resource

- Health institution-based websites (Mayo Clinic, WebMD, etc.) to look up symptoms
- Read from a few websites and compare
- Watching videos/reading articles about Black women birthing experiences

**Phone apps**


- Track cycle
- Track pregnancy (Glow Baby, What to Expect, etc.)







For support & tips, she turns to experienced moms, some she knows & some she doesn't

- People**
- Those with experience: their mothers, friends with children
  - Health professionals: OBGYN, doula, midwife
  - Classes for new mothers: breastfeeding classes, labor/delivery preparation classes
- Social media—Facebook/Instagram**
- 
- Groups for pregnant women, pregnant Black women, women with same health concerns, women on the same timeline, etc.
  - Great resource for things to expect from pregnancy, find tips and tricks at various stages from morning sickness to lactation and NICU explanations
  - Find health providers, doulas

Her doctor can also be a great source for information, but only if she has developed a trusting relationship through shared culture or demonstrations of support

Building a strong, trustworthy relationship with her doctor and health care team is not always easy



**Level of trust is often related to:**

- Length of relationship
- Recommendations/reviews from others
- Displays of care and support for her and her family/baby

She may try to find a Black provider, or a doctor of color, but they may be inaccessible



- Inaccessibility may be due to her insurance, location, or a combination of the two which limit her to out-of-culture doctors
- If she can find an in-culture doctor, she feels more comfortable and calmer with them
- If she cannot find an in-culture doctor, she will try to stay open minded as long as she receives the treatment and support she expects

She may also look for a doula or midwife, possibly in culture, as she seeks out a more holistic approach to the birthing process



- She feels very close with her midwife/doula and extremely supported, regardless of ethnicity

*“I knew my OBGYN prior to getting pregnant so she had my trust. Also, she always spent extra making sure I well informed and comfortable with everything.” Lasonja Z*

*“Between my Black OB-YGN/primary care provider, the ethnically diverse staff at the hospital and connected midwifery program, and my fellow Black chaplain residents, I felt supported in a way that I did not have to act in anyway but as my authentic, Black, new-Mama-to-be self.” Robin Kay M*

*“She thoroughly went over my medical information and was excited to be on this journey with me. She also took into consideration the amount of stress I was under and tried to help me find a therapist. She was also on my side and supported me with my decisions.” Felicia W*

# Through experience and stories, she has identified key behaviors to look out for when determining her level of trust in a health care provider



*"I would say we had a good relationship with my provider/staff. I never felt rushed or like a burden with all my questions/complications. I was clear from the beginning that I ask a lot of questions and I like to be listened to and explained things to thoroughly and it was never an issue. My provider was reassuring, and it was nice." Kimberly S*

*"My relationship with my health care provider was just strictly a check up- it didn't pass that because I didn't feel too comfortable and felt judged a lil' bit. I didn't feel like she was genuinely involved in my journey . I tried requesting for a different provider but based on my schedule it wasn't possible." Kely M*



## DOCTOR DO'S

Doctors and health staff are able to build trust and positive relationships with patients by taking the time to listen to them and show that they care

### Informative Appointments

- ✓ Listen to her concerns and answer all her questions without brushing her off or judgement
- ✓ Take extra time to fully explain what is going on with her pregnancy and/or baby

### Tailored Treatment

- ✓ Make an effort to get to know her and her families on a personal level
- ✓ Take time to understand all of her concerns, both physically and mentally, to find ways to help

## DOCTOR DON'T'S

Many negative and untrustworthy relationships between patients and their health care providers are due to the way patients feel they are treated

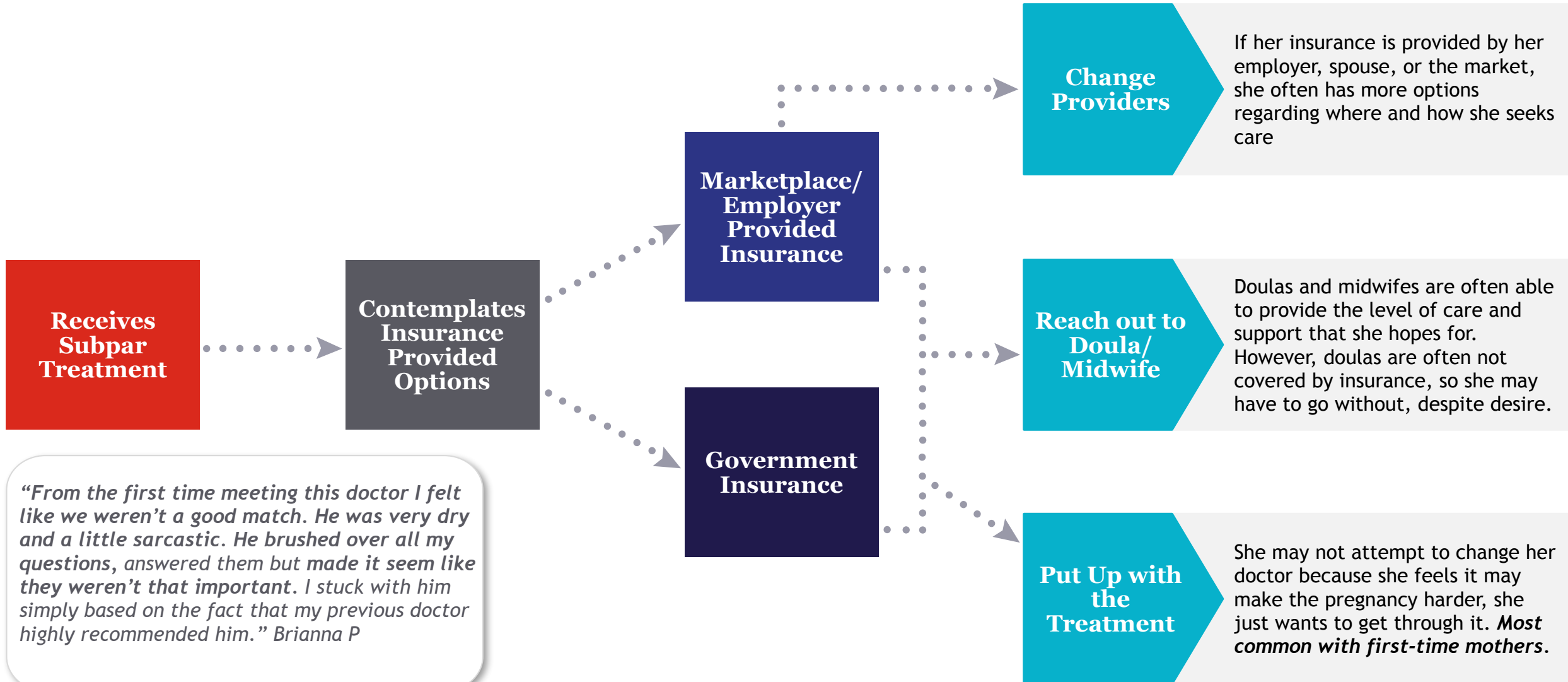
### Transactional Appointments

- ✗ Provide necessary treatment, not much more
- ✗ Making her feel she is being pushed in and out as fast as possible (worsened due to Covid)

### Mismatched Treatment

- ✗ Pushing shots/vaccines and birth control heavily
- ✗ Treating her as if she has comorbidities (diabetes, obesity, preeclampsia) even if she does not

If she experiences subpar treatment, her next steps are often determined by the options available through her insurance and how experienced she is with pregnancy



*“From the first time meeting this doctor I felt like we weren’t a good match. He was very dry and a little sarcastic. He brushed over all my questions, answered them but made it seem like they weren’t that important. I stuck with him simply based on the fact that my previous doctor highly recommended him.” Brianna P*

# *Response to Mistreatment in Their Own Words...*



*“I didn’t have much trust in my original doctor because I felt invisible. I was looked at as a number. It was really sad, people were scared at the time, things seemed like they were always moving so fast. I felt like I was rushed at my appointments. Honestly, this was my first birth in a different state. My previous healthcare providers were back in New York. I changed providers and it was awesome. My doctor was and is excellent. I love him. I have an appointment with him this coming week! He’s professional, thorough, kind, explains everything, and had me totally at ease. Just an awesome man!”*

*Lakeesha M*

*“In the beginning, I trusted my doctor because I was with her for a long period of time. However, once I got pregnant, her behavior or attitude changed towards me. During appointments, she was very short with me, I would ask her questions, and I felt like she had an attitude that I was asking questions, and also it was Covid and my husband cannot attend any appointments, so when I try FaceTime him during appointments, she would say that’s unnecessary and I felt like that was very selfish like that’s not her decision. I did not change doctors because I was very confused with what was happening and I was processing. Plus I had a Doula that was very great and was very supportive. That was a black woman. After I had my daughter, I did eventually change my doctor because I did not like her energy and her poor attitude throughout my pregnancy. It was not supportive at all.” Rochelle D*



In-culture doctors and healthcare staff are considered a viable solution to prevent mortality and prejudice as they are seen as next of kin, safe for them

## IN-CULTURE PHYSICIANS PROVIDE:

*“They [Black doctors] can provide me experience as a Black person. It’s something that no non-Black person can really incorporate in their level of care to you because they just... You just, you have to be wearing the shoes to really understand what it is like to be a Black person, so Black providers can relate to you on a different level.” Claire N*



**Natural remedies** for ailments before medicine



**A safe space** for patients of color to relax  
Eliminates the need for code-switching



**A patient and understanding** environment where patients feel **comfortable asking questions**



**A sense of community,** family bonds or connections



**Tailored advice** for their culture and body structure (BMI, family history, etc.)

**“All skinkfolk ain’t kinkfolk”:** While finding Black providers makes many feel more comfortable and even excited, some have faced negative treatment from in-culture doctors that they feel may have been racially motivated. For some, this has had no impact on their desire for in-culture doctors; for others, it has made them realize that the race of the doctor is not as important as their level of care.

# When looking for a pediatrician, while she hopes to find a Black doctor, her primary concern is how the doctor interacts with her and her child



- **She usually selects her child's pediatrician prior to labor** due to hospital policies or to have one less worry after birth
  - In her search, she receives recommendations from prenatal doctors, hospital staff, or from friends and family with children
- When searching, **she is willing to take the time to research and call pediatric offices** to the right pediatrician, who is:
  - **Someone she can trust**; she may use same doctor for entire family or all of her children
  - **Someone who listens to and addresses her concerns** with patience and helpful advice
  - **Comprehensive in their care and treatments.** This is especially a concern if her baby has health complications
- If a pediatrician does not provide the level of care she expects, **she is willing to switch for her child's wellbeing** until she finds the right one

*"I choose the same pediatrician that my daughter had, to make things easier. The provider was from a list given by the hospital. I initially wanted a Black pediatrician, but she was super kind and knowledgeable. And she had great online ratings when I researched her. I had no problem speaking up when I had a concern, and she was receptive. It was always a pleasant experience." Felicia W*

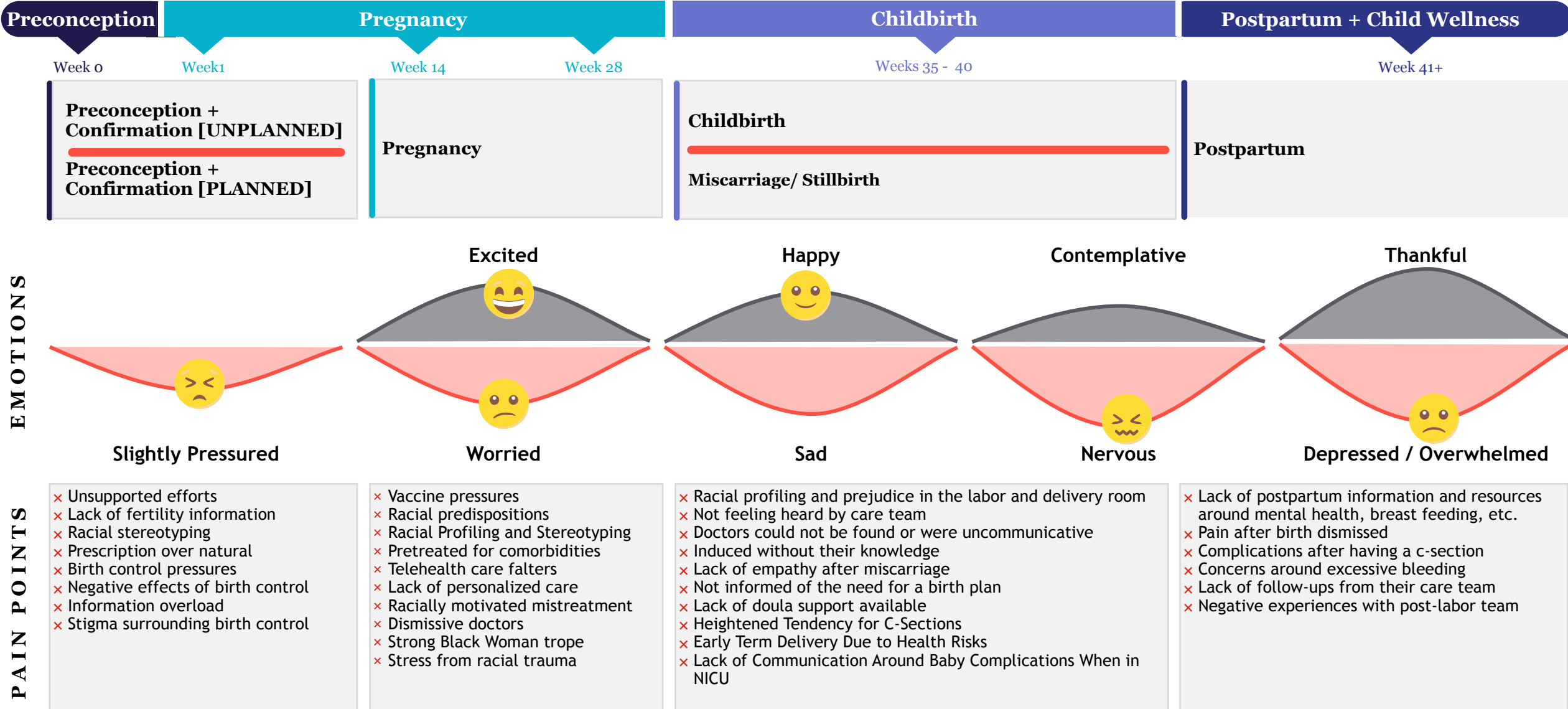
*"Once my son went into the NICU, the nurses recommended a closer doctor for our son to see. Being very vulnerable I just went with their recommendation. He was a nice doctor, but I felt like he didn't take the time to get to know us. He never even said my son's name and that made me really upset. I remember asking a question about the vaccines and he was so annoyed he told me to Google it. That was our last visit. We ended up switching to a Black doctor and it was the best decision!! Right away I felt so comfortable. She listened to us and connected so well." Brianna P*

*"One example that stuck in my head was coming in for our daughter's 1 week check-up, she hadn't gained weight that she had lost from birth. We were scheduled with another healthcare provider that was white and not our regular pediatrician and this healthcare provider kept pushing formula on my husband and I saying, "if you can't produce enough milk to support your daughter you will need to supplement with formula to get her weight up." We felt so belittled and I felt like a failure as a mom (we ended up getting an appointment with an IBCLC, realizing our daughter had a tongue tie, got it clipped and her weight gain caught up.) We had a follow up appointment in a week and our daughter had gained weight but not as much as expected but our pediatrician was able to meet with us and showed us that our daughter was still on her growth curve and to continue establishing good breastfeeding patterns." Janine J*

A photograph of a woman and a child sitting on a couch. The woman is sitting upright, looking down at the child with a concerned expression. The child is lying on their back, looking up at the woman. The scene is dimly lit, and the overall mood is one of care and concern. The text 'GAPS IN 100 WEEKS OF CARE' is overlaid in the center of the image.

GAPS IN 100 WEEKS OF CARE

# 100 Weeks of Care Journey Gaps + Pain Points Overview



Before the 100-week pregnancy journey begins, she has pre-conceived notions of the outcome due to a challenging relationship with the healthcare system

Preconception

Pregnancy

Childbirth

Postpartum + Child Wellness

Week 0

Week 1

Week 14

Week 28

Weeks 35 - 40

Week 41+



## Overcoming A Tumultuous Relationship with Healthcare

- Her perceptions of what pregnancy will look like are shaped by her past experiences in her overall health journey, experiences her family and friends have had in their path, and historical transgressions from the Healthcare system (such as the Tuskegee experiments)
- This can lead to skepticism and mistrust of healthcare professionals

### ☹️☹️ This makes her feel...

- Defeated
- Anxious + Fearful
- Angry
- Defensive + On Alert

*“Now that we're exposed to social media, we hear so many stories, so many stories of miscarriages, so many stories of people on their fertility journey, and it can be very discouraging.” Claire N*

With this history comes additional stress throughout her journey and the need to always discern if she's getting the proper care or if she's experiencing systemic prejudice

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Week 41+



## Always Assessing Her Care + Comfort Levels

- Because of historical context, she is constantly in a state of assessment of if she's experiencing care that can harm her pregnancy
- In addition, she expresses a lack of cultural competence and frustration with healthcare providers who did not understand her specific cultural needs and practices during pregnancy
- This can lead her to switch providers during her 100 week journey if necessary

## ☹️☹️ This makes her feel...

- Always on guard
- Anxious about having children
- Paranoid
- Worried and over stressed about what could happen
- Physically exhausted from the additional stress load
- Prayerful: She relies on faith as a source of comfort and strength during their pregnancy journey

*"I feel like anti-Black racism impacts everything, but especially our bodies. And sometimes I wonder if kind of the generations of stress and having to carry and bear the weight of to be the protectors, to be the rocks, to be the faith leaders, but not to find a way to make a dollar out of \$0.15. Kind of all the stereotypes that I didn't mention that specifically Black women related of being superwoman strong all the time." Robin Kay M*

In addition, she also takes into account the healthcare services she has within her reach, the community they serve, & who provides those services in her determination to get the best care



☹️☹️ **This makes her feel...**

- Out of Control
- Discerning and Calculated
- Protective and Determined

*“My sister is a community health Advocate, and she has her master’s in health care. And so she goes around to impoverished communities, just to educate them on what can we do to get better Healthcare for Black people. What questions do we need to ask? Where do we need to go? Do we look within our community and just kind of form a circle of brown people who take care of each other?”*  
Tanisha J

**Weighing The Quality Of Care She Has Within Her Reach**

- In addition, she often weighs the quality of the care she can receive based on the insurance coverage or hospital she has access to. Some disparities and experiences she mentions she feels may also be tied to the community the healthcare system serves
- This can also cause her to take her healthcare into her own hands with home remedies or strongly vetting where she seeks care

In addition, to these added hurdles, she battles societal stereotypes that “box” her into a narrative before she even embarks on her journey

**Black people are unhealthy/don't care about their health**

*“I think people think we all had like diabetes or high blood pressure, high blood pressure or high cholesterol. I think they we like we only eat like McDonald's or fast food or just unhealthy stuff.” Rochelle D*

**All Black women are single moms**

*“I also feel like at the same time it is expected from my culture for you to be pregnant at a younger age or be considered a single mom. So I think I was a little worried about that at first.” Kimberly S*

**Black people are “ghetto”, not well behaved, angry**

*“They see a traditional family mine and they say, oh wow, like that, that's beautiful. That's a beautiful thing. But then, you know, media portrays us as ignorant and ghetto and the women are I hate to say it. Black women are brute beasts and Black men are weak and feminine.” Tanisha J*

**Black women don't want their pregnancy/get abortions**

*“I'm at clearly, like I said, low-income a lot of people are getting pregnant without, you know, a lot of people are having abortions. I have friends who've had like five abortion, so it's like, almost like normalized in this community and this environment and away.” Claire N*

**Black people can handle pain (have a higher pain threshold)**

*“I felt like I had to advocate for myself more often because I know there is biases against Black woman in regards to their pain level. A lot of doctors believe Black woman have high pain tolerance level but that is another bias against my ethic group. It was very hard for me to find reliable information on Black mothers.” Lasonja Z*





Initially while trying to conceive, she takes the standard steps to eliminate contraceptives, track cycles, and change diets. However, if she's unsuccessful she questions the validity of her doctor's advice

Preconception

Pregnancy

Childbirth

Postpartum + Child Wellness

Week 0

Week 1

Week 14

Week 28

Weeks 35 - 40

Week 41+



### What's Happening

- Women are working with their partner and doctors to increase their chances of conceiving a baby
- Some that are struggling may turn to a fertility specialist or clinic

### Questions + Thoughts

- Why aren't they getting pregnant?
- Are natural remedies better for the body and/or more reliable than medical methods?
- Do other Black women also have difficulty/the fear of not being able to conceive?
- Western medicine/out-of-culture doctors don't understand them and how their bodies work
- What else can I do that goes beyond tracking my cycle

### How She Navigates Planned Preconception

- Conducted their own research at home, often from Black individuals they personally knew and resources or stories from others online
- Searched for care from Black health and fertility workers
- Turned to non-Western, natural methods, including changing their diet, beginning light exercise (walking)

When turning to her doctor for more information about improving fertility, she may be faced with judgement or immediately given medical aids as opposed to natural remedies or solutions

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Week 28

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Week 41+

### Current Gaps + Pain Points

- **Unsupported efforts:** She may feel unsupported by doctors in her effort to get pregnant
- **Lack of fertility information:** Some were not given additional fertility materials around strategies to increase fertility overall
- **Racial stereotyping:** Experiences stereotyping or racial profiling by specialists
- **A Prescription Over Natural:** Doctors often turned to medical methods prior to suggesting natural ways to help increase chances of getting pregnant



### This makes her feel...

- Anxious that they cannot or will not have a baby
- Unconfident in Western medicine for Black people/bodies
- Lost and confused about the conception process
- Defeated because they are struggling to conceive



# Preconception: *In their own words...*

*"I do feel like my ethnicity and culture always made people especially my doctor's question if I was ready to have a kid and bring a kid into this world at a young age. I even had one doctor tell me that I should wait until I could take care of my baby without the help of welfare, I was a bit stunned by the comment and was really relieved when my sister who was with me informed her we weren't on welfare"* Rekia D

*"We had been trying for over a year without conception until I learned a tip from an older gentleman that when his daughter - who was married to a Jamaican man - struggled to conceive, they cut out all corn products and by-products. I cut out the corn and - within a month - I was pregnant."* Robin Kay M

*"I believe being Black played a major roll in my experience while trying to get pregnant with my third child as well as the 4th pregnancy that ended in miscarriage. If I weren't Black I feel I would've been referred to a fertility specialist to assist, as it took a bit of time to conceive."* Jade P



Even if she is not trying to get pregnant, she may have questions and concerns about the negative effects of birth control on Black women's' bodies, so she turns to alternative methods of prevention

Preconception

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Week 0

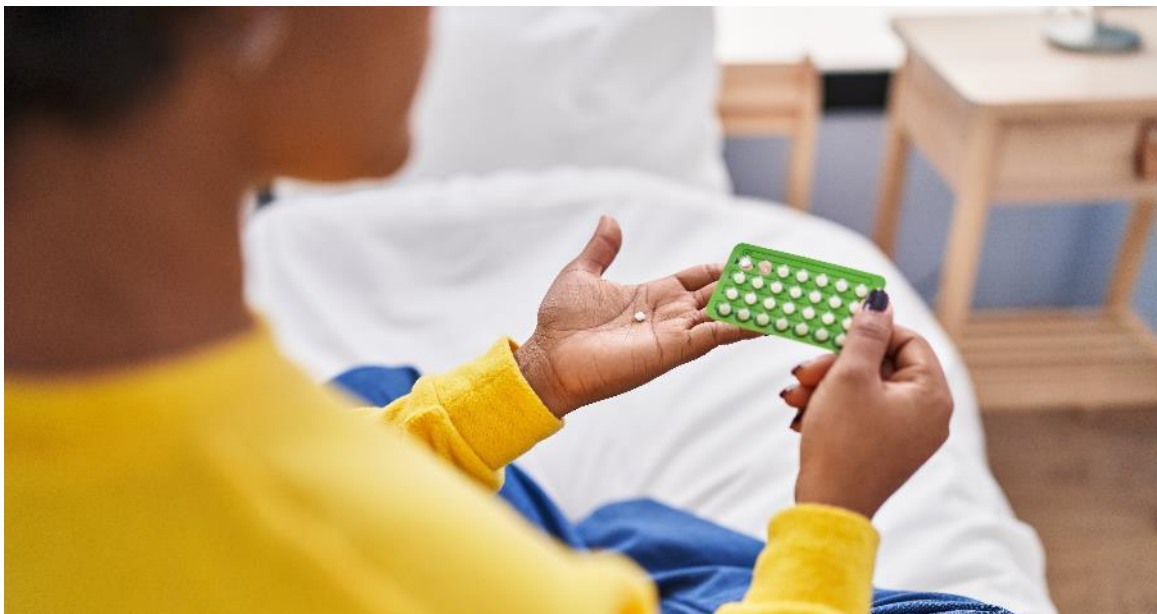
Week 1

Week 14

Week 28

Weeks 35 - 40

Week 41+



### What's Happening

- Women are working with their partners and possibly their doctors to try and prevent pregnancy, but many do not feel that birth control will benefit them
- Some have concerns around the negative effects of birth control on their bodies due to WOM & lack of trust in healthcare system

### ? Questions + Thoughts

- Is birth control doing more harm than good to her body?
- Which birth control is best for her?
- Why does birth control make her feel worse?
- Will a bad experience with one method of birth control also occur with others?
- Western medicine/out-of-culture doctors don't understand her and how her body works
- Why are doctors pushing birth control on her? What is their motive?

### ⚙️➡️ How She Navigates Planned Preconception

- Stopped taking birth control altogether
- Struggled to decide which birth control to take
- Used condoms and the 'pull-out' method

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 **Current Gaps + Pain Points**

- **Birth control pressures:** Women feel pressured to be on birth control by their doctors “aggressively” bringing it up, even right after giving birth, many cite their race as a reason
- **Negative effects of birth control:** Some have heard of or lived through horror stories while taking different birth control types (including Depo-Provera) and have chosen to stay away from all kinds
- **With information overload,** some struggled to decide which birth control method would be the best one for them, if any
- **Stigma surrounding birth control:** Birth control and those taking it are looked down upon in some communities



 **This makes her feel...**

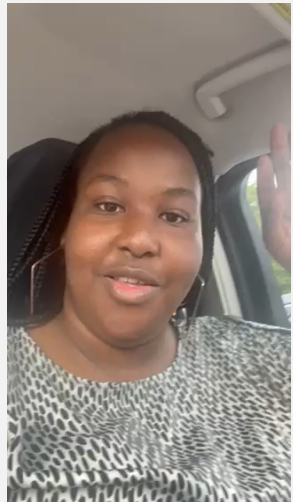
- Overwhelmed
- Traumatized
- Annoyed
- Unconfident in Western medicine for Black people/bodies



# Preconception: *In their own words...*

*“I had a bad experience with the removal of the arm contraceptive and the numbing wore off and the doctor was still looking for it and it was painful. Once removed I left and did not get another or any contraceptive because I was just traumatized from the whole experience. As a Black women I think we are taught and others think that we have a high pain tolerance and so the doctor removing it and the numbing wearing of made me not want to use it ever again.” Mikayla R*

*“I kind of felt like I was bombarded with the contraceptive discussion because of my ethnicity, honestly. It made me a little upset at times”  
Lakeesha M*



After confirming she is pregnant, she struggles to feel confident in the steps she is taking in her pregnancy, so she turns to community members and doulas for support in her journey



## What's Happening

- Now that the women are pregnant, they are trying to find the best ways to stay healthy and give birth to a healthy baby
- First time moms may be extra cautious because they do not know what to expect or what questions to ask
- Parents that have already had a child may be comparing this pregnancy to their previous one(s)
- Concerned for how they could care for a child on their own and how they will be perceived
- Some attended virtual checkup/telehealth appointments with their doctors

## Questions + Thoughts

- Why did her provider become cold after confirming the pregnancy?
- Will she receive better care with a Black provider?
- What questions should she ask or information does she need moving forward?
- Is this issue serious? Does she need to go to the emergency room?
- Is she doing what is right for the baby?
- How will preeclampsia affect the baby?
- Why is the doctor not running additional tests?

## How She Navigates Pregnancy

- Conducted her own research at home, often from Black individuals she personally knew and resources/stories from others online
- Searched for care from Black health staff
- Turned to non-Western/natural methods, doulas/midwives
- Changed doctors, but was not necessarily an option for all
- Followed doctors' orders even if she still had questions
- Researched symptoms at home to bring specific questions to doctors

She feels ignored, uninformed, and stereotyped due to her doctor's lack of personal care and rushed treatment at her routine appointments



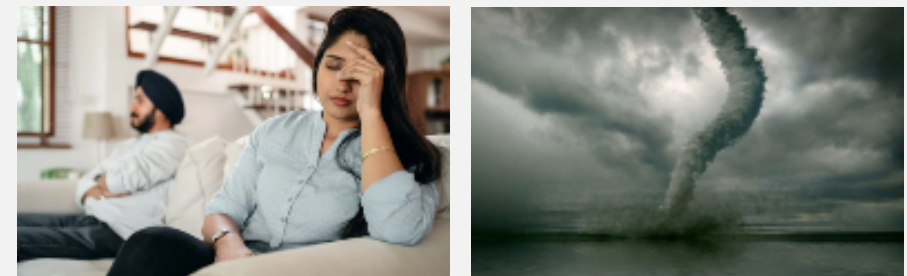
### Current Gaps + Pain Points

- **Vaccine pressures:** OBGYNs pushed shots/vaccines, heavily using extreme language, creating level of fear
- **Racial predispositions:** Many were not informed of the health issues that Black women face in pregnancy
- **Racial Profiling and Stereotyping** before the physician knows her health history
  - Some were treated as though they had comorbidities (diabetes, obesity, preeclampsia) even if they did not
- **Telehealth care falters:** Some did not like telehealth because they felt they were not receiving attention from their provider
- **Lack of personalized care**
- **Racially motivated mistreatment:** Notice a discrepancy in how they are treated in the doctor's office (feeling that they were treated differently or received substandard care compared to non-Black individuals)



### This makes her feel...

- Emotional rollercoaster
- Worry about being perceived negatively for having non-traditional pregnancy
- Nervous for delivery and not knowing what to expect, considering the horror stories they have heard about Black women and pregnancy
- Lonely due to lack of social support

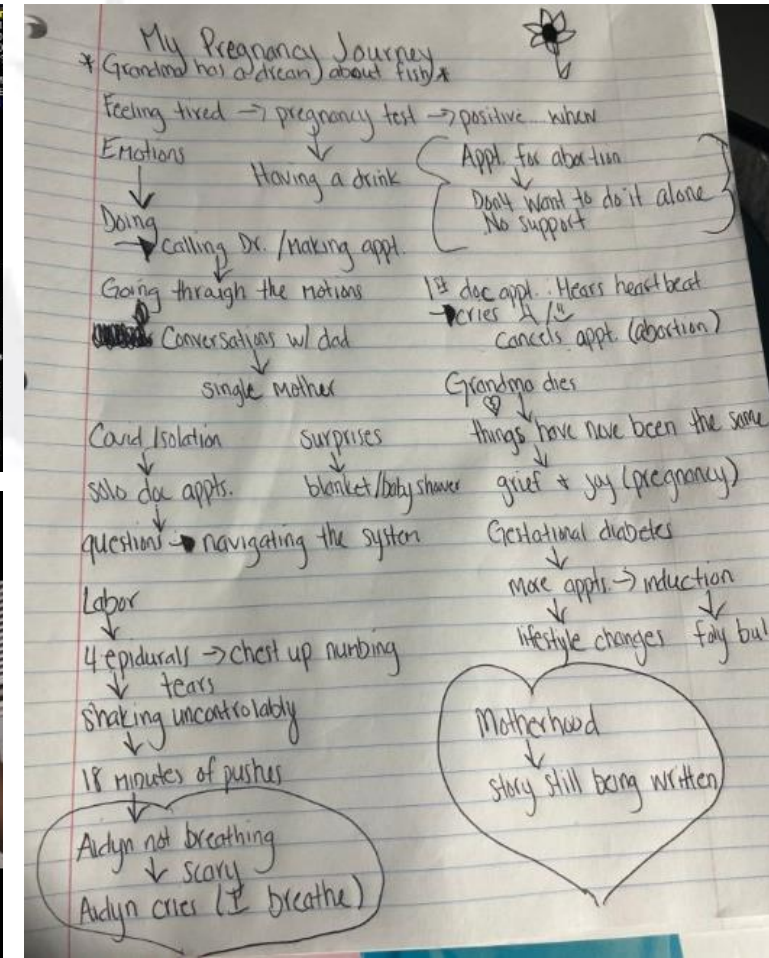
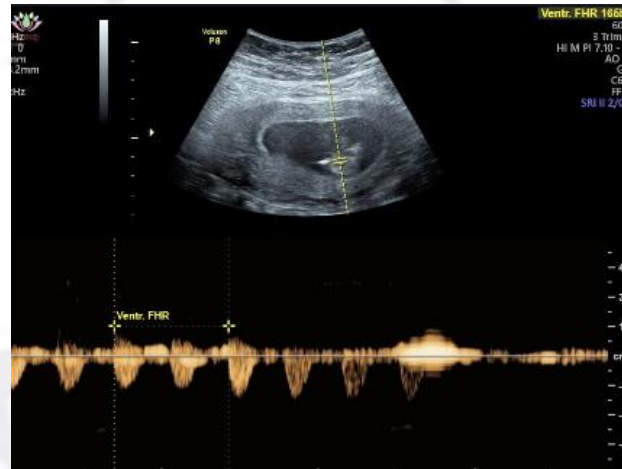
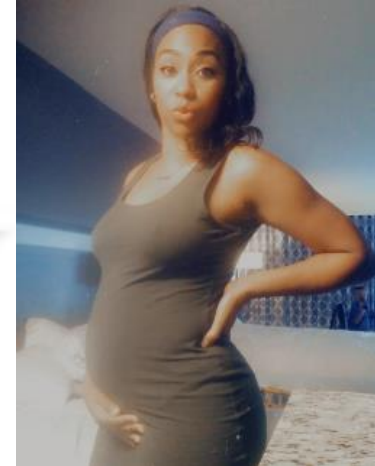




# Pregnancy: In their own words...

"I'm realizing that if I decide to go forth, I have to be prepared to do this alone and potentially do this by myself, which was something that was very scary. So on top of me, trying to confirm my pregnancy and started to think about establishing care. I also called an abortion clinic to make an appointment to terminate my pregnancy." Aisha W

"The pregnancy was a huge deal to me and my husband, but to medical professionals I was of course just another patient...[If I had to rate my prenatal care experience], I'd say two and a half because, again, very dismissive, she did not provide the support that I needed for my first pregnancy." Rochelle D



When facing health concerns, her doctors are quick to dismiss her questions, resulting in additional stress and anxiety, negatively impacting the baby



### Current Gaps + Pain Points

- **Dismissive doctors:** Some felt their questions and concerns were dismissed/rushed and they were pushed out the door as quickly as possible
- **Strong Black Woman trope:** Some have heard stories from other Black women whose concerns were not taken seriously because they were “expected to be strong”
- **Stress from racial trauma:** Experiences larger levels of stress due to racial trauma/discrimination that can affect their health during pregnancy (such as higher blood pressure, exhaustion, etc.)



### This makes her feel...

- Doubtful of what the doctor is telling them but unsure where to turn
- Nervous for their life or the life of their baby
- Worried problems with their pregnancy will go unchecked or unnoticed by healthcare staff

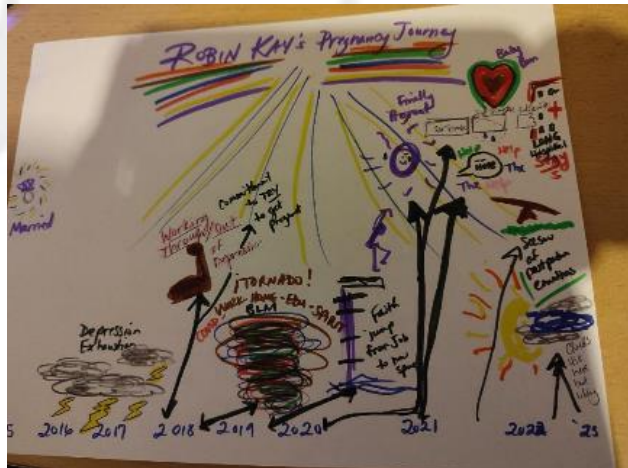


Images shown were selected by participants to describe their emotions/feelings experienced

# Pregnancy: In their own words...

“As much as I felt good and the pregnancy, you know, obviously I was experiencing stress and seeing it working in health care during a pandemic during the double pandemics, seeing people dying during my nightly sessions and kids dying being there during high stress time. And there were moments where I know, that it impacted and definitely moments where I couldn't keep it together and I had to give myself room to step away first, ask for help and back up and to step away. And let myself grieve kind of what I was seeing and experiencing. So kind of the immediate stress, the regular stress of pregnancy period, the first-timer thus not being around family and then kind of all the generations of the expectations and kind of the hard reality of sometimes being a Black woman, trying to keep your head up and encourage everybody around you to like I'm sure that negatively impacts. But I don't know if any of that specifically, if any moment or collection of moments is why my body went from, we're good to go to oh no, we're really not.” Robin Kay

“I started to lose trust [in the health care provider] when they started to push shots and weren't very informative about things that were going on...I was in several Facebook groups. I chose them because they were women who I related to me in many ways and I was able to converse with them. I did specifically chose a pregnant Black women group to read about their journey. I also was in a group for women who had Hyperemesis , which is a rare morning sickness . In that group it was women from all over the world. I felt so alone while having hg because none of the women in my life never had it . That group made me not feel so alone.” Shay S



She is nervous going into labor as she worries about the pandemic, comorbidities she is facing & how those will impact the health of her baby, but she stays alert and advocates for her care



### Questions + Thoughts

- Will my baby and I survive?
- Why am I in so much pain? Is this normal?
- Why am I not dilating?
- Why is my or my baby's health declining?
- How will preeclampsia or gestational diabetes affect the baby?
- How do they treat Black women at this hospital?

### What's Happening

- Women are going in to give birth nervous, and due to Covid, often with little social support with them
- Some have to go in early due to changes in their or their baby's health while other are struggling to dilate and need to be induced
- Some babies needed to be taken to the NICU after birth for days or weeks
- Mindful of where they deliver

### How She Navigates Labor + Childbirth

- Always attentive to the care she's receiving and advocate for herself
- Rely on loved ones to advocate for them when they aren't physically able
- Lean on doulas and midwives if available
- Heavily vets hospital and delivery team to help ease anxiety or fear of what can happen during labor

Preconception

Pregnancy

Childbirth

Postpartum + Child Wellness

Week 0

Week 1

Week 14

Week 28

Weeks 35 - 40

Week 41+

### Current Gaps + Pain Points

- **Racial profiling and prejudice in the labor and delivery room** (for example, staff assuming they have had an abortion)
- **Not feeling heard:** Hospital staff did not listen to them as they were trying to ask questions or bring up issues
- **Doctors could not be found or were uncommunicative**
- **Induced without their knowledge**
- **Some did not create or were not informed of the need for a birth plan,** others were told it was not needed by their doctor
- **Lack of Doula Support Available:** One wanted a Black doula to help her through this process but could not afford one



### This makes her feel...

- Nervous
- Scared
- Alone
- Ignored
- In pain



Due to health complications, she and her baby often had to undergo additional care through an emergency c-section & possibly a stay in the NICU, but doctors continue to be uncommunicative



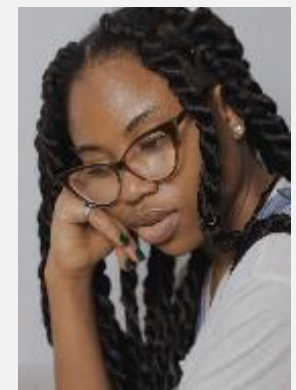
### Current Gaps + Pain Points

- **Heightened Tendency for C-Sections:** While most planned for a vaginal birth, about 1 in 3 needed to have an emergency c-section for health reasons
- **Early Term Delivery Due to Health Risks:** Some needed to give birth early due to health concerns such as high blood pressure and preeclampsia
- **Lack of Communication Around Baby Complications When in NICU:** After giving birth, their baby was sent to the NICU, but they received little to no communication about why their baby was in there or what was going on during the stay



### This makes her feel...

- Nervous
- Afraid
- Worried
- Less Connected to Baby (if in the NICU)



Images shown were selected by participants to describe their emotions/feelings experienced



### Current Gaps + Pain Points

- **Rushed birth:** After a few hours of labor, doctors are likely to insist upon measures to speed up the process including medications or a rushed C-section
  - One participant who now works as a doula recalls having a Black client with no health concerns who was pushed into an early C-section after a couple of hours of labor, while a White client was told to give it more time, and that minor concerns may pass, by hospital staff. They gave birth in the same hospital.
- **Lack of accountability:** Despite the issues faced, most did not file a complaint with the hospital because they did not think about it due their pain, or they were not given access to a reliable source to make a complaint

### This makes her feel...

- Confused
- Worried
- Unconfident
- In pain

# Childbirth + Labor: *In their own words...*

*“I worked in a hospital that I was SURE that I did not want to deliver my child in because I saw first-hand the disparities in how they treated Black families, mothers, and children versus non-Black families...There was once in an emergency department, adult there was a Black woman who was going back to school, she had grown or nearly grown children, covid was ravishing, almost every member of the family had it. Two of them, a daughter and mom were in the hospital at the same time. The mom ended up having heart issues. She was doing fine and all of a sudden she really wasn't, and they took her to the emergency. And when they were trying to revive her, like they had to expose her chest rest area and as they were kind of rotating in, doing the compressions. A couple of the nurses that came out, we're making jokes about her breast size. I was I just happen to be standing there as if I was invisible. And I tried to take it up but two supervisors and things, but I could tell by the reaction that other than to send people down to try to make sure there wasn't a case being built for litigation, they really weren't like they weren't going to do anything to stop that from happening or to hold accountable.” Robin Kay M*





## Childbirth + Labor: *In their own words...*

### **Claire faced mistreatment from hospital staff both before and while giving birth**

*“One of the student doctors who was actually Black, I remember her asking me like, ‘all right so now we’re at the abortion sections. Like, how many abortions have you had?’ And I told her like ‘none and she looked at me again. She was like ‘none? Like how many have you had?’ I’m like ‘none.’ Even though she was like a Black, she was a student, but I felt like maybe it’s because of that where we were, but I definitely don’t think that she would have that same reaction to someone who is white, you know. And it was kind of embarrassing because my husband was there too, and it’s like, if the doctors doubt of me, maybe my husband is now going to doubt me and doubt the history that I provided to him about myself. So just made me really uncomfortable, you know.” Claire N*



Midwife was rough - Claire

She is nervous going into labor as she worries about the pandemic, comorbidities she is facing & how those will impact the health of her baby, but she stays alert and advocates for her care

Preconception

Pregnancy

Childbirth

Postpartum + Child Wellness

Week 0

Week 1

Week 14

Week 28

Weeks 35 - 40

Week 41+



### What's Happening

- Women are feeling pain and discomfort, but are unsure why and their doctors are not listening to them or are dismissing their complaints
- Their partners, unsure how to help

### Questions + Thoughts

- Why am I experiencing this pain?
- Who will listen to me about what is going on?
- What is going on with my baby?
- Why won't anyone communicate with me?

### How She Navigates Loss of a Child

- Asks her health provider questions
- Turns to her partner for support
- Turns to her doula for support if she has one



### Current Gaps + Pain Points

- **Dismissive doctors** when they tried to relay pains and concerns she was having
- **Apathetic statements from health staff:** Hospital staff often did not display any sympathy or understanding when revealing that the baby was no longer alive
- After confirming the miscarriage, was **sent out of the hospital without any comforting or empathy** from the staff, with a box
- **Little to no information** about what their bodies would experience after loss



### This makes her feel...

- Ignored
- In pain
- Confused
- traumatized



During postpartum, while she is adjusting to baby like any other mom, she may also be processing stress she has experienced due to maltreatment throughout the pregnancy

Preconception      Pregnancy      Childbirth      **Postpartum + Child Wellness**

Week 0      Week 1      Week 14      Week 28      Weeks 35 - 40      Week 41+



### What's Happening

- Adjusting family + home life with new baby
- Healing from birth/labor
- In some cases, healing after a traumatic birthing experience (mentally & physically)
- Learning and managing baby feeding including breastfeeding
- Postpartum appointment at 6 weeks
- New heightened levels of anxiety for baby. Fear they will experience racism and prejudice/harm
- Assessing their care to prepare for future experiences within the healthcare system
- Some attended virtual postpartum appointments at this time
- Receiving support from family and friends + inclusion of cultural customs for recovery

### Questions + Thoughts

- Why did this happen to me?
- Am I a failure if I can't continue breastfeeding?
- Why am I feeling this way?
- Where do I go to get help?
- Who can I talk to?
- Is what I'm experiencing normal or a cause for concern?
- Will anyone take my concerns for myself and baby seriously?

### How She Navigates Postpartum

- Advocate for themselves
- Rely on loved ones to advocate for them
- Fill in follow-up care gaps herself by doing own research about postpartum, expectations, doulas through support groups and online resources
- Seek outside resources beyond their PCP and hospital
- Leaning on family to provide support and assist in practicing cultural recovery customs

She may feel that her postpartum care was an after thought. Lack of follow-ups, limited care information, & lack of concern for any complications she experiences can exacerbate these thoughts

Preconception

Pregnancy

Childbirth

Postpartum + Child Wellness

Week 0

Week 1

Week 14

Week 28

Weeks 35 - 40

Week 41+

## Current Gaps + Pain Points

- **Lack of postpartum info:** Received little information from doctors about recovery, postpartum hormones/emotions, and needed resources
- **Pain dismissed:** They felt that their pain was not taken seriously or adequately addressed by healthcare providers. Some did not receive pain meds promptly after return home
- **Complications** after having a c-section (wound reopening)
- **Concerns around excessive bleeding** or change in their condition were unheard and overlooked
- **Lack of follow-ups** from their care team or check-ins to address their concerns
- **Negative experiences** with post-labor recovery team (stereotyping and lack of care)



## This makes her feel...

- Relief that the hard part of birthing is over (and with it the fear of something going wrong)
- Desire to get home to their “safe space” where they don’t feel on edge
- Questioning if they should report their experiences
- In pain, sore, and weak while managing a difficult recovery
- Felt overwhelmed and unprepared to take home a new baby (especially first-time moms)

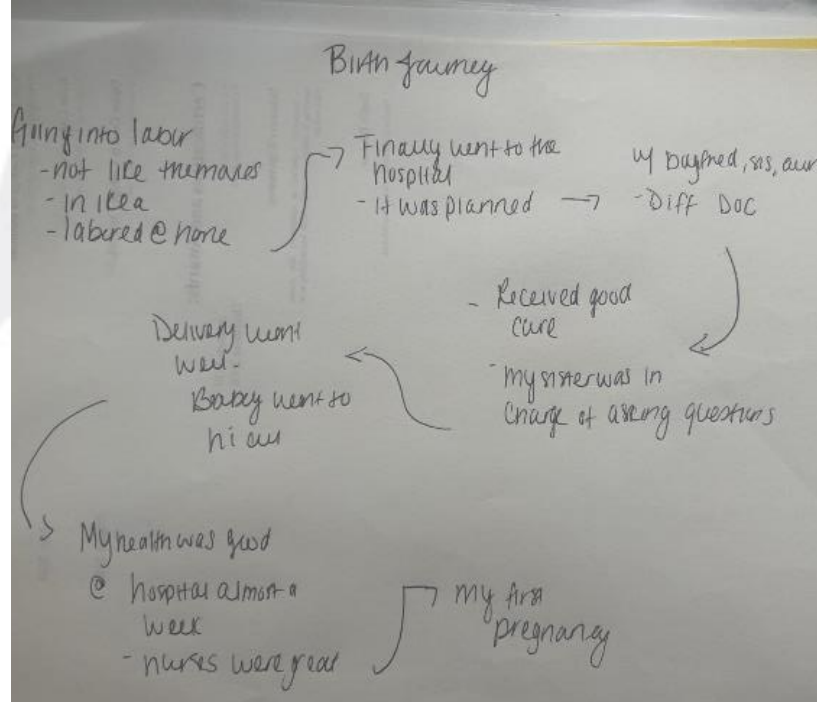


# Pregnancy: In their own words...

“After my 6 week check up and my doctor didn't even listen to me about my periods, I just kind of took matters in my own hands. I didn't feel like I would get support from them, so I looked into my community to see how I could gain support that way.” Aisha W.

“So my baby was about a week old and she was breathing sort of heavy and then I started to get nervous because it sounded like she was having trouble breathing. I took her to the emergency room and because she was little they took her to the room and we seen an ER doctor who assessed her and then he made sure to tell me to next time bring her in the day time and not late at night. But the problem wasn't during the day.” Rekia D

My health was fine physically after giving birth but mentally I was sad and angry...They were horrible. I know it had something to do with me being a Black woman. I live in a town that is predominately white. The team upstairs was all white, the team downstairs, were all white but they were much nicer. The ones upstairs? I don't know. They work directly with all the doctors. And I don't know if the previous doctor told them, but they treated me like I was a drug addict. It was terrible. I cried every day.” Lakeesha M



By the time she reaches postpartum, her mental health is often a cause for concern. Any trauma or stress she has been coping with can rise to the surface as she adjusting to her new life with baby



### Current Gaps + Pain Points

- Little to no knowledge around how to cope and deal with postpartum mental struggles including additional stressors that come with being a person of color and a new parent
- Lack of care or empathy from the doctor (no inquiry around mental status)
- Lack of support for their loved ones and partners
- Lack of support resources for moms who are trying to cope (without serious complications)
- Not knowing where to go for resources or therapy to help



### This makes her feel...

- Perception that mental health care is a stigma in the Black Community and not taken seriously
- Exhausted, nervous, and scared something could go wrong
- Additional stressors from the outside world (racial trauma such as Black Lives Matter)
- Those with loss: felt alone and left to figure it out on their own
- Numb - putting on a brave face even through they are secretly suffering



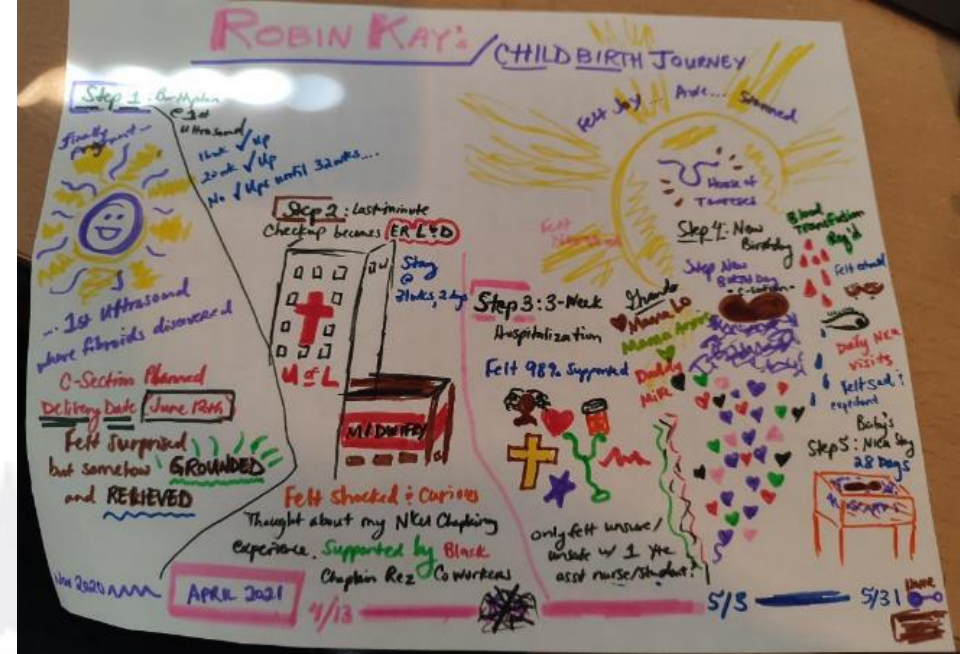
Images shown were selected by participants to describe their emotions/feelings experienced

# Postpartum Mental Health: In their own words...

"I just wish I had a provider that was concerned with how I was doing. I was so down and he didn't even ask. This was also in the middle of Covid which played a big part in my feelings of PPD." Brianna P

"I would say the hospital discharge was unhelpful, I wasn't told to follow up with anyone. I was just sent home to figure it out on my own. I felt my situation was not enough for them to care." Jade P

"I wasn't told much. They just had me take the assessment and that was that. The survey mentioned that if I was feeling a way, to seek help. Other than that, didn't receive much else. No one called and checked on me or anything. The assessment was very black-and-white and was like what if I am feeling in between, they was just like answer what makes more sense. After that, I kind of just stopped asking questions. Only relying on a survey to determine your needs felt odd to me and un-human like approach." Aisha W





The cycle of not feeling “heard” can also continue when she voices concerns over her newborn’s health. This can contribute to a sense of inadequacy in protecting and providing for her child(ren)



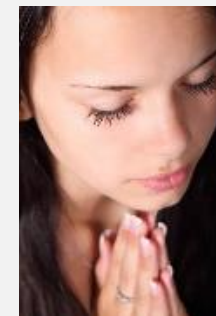
### Current Gaps + Pain Points

- **Lack of concern about their baby’s health:** Some doctors don’t seem to listen to their concerns (such as issues with feeding, blood sugar, etc.)



### This makes her feel...

- Worry their child won’t get the proper care (based on their personal experiences)
- Anxiety and stress if baby is in NICU in “others” care
- Feeling overwhelmed and experiencing lack of confidence that they can care for baby as needed
- Fear of leaving baby in someone else’s care
- Feeling unsure and emotional, especially true for moms with children in the NICU or moms that are re-hospitalized (relearning baby after getting home)



Images shown were selected by participants to describe their emotions/feelings experienced

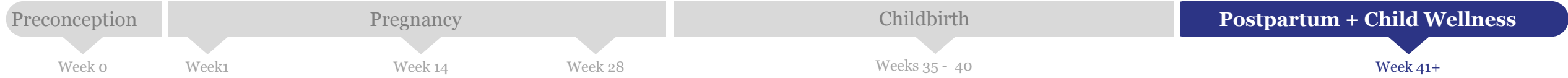


## **Current Gaps + Pain Points**

- **Those who experienced loss were given little to no information moving forward**
- **Lack of concern about their health:** Some doctors do not check in them, physically or mentally, after they have experienced a loss
- **Lack of employer support:** Many women were expected to return to work the day or week after having a miscarriage, despite still having gone through the same physical experience as those that returned home with a baby

## **This makes her feel...**

- Unsupported as she has to go through pain alone
- Worried about her body and all of the changes it will make in the future



### **Current Gaps + Pain Points**

- If breastfeeding, she may mention **not having access to a lactation consultant** (inside and outside of the hospital)
- **Breastfeeding can be challenging** for her if she needs to return to work sooner, which can cause her to abandon breastfeeding all together
- **She also has a lack of additional support** (such a night nurses) to help her rest to make breastfeeding more optimal
- **No initial assistance** to get baby to latch properly



### **This makes her feel...**

- Worry if on public assistance how to budget some of their WIC for feeding new baby
- Inadequate and a failure as a mom if she has to quit breastfeeding
- Frustrated that she struggling to get it right
- Isolated and alone



Breastfeeding was a cultural practice that came from the Black community's roots but has been disrupted by racial trauma and systemic inequities.

*"I wasn't breastfed; I grew up not seeing or hearing about it. Our moms, grandmothers and aunts didn't speak of it. And if a Black woman did come across another Black woman who breastfed, there was a feeling of 'Oh, you think you're better than us?' Ty McClain, a lactation consultant at a Charlotte NICU*

### AFRICAN TRADITIONS

Many African cultures had a strong tradition of extended breastfeeding as a natural + essential part of motherhood. Enslaved Black women brought their knowledge and practices with them.



### ANTEBELLUM ERA: WET NURSING

During slavery, Black women were exploited & forced to serve as wet nurses, breastfeeding & caring for their slave owners. This practice disrupted natural nursing as they weaned prematurely or were forcibly separated from their own infants to nurse White children.



### 1940S: WET NURSING FOR ECONOMIC SURVIVAL

After slavery, some Black women turned to wet nursing as a source of income in a deeply unequal society that limited their employment. This perpetuated the idea that nursing was a privilege only afforded to affluent White children.

### WWII: THE RISE OF FORMULA

While formula was developed before WWII, the need for a more convenient solution rose with women working in factories, further perpetuating breastfeeding as a luxury. Also, the negative connection of breastfeeding with slavery caused family matriarchs to abandon passing down traditions, leaving younger women without multigenerational support and knowledge.



### PRESENT DAY: SYSTEMIC BARRIERS

Furthermore, structural inequities and discrimination have hindered access to breastfeeding support and resources. Lack of access to affordable healthcare, workplace accommodations, education, and culturally sensitive lactation support have all contributed to lower breastfeeding rates.

## Breastfeeding: *In their own words...*

*“I didn’t have any hurdles facing any follow-up care but I do remember struggling breastfeeding and we called a nurse hotline number that was provided and I don’t feel like I got a lot of support.” Rochelle D*

*“After giving birth my daughter went to the NICU so I didn’t get to bond much until weeks later. She didn’t latch so I exclusively pumped . I don’t get much support because of the pandemic. Someone was supposed to come help with latching but never came.” Shay S*

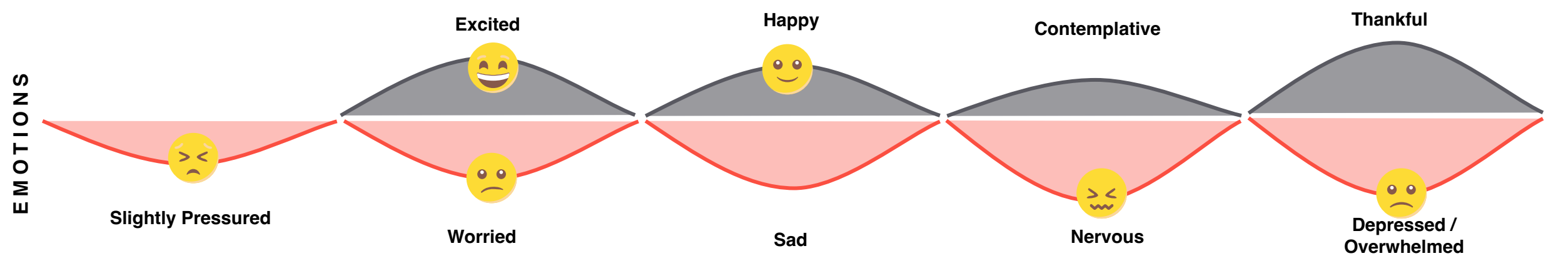
*“My doctor didn’t tell me much about postpartum. I remember he asked if I would breast feed and that was it. I googled everything else or asked the nurses in the hospital. At my visit he didn’t really ask much just if everything was going well.” Brianna P*



A woman with long braids is sitting on a couch, laughing heartily with her head tilted back and hands clasped near her chest. She is wearing a light-colored top and a watch on her left wrist. The background features a circular wall decoration and a potted plant. The entire image is overlaid with a semi-transparent dark blue filter.

**BRIGHT SPOTS IN 100 WEEKS OF CARE**

# 100 Weeks of Care Journey Bright Spots Overview



BRIGHT SPOTS

- ✓ In-culture conception advice
- ✓ Empathetic health professionals

- ✓ Initial Medicaid enrollment
- ✓ In-culture support groups
- ✓ In-culture health care staff provide a sense of support and security

- ✓ Attentive physicians
- ✓ Extended maternal leave
- ✓ Supportive pediatrician

- ✓ Healthcare providers who listen to their concerns
- ✓ Healthcare/hospital staff who work well with privately hired birthing specialists
- ✓ In-culture doulas and midwives

During preconception, in-culture solutions and natural remedies can bring her ease of mind and empower her to take control of the fertility process. Empathetic staff can also help minimize anxiety

Preconception

Pregnancy

Childbirth

Postpartum + Child Wellness

Week 0

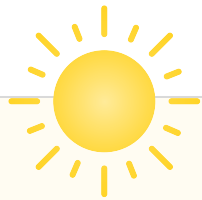
Week 1

Week 14

Week 28

Weeks 35 - 40

Week 41+



### Bright Spots: Preconception

- **In-culture Conception Advice:** Some mothers mention their community sharing natural remedies to help foster better fertility for their path to conception. These practices felt personalized and tailored to their personal needs of being proactive and were tied to their cultural heritage
- **Empathetic Health professionals:** New OBGYN was caring and understanding of patient's weight and ways to overcome this hurdle when trying to get pregnant

### ☹️☹️ This Makes Her Feel...

- Understood, heard, and seen
- Empowered
- Hopeful that they may have found a solution
- Supported and comforted



*“Our second OB (younger, white woman) was much more caring and actually asked more lifestyle questions (for example, when my recurrent pregnancy loss panel came back, we found out that I was a carrier for cystic fibrosis which she found fascinating since Black women are usually not carriers - upon explaining to her that I had white great-great grandparents on my dad's side, she was able to discuss the low probability of passing on the gene to future generations.” Janine J*



# When initiating prenatal care, initial support on the form of insurance consulting/enrollment and in-culture support groups can help make embarking on her journey less fearful

Preconception

Week 0

Pregnancy

Week 1

Week 14

Week 28

Childbirth

Weeks 35 - 40

Postpartum + Child Wellness

Week 41+



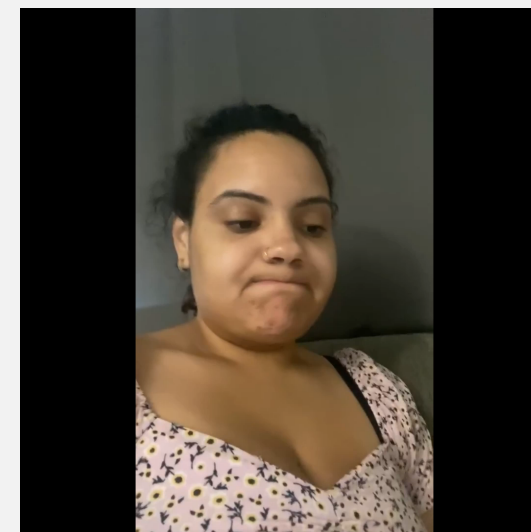
## Bright Spots: Prenatal Care

- **Initial Medicaid Enrollment:** One woman had to confirm her pregnancy at a free clinic due to not having insurance. After confirmation, they helped her enroll for Medicaid and connected her with additional medical offices and classes to gain access to information and items for the baby. The clinic also continued to see her until her insurance kicked in.
- **In-culture Support Groups:** These groups online or in-person can help ease anxiety and seem tailored to their personal lived cultural experience. They also provide a safe space for mothers to talk about ways they should self-advocate throughout their pregnancy journey



## This Makes Her Feel...

- Supported and Guided
- Capable of taking care of her child
- Safe and less anxious



She often cites in-culture doctors and healthcare staff as the ideal solution as they make her feel safe and allow her to feel better “heard”

Preconception

Week 0

Pregnancy

Week 1

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Childbirth

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Week 41+



### Bright Spots: Patient Physician Relationships

- **In-Culture Health Care Staff** provide a sense of support and security that is specialized for her and baby because they provide:
  - Avenues that are natural before medicine
  - A safe space for patients of color to relax
  - A good listening environment
  - A sense of community/ family bonds or connections
  - Eliminates the need for code-switching language and to “save face”
  - Tailored advice for her culture & body structure (BMI, family history, etc.)

### 😊😊 This Makes Her Feel...

- Relaxed and at ease
- More open to sharing and communicating through the entire pregnancy journey
- Connected and cared for
- Supported
- Empowered
- Heard and seen
- Understood (their cultural customs, preferences, and history)



*“They [Black doctors] can provide the understanding, like some things you just don't have to, you don't really explain, I feel like Black people just know, so it's that understanding that's important. Another thing is the language, because Black doctors know you have to speak in a way your patient can understand what is happening.” Rochelle D*

# Should a pregnancy complication arise, physicians who are prompt and provide emotional support help her tackle any concerns with hope and confidence

Preconception

Pregnancy

Childbirth

Postpartum + Child Wellness

Week 0

Week 1

Week 14

Week 28

Weeks 35 - 40

Week 41+



## Bright Spots: Support During Complications

- Healthcare providers who listen to their concerns, provide personalized care, and address any issues or complications promptly. These providers also provided comfort/support to help ease their fears of mortality in appointments into the birthing process
- Healthcare/hospital staff who work well with privately hired birthing specialists (i.e. Doulas) even though it may be abnormal



## This Makes Her Feel...

- Hopeful that things will turn out well
- Safe
- Supported and Guided
- Seen and Valued



*"I was all alone...The delivery room was full of supportive, positive, caring people. They took pictures for me, and they couldn't stop complimenting her about how beautiful she was. We all laughed during the entire procedure. God saw my fear, and blessed me with Peace...I was scared, I was in so much pain from the contractions, but I remember how my heart was racing. The doctor and the staff saw that and they just kept reassuring me that everything was going to be ok. One of the nurses held my hand." Lakeesha M*

# Physicians and healthcare professionals out of culture who are attentive and go the extra mile affirm her worth and value

Preconception

Pregnancy

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Postpartum + Child Wellness

Week 0

Week 1

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Week 28

Weeks 35 - 40

Week 41+



## Bright Spots: Empathetic Staff

- **Attentive Physicians:** PCP and OBGYNs that provide advice and resources beyond the standard recommendation of a 6-week follow-up. These healthcare providers provide support for her overall holistic wellbeing, including advice around rest, physical care, and mental health assessments

## ☺☺☺ This Makes Her Feel...

- Well taken care of & valued
- Empowered
- Safe & Protected
- Guided & Nurtured



*“My doctor from Kaiser set up more appointments to follow up on baby after care. Doctor advice I should take naps in between feeding for the new child, they advise for me to limit new visitors and social activities. The doctor gave me website links on how to breast feed the baby properly.” Lasonja Z*



### Bright Spots: Help with Adjusting

- **Extended Maternal Leave:** allowed them to heal completely and to adjust properly to baby at home
- **Supportive Pediatrician:** One was able to find an in-culture pediatrician who made her feel supported, comfortable and took time to answer her questions

### 😊😊😊 This Makes Her Feel...

- Supported
- Understood
- Ready to move on to the next stage



*“Her pediatrician...an older Black woman...which is still her doctor was always attentive , informative’ and helpful and patient . She has always been welcoming and made me feel comfortable. When I ask her questions, she always give me a valid answer with information to back it up. She’s also non-judgmental and don’t try to belittle me.” Shay S*

# Extended maternity leave and a supportive pediatrician can help give her the space she needs to heal both physically and mentally

Preconception

Week 0

Week 1

Pregnancy

Week 14

Week 28

Childbirth

Weeks 35 - 40

Postpartum + Child Wellness

Week 41+



## Bright Spots: Support After Loss

- **Support Groups:** Without direction from hospital staff, many managed to find support groups for those experiencing a stillbirth or miscarriage.
- **Filling the Gaps:** After their experiences, some chose to become doulas or grief counselors to become the support they wish they had during and after pregnancy. Some are actively create change in policy and treatment of birthing people.



## This Makes Her Feel...

- Understood
- Cared for
- Empowered

*“My postpartum care was going to a group called SAM, Still a Mother, where it was other moms that have had losses. And that really helped me because I was very angry in my grieving process. Like very, I couldn't even go out and see a baby stroller. I didn't want to see another pregnant woman. I was very angry. I didn't want anybody to pray for me, you know? Cause I was at that point where it was like, I mean, why?... The OBGYN that I initially started with referred me there because she said she had heard about the organization, and it was the best thing that happened to me because I don't know, I would have literally lost my mind because I needed a counselor. And because you can't get a counselor right away. There's waiting periods, like two months out.” - Neatrice*

A photograph of a pregnant woman with curly hair, smiling, while a healthcare professional in a white coat examines her abdomen. The image is overlaid with a dark blue semi-transparent filter.

# ROLE OF DOULAS + MIDWIVES

# In-culture midwives and doulas are a viable solution especially during birth and postpartum for their ability to provide personalized care and understand her challenges

Preconception

Week 0

Pregnancy

Week 1

Week 14

Week 28

Childbirth

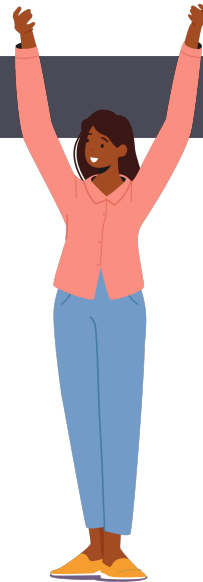
Weeks 35 - 40

Postpartum + Child Wellness

Week 41+

## **In-culture doulas and midwives stand in the gap when she is physically and mentally focused on delivery because they:**

- ✓ Provide reassurance and a sense of comfort due to having the same cultural background
- ✓ Have less clientele compared to the doctor so therefore are free to provide total round the clock care of the mother
- ✓ Works as a communications liaison between the medical staff and the mother to help find common ground
- ✓ Helps the mother create a blueprint for her ideal experience and educates her on the choices she can take along the way
- ✓ Can provide a personalized experience compared to an OBGYN or PCP, doulas have the bandwidth to provide needed support and guidance they can't get during the postpartum period







## ☹️☹️ This Makes Her Feel...

- Well taken care of
- Empowered
- Safe and Protected
- Guided and Nurtured



*“I visited the midwife about three weeks after the miscarriage was complete. I went because my husband insisted and to ask when it would be safe to try again. The midwife asked if I’d passed everything and I confirmed I did and she told me I could begin trying again after one cycle.” Jade P*

# History/Nature Of Doulas And Midwives Within Black Culture

**During slavery Black women often served as midwives to other slaves and their slave owners. Post emancipation this was often an occupation that Black women took to earn money and help them overcome poverty and lack of access to treatment due to segregation.**

## AFRICAN ORIGINS

Midwifery has strong African roots, where skilled women provided support and care during childbirth. This tradition was brought to the Americas through the transatlantic slave trade.



## SLAVERY + THE ANTEBELLUM SOUTH

Enslaved Black women often served as midwives for other slaves (and even their slave owners) using African birthing traditions/remedies, which to ensure safe deliveries under harsh environments.



A good midwife might receive pay and be allowed to travel, granting them a level of mobility that was rare for the enslaved.

## POST-EMANCIPATION

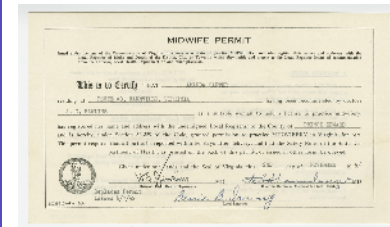
Black “Granny” midwives, continued to serve all women in rural parts of the South. Overall, hospitals were rarely accessible and there were few willing doctors available to serve these populations, making midwives the only viable option.



Specifically for Black women, Black midwives were the only option for care as racism and segregation persisted in the broader healthcare system.

## 1908

The National Association of Colored Graduate Nurses (NACGN): Founded in 1908, NACGN supported the education and professional development of Black nurses and midwives. It advocated for their rights and sought to elevate the quality of care for Black communities.



# History/Nature Of Doulas And Midwives Within Black Culture

**Before the 1930's women typically gave birth at home. However, the role of the midwife would change in the latter half of the twentieth century as the practice of delivering babies became a medical specialty.**

## BLACK MIDWIFE SEGREGATION + DISCRIMINATION

### EARLY 20TH CENTURY

The move to professionalize midwifery and establish formal training due to unsafe/inadequate obstetric practice

Black midwives often faced limited recognition, education, and licensing due to racial prejudices and unequal access to resources.



### MEDICALIZATION OF BIRTH 1939-1948

Increased regulation and advances (including the use of antibiotics, oxytocin, etc.) helped decrease the maternal mortality. However, medical professionals began to rely on intervention methods (including cesarean deliveries, induction, epidural, etc.), that were not necessary for those low risk.

### 1953

Black midwives like Mary Francis Hill Coley, utilized the training of the white medical establishment to care for Blacks at risk. In her documentary, "All My Babies," Coley demonstrated how a midwife could deliver healthy babies in poor conditions while acting as an intermediary between patients and medical staff.



### 1970-1980s

The home birth movement (sparked by criticism of the medical birthing process and the need for women to have more control over their personal birthing process) caused a renewed interest in doulas.

Women began to invite dedicated female friends, their childbirth instructors, or obstetrical nurses to help them during labor. In 1992, the non-profit organization Doulas of North America (later renamed DONA International) was founded and became the first organization to train and certify doulas.



**Mission**  
The mission of DONA International is to promote high quality birth, postpartum and community centered doula support by setting the standard for the doula profession through evidence-based training and certification for doulas of diverse backgrounds.

**Vision**  
A doula for every person who wants one.

# From the Doula's Perspective

Stage	Patient Needs	How Doulas + Midwives Fill the Gaps	Where Doctors + Hospitals Lack
<b>Pregnancy</b>	<ul style="list-style-type: none"> <li>• During pregnancy, many do not know what to expect from pregnancy</li> <li>• They may have questions</li> <li>• They may not understand medical terms and risks</li> </ul>	<ul style="list-style-type: none"> <li>• Give information on what to expect where doctors did not cover</li> <li>• Advocate during appointments to ensure that all questions are answered and concerns are addressed</li> <li>• Explain some factors/risks in simpler/ non-medical terms for the patient to ensure all is understood</li> </ul>	<ul style="list-style-type: none"> <li>• Hospital staff may be so used to the pregnancy cycle that they do not think to walk through expectations</li> <li>• Some rush appointments and do not touch on key topics or ask the patient if they have any questions or concerns</li> </ul>
<b>Childbirth</b>	<ul style="list-style-type: none"> <li>• During childbirth and complications</li> </ul>	<ul style="list-style-type: none"> <li>• Offer support, comforting and another voice.</li> <li>• As someone who knows the patient better than most, can speak to her experiences and help resolve complications in the best way for all involved</li> </ul>	<ul style="list-style-type: none"> <li>• Hospital staff can be cold, dismissive, or talk over the patient without thought for her feelings</li> </ul>

# From the Doula's Perspective

Stage	Patient Needs	How Doulas + Midwives Fill the Gaps	Where Doctors + Hospitals Lack
<b>Post partum – with child</b>	<ul style="list-style-type: none"> <li>• Breastfeeding</li> <li>• Emotional and physical support</li> </ul>	<ul style="list-style-type: none"> <li>• Provide support and instructions as they approach breastfeeding. This support not only helps the baby get fed but helps the mother feel supported and not blame herself for not knowing what to do</li> <li>• Have become like family, so the mother feels comfortable opening up about her mental health to get the resources needed</li> <li>• May offer assistance in various areas such as food and childcare</li> </ul>	<ul style="list-style-type: none"> <li>• Don't offer breastfeeding support or promise support that is not received.</li> <li>• Don't ask questions about mental and emotion health or are not a trusted source for patients</li> </ul>
<b>Post partum – after loss</b>	<ul style="list-style-type: none"> <li>• Care and support after loss</li> </ul>	<ul style="list-style-type: none"> <li>• Offer emotional support</li> <li>• Offer resources and recommendations for mental health and additional support</li> </ul>	<ul style="list-style-type: none"> <li>• Hospital staff gives the news of a loss without emotion or sympathy and sends the patient on her way without time to recover or emotional support</li> </ul>

A photograph of a man and a woman embracing on a couch. The man is on the left, leaning towards the woman on the right. They are both smiling and looking towards the right. The image is overlaid with a semi-transparent blue filter. The text 'WAYS TO FILL GAPS' is centered in the middle of the image in a light blue, serif font.

## WAYS TO FILL GAPS

## **INSURANCE COVERAGE**

- Limitations due to insurance coverage can be a barrier to seeking the care they desire
- Barriers may be seen in the facilities and doctors they have access to, the methods of fertility treatment available to them, and possibly the treatment from healthcare providers

## **EMPLOYER RESPONSIBILITY**

- While many felt supported by their employer during pregnancy, after giving birth most wished they were able to take more time off work to bond & adjust
- Those that experienced a miscarriage did not have any support, as employers expected them to return to work immediately

## **PROVIDER ACCOUNTABILITY**

- Many do not have the ability or know the steps to take to ensure that the doctors or hospital staff that have mistreated them are held responsible

## **MENTAL + EMOTIONAL SUPPORT**

- Access to resources to address mental and emotional struggles may be difficult to find or access

# Important Resources From the Women in This Research



- <https://www.zealofxander.org/the-honey-comb-boutique/products/the-mourning-after1>
- <https://www.mom-congress.com/our-team>
- <https://www.theskimm.com/black-history-month/black-doulas-history-maternal-mortality>



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**CARE**

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