
# Amplifying Voices Findings Report

## *Findings from conversations with 31 Black mothers on their prenatal and postpartum care experiences*

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To explore the conversations and hear the women's voices, visit our portal at:
https://amplifyingvoices.portal.fora.io/

# Overview of All Findings

Across 12 listening sessions, 31 Black mothers in Cincinnati shared deeply personal experiences of navigating pregnancy, birth, and postpartum care within a healthcare system that too often overlooks, dismisses, or actively harms them. Their stories reveal patterns of being unheard, rushed, or pressured by providers—especially during high-stress moments like labor or postpartum recovery. Many described pain being ignored, intuition being dismissed, and cultural or racial bias shaping how they were treated. Despite these challenges, women leaned heavily on self-advocacy, trusted community members, and doulas to push for better outcomes. They found strength in knowledge, intuition, and peer support—often educating themselves and others when systems failed to provide clarity or care.

Importantly, the women offered a clear roadmap for what better care could look like: respectful communication, trauma-informed providers, access to culturally aligned support (like Black doulas and community-based educators), and care systems that value their expertise over stereotypes. They emphasized the need for providers to center maternal wellbeing—not just healthy babies—and to create environments where Black women feel safe, empowered, and heard. From transportation struggles and mental health stigmas to the lack of postpartum care and vaccine autonomy, their voices point to systemic issues that must be addressed to ensure maternal health equity.

# Demographics

We held 12 small group conversations in Cincinnati with a total of 31 women. We collected demographic information for 24 of the women, all of whom identified as African American or Black Multi-Racial. Nearly half (46%) were expecting/raising their first child, and two-thirds (67%) were on Medicaid. The participants' ages fell into ranges from 18 to 45, with 11 women aged 18-25, 10 women aged 26-35, and 3 women aged 36-45.

# Findings by Topic

## Advice or Suggestions

### *Recommendations for Healthcare*

***Why This Matters:***

Black women continue to face disproportionate risks in pregnancy and childbirth—not because of biology, but because of bias, neglect, and systemic failures in healthcare. Listening to their lived experiences provides a blueprint for what respectful, equitable, and effective maternal care should look like.

***What We Heard:***

The women in our listening sessions offered insightful and urgent feedback about how healthcare systems and providers must evolve:

- ***Black women often feel mistreated in hospitals*:** Participants described feeling judged, stereotyped, and dismissed in care settings. Many felt hospitals should be a place of safety and equitable care for all, but instead were sites of trauma and bias.
- ***Empathy and respect are foundational*:** Women expressed a strong desire for providers to lead with empathy, really listen, and validate their concerns—not just follow medical protocols.
- ***Desire for alternative care options:*** Several women shared an interest in giving birth at home or receiving care at home, feeling it would offer a more respectful and personalized experience.
- ***Care should be mother-centered, too:*** There was frustration that medical care too often focuses only on the baby. Participants stressed the importance of honoring the mother's health, well-being, and autonomy.
- ***Representation matters:*** Women called for more Black doctors, nurses, and birth workers who understand their lived experiences.
- ***Communication must be clear and collaborative:*** Many described poor information-sharing or being left out of medical decision-making.
- ***Providers should care with purpose*:** Participants said some staff seemed burned out or indifferent—calling for a workforce of providers who are truly passionate about supporting mothers and families.
- ***Trust in mothers is essential:*** Women emphasized that they know their bodies and should be treated as experts in their own care.
- ***Postpartum mental health is under-discussed*:** Women want more education and attention to postpartum depression, beyond a checklist approach.
- ***Access to early care is limited:*** Several noted that pregnancy wasn't confirmed or treated seriously early on, with delays in appointments or dismissive responses.
- ***Community groups and doulas provide better alignment:*** Women felt that grassroots maternal health efforts offered more supportive, respectful care than hospitals—despite hospitals having more resources.

## *Our Recommendations*

- Require hospitals to collect and publish racial equity metrics related to maternal care.
- Expand and normalize home birth and midwifery care options covered by Medicaid.
- Invest in empathy and cultural humility training for all providers, particularly in labor and delivery.
- Increase recruitment and retention of Black medical professionals in maternal health.
- Fund and formalize partnerships between hospitals and trusted community-based maternal health organizations.
- Design systems of care that center the mother's experience—not just clinical outcomes for the baby.
- Ensure early, low-barrier access to care, including same-week pregnancy confirmation appointments.

- Embed mental health screening and support throughout the perinatal period, with culturally affirming interventions.

## *Advice for Other Black Mothers*

***Why This Matters:***
For Black women, pregnancy and postpartum can be deeply vulnerable times—but they are also powerful moments of transformation. Research shows that self-advocacy, social support, and culturally relevant education can protect Black mothers from some of the systemic barriers they face in healthcare. When Black women share wisdom with each other, they build a living blueprint for survival, wellness, and joy.

***What We Heard:***
Women in our conversations offered heartfelt advice for other Black mothers navigating pregnancy, birth, and beyond. Their collective message: *you have a right to be informed, protected, and heard.*

- ***Community matters:*** Women emphasized the importance of listening to and learning from other Black mothers. Building connections with people who look like them helped them feel less alone, better prepared, and more empowered.
- ***Do your own research and prepare:*** Participants said they had to seek information beyond what doctors offered—especially around birth plans, breastfeeding, and postpartum. Being proactive helped them navigate barriers more confidently.
- ***Self-advocacy is vital:*** Many women shared how they had to speak up, trust their instincts, and push back against providers who weren't listening. They advised others to always ask questions and make their voices heard.
- ***Stay in control of your care:*** Several women warned not to let providers pressure them into anything they're uncomfortable with. "This is your body and your child," one woman said. "You can say no."
- ***Support in the delivery room is key:*** Having someone who understands the medical system—like a doula or informed partner—was critical for feeling safe and advocating during birth.
- ***Technology and Black-centered spaces help:*** Women found apps and online communities created for Black mothers to be empowering, offering both information and validation of their experiences.
- ***Mental wellness is part of health:*** Many advised taking time for themselves, doing things that bring joy, and prioritizing emotional wellbeing, even when others may not understand why it's important.
- ***Speak up boldly if needed:*** Some noted that Black women are often ignored unless they're extremely vocal. "Exaggerate if you have to," one said. "They don't listen otherwise."

## *Our Recommendations*

- Expand access to culturally grounded peer support networks for Black mothers.
- Fund Black-led prenatal education and parenting programs.

- Normalize the use of birth plans and advocacy coaching in medical appointments.
- Promote awareness and access to mobile apps and online tools created for and by Black mothers.
- Train doulas and community health workers to reinforce self-advocacy messages and provide holistic, culturally affirming care.

# Advocacy and Voice

## *Not Being Heard*

***Why This Matters:***

Advocacy is a cornerstone of equitable care. When Black women aren't heard in healthcare settings, their needs go unmet, their pain is downplayed, and their risks increase. The women in these conversations made clear: *being heard is essential to being safe*. When Black women are not heard in healthcare settings, it can have life-threatening consequences. Numerous studies—including reports from the CDC and March of Dimes—highlight how implicit bias and systemic racism contribute to Black women being less likely to have their symptoms taken seriously, and more likely to face misdiagnosis or delayed treatment. The ability to be heard is not just about comfort—it is a cornerstone of safety, dignity, and equitable care.

***What We Heard:***

Across all stages of care—prenatal, delivery, and postpartum—Black women described painful experiences of being dismissed, ignored, or invalidated by healthcare providers. Many said they had to "keep bothering" staff just to be acknowledged, while others resorted to online research or leaned on doulas to help advocate.

**Prenatal**

- ***Concerns routinely dismissed:*** Women described sharing early symptoms—including pain, nausea, and signs of preeclampsia—but being told it was "too early" or "not serious." Some ended up in the ER after being ignored in appointments.
- ***Medical mistrust reinforced by providers:*** One woman reported being labeled with chronic high blood pressure despite no history, while another discovered her bloodwork was secretly used to test for narcotics.
- ***Dismissive or invalidating responses:*** A woman who admitted difficulty remembering to take medication received no support or alternatives. Another was forced to continue a test she couldn't tolerate, with no empathy from the staff.

**Delivery**

- ***Not believed in labor:*** Multiple women said they weren't taken seriously when they said they were in labor or ready to push. Some were denied requests for natural birth or pressured into c-sections.

- ***Birth plans ignored or invalidated:*** Many said providers disregarded their preferences immediately—one woman was told they don't look at birth plans, another was met with "you can't do that" responses to every request.
- ***Unsafe or traumatic experiences:*** Women recalled situations where their safety felt at risk—like being told to push through pain without proper anesthesia or having delivery decisions made without their consent.

**Postpartum**

- ***Medical coercion continued:*** Women were repeatedly pressured into birth control methods or denied timely care, such as being forced to wait for a 6-week visit to remove an IUD they didn't want.
- ***Mental health minimized or stigmatized:*** Community members often told women to "tough it out," while medical providers ignored emotional distress or pressured women into treatments without listening.
- ***Autonomy questioned:*** Some were second-guessed for their parenting decisions, like wanting more children or refusing shots. One woman recalled being challenged after already signing documentation to have her tubes tied.

***Other Experiences of Not Being Heard:***

- ***Pain not believed or downplayed:*** Women repeatedly shared voicing significant pain during and after delivery that was brushed off, especially by white providers. One said that a Black PCA stepped in and finally helped her get relief.
- ***Stigma and assumptions:*** Some noted that providers assumed they were on public assistance or asked invasive questions about father involvement. Others feared speaking honestly about their struggles due to concern about being flagged or losing custody of their children.
- ***Defaulting to self-advocacy or the internet:*** Many said they turned to Google or community groups for information because they didn't trust that providers were listening. One woman said her mother taught her to "keep complaining until they write it down."
- ***Systemic lack of trust:*** Some noted long-standing reputations of local medical centers not believing Black women when they express pain or concern. This reputation added to the emotional toll of seeking care in spaces that already felt unsafe.

## *Our Recommendations*

- Require providers to document patient concerns in their own words
- Train all staff in active listening and cultural humility
- Create escalation systems when patients feel unheard
- Offer advocacy skill-building during prenatal care
- Fund Black-led community health organizations
- Publicly report patient experience data by race and gender
- Center trust in Black mothers as a quality care standard

## *Self-Advocacy*

***Why It Matters:***

Self-advocacy is a critical survival skill for Black women navigating maternal healthcare. Research shows that Black women are more likely to have their pain dismissed, their concerns ignored, and their decisions second-guessed in clinical settings. When women speak up, question care plans, or insist on being heard, it can lead to better outcomes—but it shouldn't be this hard. Elevating self-advocacy isn't just about individual strength—it's about changing the systems that require Black women to fight to be believed.

***What We Heard:***

- ***Speaking up was often the only way to get care:*** Many women described how they had to repeatedly raise concerns to receive basic attention—from requesting tests and second opinions to flagging symptoms that were initially dismissed. Advocacy wasn't optional; it was essential for safety.
- ***Self-advocacy looked like persistence and preparation:*** Some women switched doctors after poor treatment, double-checked their lab results, or researched care protocols online. Others asked providers to explain complex medical information in plain terms to make informed decisions.
- ***Support systems amplified their voices:*** Women who had partners, doulas, or case managers backing them up felt more empowered to challenge providers. In contrast, those without support described feeling overwhelmed, isolated, and vulnerable to pressure.
- ***Advocacy was learned through experience or community:*** Several women shared that they developed self-advocacy skills from previous pregnancies, community groups, or advice from elders who encouraged them to "keep speaking up" even when dismissed.
- ***But not everyone felt equipped to advocate alone:*** A few women expressed that they didn't know the right questions to ask or how to push back. They emphasized the importance of having someone knowledgeable by their side to navigate the birth process.

### *Our Recommendations*

- Integrate advocacy coaching into prenatal education
- Normalize second opinions and switching providers
- Equip doulas and case managers to support patient advocacy
- Encourage providers to ask: "Is there anything you're worried about that we haven't discussed?"
- Develop culturally affirming materials that teach self-advocacy skills
- Expand access to Black-led birth support teams who affirm women's voices
- Create accountability systems when patients report being ignored or dismissed

## *Empowerment*

***Why It Matters:***

Empowerment is more than a feeling—it's a foundation for equitable care. When Black women

feel confident, informed, and in control of their health journeys, outcomes improve. Yet far too often, healthcare systems diminish their voices, limit their choices, or neglect to equip them with critical information. Empowering Black women during pregnancy, birth, and postpartum means trusting their wisdom, providing affirming education, and creating care environments that prioritize autonomy.

***What We Heard:***

- ***Knowledge was power—and protection:*** Many women gained confidence by learning about pregnancy, birth, and postpartum care on their own. Reading medical charts, attending parenting classes, and researching symptoms helped them challenge poor care and feel in control.
- ***Empowerment was often self-driven, not system-led:*** Participants said they felt most empowered when they made informed decisions themselves—like choosing to breastfeed or declining medication—not because of affirming care from providers, but in spite of it.
- ***Supportive relationships reinforced self-belief:*** For some, community doulas, parenting groups, or previous experiences helped them feel seen, heard, and capable. Being surrounded by other Black women—whether in classes or clinical care—bolstered their sense of agency.
- ***Disempowerment came through dismissal and silence:*** When care teams withheld explanations or dismissed questions, women felt undermined and frustrated. They knew something was wrong, but were often left to figure it out alone.
- ***Empowered moms advocated not just for themselves, but for others:*** Several women talked about teaching other mothers to speak up, challenging hospital norms, or even entering healthcare fields themselves—proof that empowered care can ripple outward.

### *Our Recommendations*

- Provide culturally relevant, Black-led prenatal education programs
- Equip providers to communicate clearly and validate patient knowledge
- Fund doula programs that center autonomy and informed decision-making
- Develop postpartum empowerment resources (e.g., self-care checklists, breastfeeding tools)
- Create space in appointments to build trust and reinforce a woman's expertise on her body
- Normalize patient questions and give alternatives when women decline standard care
- Train hospital staff to identify and eliminate disempowering behaviors and language

## *Trusting Intuition*

***Why It Matters:***

Black women's intuition about their own bodies and their babies is powerful—and too often dismissed. Research shows that when healthcare systems affirm a mother's instincts and support shared decision-making, health outcomes improve. Yet in many of these stories,

intuition was ignored or overridden by medical authority. Trusting and empowering a woman's inner knowing is essential to dismantling bias and building respectful care.

***What We Heard:***

- ***Intuition often came before diagnosis:*** Many women described sensing labor, complications, or shifts in their health before providers acknowledged anything was wrong. Their inner knowing was clear—what was missing was validation.
- ***Ignoring intuition led to regret and harm:*** Several women shared deep regret for not listening to their gut, especially when pressured into medical interventions like inductions or c-sections that didn't feel right to them.
- ***Mothers knew their bodies—and their babies:*** From knowing when their baby was full to recognizing early signs of postpartum depression, women relied on internal cues. Their instincts informed decisions about feeding, rest, and emotional care.
- ***Dismissal of intuition created mistrust:*** When providers brushed off these insights or insisted nothing was wrong, women felt disregarded and unsafe. This eroded their trust in care teams and led many to rely more on themselves or peer communities.
- ***Affirming instinct builds stronger care partnerships:*** Women want healthcare systems to treat them as partners, not passive patients. When intuition is honored, it opens the door for respectful, collaborative care

### *Our Recommendations*

- Train providers to listen and respond to patient-reported symptoms without bias
- Normalize the role of maternal intuition in clinical conversations and decision-making
- Create birth plans that include space for mothers to "pause" and reflect on gut feelings
- Build care models that treat patients as experts on their own experiences
- Encourage providers to explain risks/benefits without dismissing patient preference
- Affirm patients when they speak up about feeling "off," even in the absence of obvious signs

## Barrier to Quality Healthcare

### *Perceived Discrimination and/or Judgement*

***Why It Matters:***

Racism—both structural and interpersonal—remains a persistent barrier to quality maternal care. Research confirms that Black women are more likely to have their pain dismissed, their needs overlooked, and their choices questioned. These experiences aren't just about hurt feelings—they lead to medical neglect, delays in treatment, and worse health outcomes. Combatting discrimination in healthcare is not optional—it's lifesaving.

***What We Heard:***

- ***Stereotypes shaped the care experience:*** Many women felt labeled—assumed to be single, uneducated, or on public assistance. These assumptions impacted how they were treated, from dismissive attitudes to reduced options.

- ***Judgment for reproductive choices was common:*** Women were questioned for wanting multiple children, declining birth control, or asserting autonomy over their care. Some felt shamed for not conforming to narrow expectations.
- ***Biased comments about father involvement:*** Questions like "Where's the dad?" carried unspoken bias. Even when fathers were present and involved, women felt scrutinized.
- ***Black providers offered more validation—but not always*:** While many preferred care from someone who looked like them, even Black staff were inconsistent. Still, several women said they only received empathy when a Black PCA or doula intervened.
- ***Privilege influenced treatment:*** One woman requested a white doula specifically to use her privilege as a buffer. This visibility changed how staff interacted—raising concerns about systemic inequities in perception and care.
- ***Testing and surveillance without consent felt dehumanizing*:** Being tested for drugs without explanation, or tracked differently under Medicaid, left some women feeling criminalized or "less than."
- ***WIC and other services often lacked cultural sensitivity:*** Charts that didn't reflect Black children's growth patterns and staff who judged dietary choices contributed to a sense of being unwelcome or misunderstood.

### *Our Recommendations*

- Require implicit bias training for all hospital and clinic staff
- Regularly audit care quality by race and insurance type, including patient-reported experience
- Incorporate patient experience surveys that track perceived discrimination
- Train providers to ask open-ended, respectful questions about family structure and support
- Diversify the healthcare workforce, with a focus on recruiting and retaining Black clinicians
- Partner with community-based organizations to train patient advocates and doulas
- Eliminate policies that flag or test Medicaid users without informed consent
- Redesign intake forms and provider scripts to reduce assumptions and improve trust

## *Employment or Costs*

***Why It Matters:***

Economic insecurity directly impacts maternal and infant health. For Black mothers—especially those navigating Medicaid, public benefits, or low-wage work—the stress of trying to "qualify" for support while caring for a new baby creates deep strain. Systemic inequities in employment, income, and access to resources make it harder for Black women to get care, attend appointments, or even meet basic needs during pregnancy and postpartum. Financial stability is not just economic—it's health.

***What We Heard:***

- ***Navigating assistance systems was exhausting and inequitable:*** Programs like JFS, SNAP, and WIC were described as confusing, inconsistent, and biased against Black families. Mothers felt judged, rushed off calls, and were denied services before deadlines had passed.
- ***Work and benefit requirements clashed with motherhood:*** New mothers, especially those breastfeeding or without childcare, struggled to meet job search or work-hour expectations. Some were forced to choose between following the rules and caring for their babies.
- ***Losing benefits too early created real harm:*** Even a slight income increase could result in cuts to SNAP or transportation support, despite ongoing medical needs or high-risk pregnancies. One mother lost coverage just one month before her planned return to work.
- ***Transportation rules made healthcare harder:*** Free ride services often required mothers to be ready two hours early and caused significant delays, adding to childcare and work-related stress.
- ***Economic stigma was common:*** Women described being judged for needing help, especially if they were perceived as not "poor enough." Questions from providers or WIC staff sometimes carried assumptions about race and income.
- ***Essential appointments were missed due to cost:*** Some women couldn't pay out-of-pocket when insurance lapsed or didn't cover services, resulting in canceled care.
- ***Mothers of twins or multiples received inadequate support:*** Supplies and resources often didn't account for families with more than one newborn, leaving gaps in basic necessities.
- ***Legal and caseworker support became essential:*** Many had to rely on legal aid or case managers just to keep benefits active—adding more stress to already overwhelming situations.

### *Our Recommendations*

- Simplify enrollment and renewal processes for SNAP, WIC, and Medicaid
- Extend benefits for high-risk or postpartum patients beyond typical cutoffs
- Increase access to case managers and patient navigators who can advocate for mothers
- Fund community-based supply banks that meet the full needs of families with multiples
- Remove or delay work requirements for postpartum parents
- Expand reimbursement for non-emergency medical transportation with more flexible options
- Train benefit administrators to treat clients with dignity and cultural sensitivity
- Create bundled supports that combine food, diapers, transportation, and care access

## *Availability of Appointments*

***Why It Matters:***

Timely and consistent prenatal care is critical to identifying health risks early and ensuring healthy pregnancies. Delays in scheduling—especially for the first prenatal appointment—can

lead to missed diagnoses, increased anxiety, and disrupted trust in the healthcare system. For Black women, structural barriers like limited appointment availability, inflexible scheduling policies, and inefficient coordination add unnecessary stress to an already vulnerable time. Equitable access must include not just having care, but being able to reach it when needed.

***What We Heard:***

- ***Early prenatal care was delayed or inaccessible:*** Many women couldn't get their first prenatal visit until 10–12 weeks, despite having prior complications or high-risk indicators. These delays caused significant stress and uncertainty.
- ***Limited availability made scheduling difficult:*** WIC and prenatal offices only offered appointments on certain days or had long wait times between openings. Rescheduling often meant waiting weeks—not days—for a new slot.
- ***Administrative hurdles caused additional delays:*** Some women were told their appointments were canceled without notice due to missing records, even when they had proof that the documents were sent. Approval processes and internal miscommunication further delayed care.
- ***Transportation challenges triggered missed appointments:*** When free transport services arrived late or too early, women were penalized with canceled or rescheduled visits. Clinics showed little flexibility, even when issues were beyond the patient's control.
- ***Appointment times felt rushed and inadequate:*** Once in care, visits were often short and didn't leave room for questions or connection—leaving women feeling unheard.
- ***Women stressed the need for immediate support:*** Participants emphasized how critical it is to confirm pregnancy and begin prenatal care early, especially for those with complex health histories or emotional vulnerability.

### *Our Recommendations*

- Require first prenatal visits to be scheduled within 7–10 days of patient contact
- Allow walk-in or next-day confirmation visits for newly pregnant patients
- Extend clinic hours and offer evening/weekend appointment options
- Implement grace periods and flexibility for patients using transportation services
- Streamline intake and referral processes between clinics and providers
- Provide clear written confirmation of all scheduled and canceled appointments
- Train reception staff on trauma-informed, culturally sensitive communication
- Allocate funding to expand WIC and maternal care clinic staffing for more frequent appointments

## *Transportation*

***Why It Matters:***

Reliable transportation is a key social determinant of health—without it, even the best medical care is out of reach. For many Black women, particularly those on Medicaid or without a car, transportation services are riddled with inefficiencies and indignities that delay or deter access to vital prenatal and postpartum care. The inability to get to appointments safely, comfortably,

and on time can lead to missed visits, health complications, and increased stress during pregnancy.

***What We Heard:***

- ***Transportation was a persistent barrier to care:*** Nearly every woman who used free transport services described them as unreliable, stressful, and dehumanizing. Long wait times, early pickups, and late returns disrupted their entire day.
- ***System design lacked dignity and practicality:*** Women were required to be ready hours before appointments—sometimes waking up at 4 a.m.—and were dropped off when clinics weren't even open. After appointments, they often waited up to two hours to get home.
- ***Care access came at the cost of employment and stability:*** The unpredictable nature of rides led to missed work, childcare conflicts, and appointment cancellations—especially postpartum, when travel with a newborn was even more complicated.
- ***Alternatives were costly or still flawed:*** Even when opting for ride shares like Uber or Lyft, waits were long, and navigating stores or pharmacies with a baby and supplies added more strain.
- ***Emergency "solutions" were unacceptable:*** When women missed the narrow return window, some were told to go to the ER just to get a ride—highlighting how broken the system is.
- ***Safety and communication were ongoing concerns:*** Sharing rides with strangers felt risky, especially postpartum, and language barriers at the dispatcher level made booking a ride confusing or inaccessible for some.

### *Our Recommendations*

- Overhaul Medicaid transportation systems to prioritize maternal care users
- Require ride windows to be no more than 60 minutes before or after appointments
- Fund on-demand ride services (e.g., Uber Health) for pregnant/postpartum women
- Ensure that the clinic lobbies open early enough to accommodate early arrivals
- Offer private or women-only ride options for patient safety
- Hire dispatchers trained in clear, culturally responsive communication
- Allow trusted family or support people to ride with patients when needed
- Use tech-enabled ride tracking and alerts to improve reliability and transparency
- Build in transportation vouchers for pharmacy stops or other care-related errands

# Healthcare Providers

## Communication

***Why It Matters:***

Effective communication is at the heart of respectful and safe maternal care. For Black women, miscommunication or lack of clear, empathetic explanations from healthcare providers too often

results in fear, mistrust, and disengagement from the healthcare system altogether. Research shows that poor communication is a driving factor behind adverse outcomes and that culturally humble, patient-centered interactions improve maternal and infant health outcomes. Ensuring that Black women are seen, heard, and understood—not just medically treated—is essential for equity.

### *What We Heard*

**Prenatal Communication**

- ***Critical information was unclear or missing:*** Women shared that providers failed to explain lab results, diagnoses, and the purpose of medical tests. Many only learned details by checking MyChart or doing their own research. This lack of transparency made it difficult to feel safe or informed.
- ***Insensitive or fear-based language created stress:*** Some providers made blunt comments about miscarriage risks or health concerns without offering support or reassurance. These moments stuck with women, especially early in pregnancy, and created lasting anxiety.
- ***Care felt rushed or impersonal:*** Women described interactions where providers seemed cold, dismissive, or rushed—particularly if they were on Medicaid. When concerns like high blood pressure or infection were brushed off, women didn't feel taken seriously.
- ***Women regretted not pushing for more clarity:*** Many participants said they wished they had spoken up more or asked more questions, but didn't feel empowered to do so at the time.

**Delivery Communication**

- ***Women were not kept informed during critical moments:*** Several participants described chaotic or high-risk deliveries where no one updated them on what was happening. Lack of communication during these moments caused fear, panic, and trauma.
- ***Birth plans were dismissed without explanation:*** Many women felt their preferences for labor and delivery were disregarded. Instead of explaining risks or offering alternatives, providers shut down options, often in the name of expediency or hospital policy.
- ***Key decisions lacked informed consent:*** Participants were confused about why they were induced, when to push, or what medications they were given. Some didn't know a provider was a resident or were unclear about why certain interventions were recommended.
- ***Insensitive language added emotional harm:*** One mother recalled a nurse saying "he didn't make it," which she thought meant her baby had died—when it actually meant the baby had fed too early. These careless moments deeply impacted women's experiences.

**Postpartum Communication**

- ***Vaccines and medications were sometimes administered without clear consent:*** Several women reported that providers simply announced what vaccines or treatments would be given, rather than asking or explaining. This eroded trust, especially for those already skeptical.

- ***Lactation support felt judgmental or inadequate:*** *S*ome lactation consultants were described as overly technical, dismissive, or critical. Women wanted more empathetic, practical guidance—especially when struggling to breastfeed.
- ***Mental health concerns were brushed off or met with generic responses:*** Women didn't feel truly listened to when expressing postpartum distress. Providers offered pills or a referral, but rarely took time to understand or support the emotional experience.
- ***Women questioned whether their providers cared:*** Some mothers said they stopped sharing concerns because it felt like no one was listening or because they feared being flagged or misunderstood.

### *Our Recommendations*

- Train all providers in trauma-informed, culturally responsive communication
- Require clear, plain-language explanations for procedures, risks, and test results
- Implement protocols for shared decision-making and informed consent
- Screen for communication satisfaction and emotional experience during prenatal visits
- Offer language that affirms patient autonomy and validates lived experiences
- Prohibit dismissive or manipulative language like "we just want a healthy baby"
- Include doulas and support persons in care discussions whenever possible
- Offer practical, patient-led breastfeeding education and postpartum resources
- Create onboarding for residents to communicate clearly and compassionately
- Ensure patients can easily request provider changes or switch care teams without penalty

## *Rushed / Pressured by Providers*

***Why It Matters***

Black women often report feeling like their care is rushed, transactional, or lacking the depth and trust-building that should be standard in maternal healthcare. Being pressured into medical decisions without adequate explanation can lead to trauma, mistrust, and poor outcomes. Research consistently shows that respectful maternity care—where patients are engaged in shared decision-making and given time to ask questions—improves satisfaction, safety, and long-term health outcomes. Ensuring that care is not just technically adequate but also emotionally and culturally safe is a core equity issue.

***What We Heard***

**Prenatal:**

- ***Visits felt shallow and transactional:*** Many women said their prenatal appointments lasted only a few minutes—just vitals and a quick "how's the pregnancy"—leaving them with unanswered questions and emotional needs unmet.
- ***Lack of relationship-building caused distrust:*** Seeing different doctors or being rushed through appointments left participants feeling like just another number, not a whole person deserving of care.
- ***Missed or skipped care components:*** Some reported not receiving standard checks or feeling brushed off when expressing concerns, like high blood pressure or discomfort.

- ***Care felt reactive, not proactive:*** When issues did arise, providers often responded with alarm or detachment, rather than offering reassurance or clear communication.

**Delivery:**

- ***Medical decisions felt forced or fear-based:*** Women felt pressured into inductions or c-sections, often without clear explanations or room to consider alternatives. Some described being scared into compliance.
- ***Natural birth preferences were dismissed:*** Participants who wanted to avoid medication or have more control over delivery described being overridden or minimized.
- ***Lack of continuity and mixed messages:*** New, rotating doctors gave conflicting information during labor, increasing confusion and stress.
- ***A sense of being rushed through birth:*** Some described feeling like the hospital just wanted to "get the baby out," regardless of whether they felt physically or emotionally ready.

**Postpartum:**

- ***Medication and feeding decisions were pressured:*** Women felt pushed to take medications or supplement with formula, even when they had valid concerns or preferences not to.
- ***Sterilization and birth control were treated with judgment:*** Some participants faced resistance when trying to make permanent birth control choices, while others were pressured into accepting methods they didn't want.
- ***Emotional needs were overlooked:*** Providers didn't take time to support women through postpartum depression or even follow up meaningfully after concerning screenings.

### *Our Recommendations*

- Extend appointment times to allow for meaningful, two-way communication
- Eliminate quotas and time pressures that prevent patient-centered care
- Train providers in shared decision-making and counseling without coercion
- Respect and honor birth plans and preferences during prenatal and delivery care
- Ensure patients are fully informed before consenting to induction or c-section
- End biased counseling around family size, birth control, and sterilization
- Develop postpartum care models that prioritize emotional and psychological well-being
- Require that informed consent processes include space for questions, cultural context, and patient preference
- Evaluate provider performance not just on outcomes but also on patient experience and respectfulness

## *Poor Connection with Provider*

***Why It Matters***

A strong, trusting relationship between provider and patient is a cornerstone of quality care. Yet many Black women report feeling disconnected from their providers—treated like a number, not a person. Poor provider connection erodes trust, discourages open communication, and can result in misdiagnosis, unmet needs, and even avoidance of future care. Research shows that

relational continuity improves maternal health outcomes, increases patient satisfaction, and builds trust—especially for communities historically marginalized in the healthcare system. Fostering authentic, culturally responsive provider-patient relationships is essential to advancing maternal health equity.

***What We Heard***

- ***Lack of provider continuity broke trust:*** Seeing a different doctor at each visit made women feel like strangers in their own care. It was difficult to feel safe or heard when starting over each time.
- ***Rushed, robotic interactions felt cold:*** Women described providers—especially nurses or rotating doctors—as acting awkward, uninterested, or emotionally detached during visits.
- ***Patients felt like a number, not a person:*** Even when women were high-risk, they felt providers didn't take time to listen or show genuine concern for their specific needs.
- ***Cultural disconnect deepened distrust:*** White providers were more often perceived as dismissive or doubtful of women's symptoms, especially around pain or labor. This led many to feel invalidated or stereotyped.
- ***Women turned to self-education out of necessity:*** Distrust led participants to research symptoms and diagnoses themselves before bringing them up—just to be taken seriously.
- ***Missed opportunities for real connection:*** Women wished they could build the kind of relationship where they could call, ask questions, and feel supported—but many didn't have that experience.
- ***Past harm made women guarded:*** Previous mistreatment made it harder to trust providers or speak openly, with some afraid they wouldn't be believed or advocated for.

### *Our Recommendations*

- Increase continuity of care through a designated primary OB or care team
- Invest in training providers on cultural humility and relationship-centered care
- Pair patients with providers who share or affirm cultural identity and lived experience
- Encourage warm hand-offs and introductions when rotating care teams
- Create spaces for patient questions and emotional support during visits
- Require providers to demonstrate empathy, not just technical competence
- Incorporate routine feedback mechanisms so patients can reflect on the connection and trust with providers
- Adjust visit length to allow for deeper relationships
- Promote peer-led and community-based navigation services to supplement provider connections

## *Racial and Cultural Ties*

***Why It Matters***

Representation in healthcare isn't just about optics—it directly impacts how safe, heard, and respected patients feel. For Black women navigating pregnancy and postpartum care, racial and cultural connection can mean the difference between trauma and trust, dismissal and dignity.

Research shows that patients have better experiences and outcomes when cared for by providers who share their racial identity or have deep cultural humility. Black birth workers, community-based organizations, and culturally grounded resources not only affirm identity but also actively protect health and well-being. Representation and cultural resonance must be prioritized in maternal healthcare design and delivery.

***What We Heard***

- ***Black providers bring comfort and trust:*** Women felt more emotionally safe, heard, and affirmed when cared for by Black doctors, nurses, doulas, and case managers.
- ***Representation matters in sacred moments:*** Pregnancy and birth were seen as deeply personal and spiritual—many wanted caregivers who could understand their cultural experience.
- ***Cultural connection improves care:*** Women were more receptive to health information and services—like breastfeeding—when it came from Black professionals who spoke their language and understood their values.
- ***Bias from non-Black providers caused harm:*** Participants believed stereotypes held by white providers directly affected the quality of care and often required a Black advocate to intervene.
- ***Unequal treatment without Black support:*** Some women only received proper pain relief or emotional validation when a Black provider stepped in—and were angry that this should even be necessary.
- ***Community-based Black workers stood out:*** Support from Black community health educators and postpartum workers was described as encouraging, respectful, and deeply relatable.
- ***Trusted strangers over isolated care:*** Several women said they would prefer a Black stranger in the delivery room over being alone, emphasizing how critical shared cultural understanding was to their sense of safety.

### *Our Recommendations*

- Increase recruitment and retention of Black providers, nurses, and support staff
- Fund and expand Black-led doula, lactation, and childbirth education programs
- Require cultural humility and anti-racism training for all healthcare workers
- Partner with trusted Black-led community organizations for maternal outreach and education
- Ensure patients can choose providers who reflect or respect their cultural identity
- Elevate the roles of Black peer navigators, community health workers, and case managers
- Track and report racial disparities in patient experience and provider representation
- Build clinical spaces where Black women feel culturally safe and emotionally supported
- Protect and uplift Black birth workers who advocate within hospital systems

## *Poor Continuity of Care*

***Why It Matters***

Continuity of care—the ability to see the same providers over time—is essential for building

trust, ensuring consistent communication, and achieving better outcomes. For Black women, who often face systemic bias and medical neglect, forming an ongoing relationship with a trusted provider can reduce stress, improve care coordination, and promote psychological safety during pregnancy and postpartum. Disruptions in care—such as changing doctors, rotating counselors, or lack of follow-up—can make women feel like just another chart. Consistency isn't just about convenience—it's about accountability, connection, and quality of care.

***What We Heard***

- ***Rotating providers disrupted trust*:** Women described frustration with seeing a different doctor at every prenatal visit, which made it hard to form meaningful relationships.
- ***Lost connection at critical moments:*** Some built trust with a provider during pregnancy, only to have a different doctor show up for delivery.
- ***Therapy felt disjointed and unsafe:*** Switching counselors repeatedly made women feel like they had to relive trauma over and over, discouraging them from continuing care.
- ***Sudden provider switches caused harm:*** Losing providers over disagreements about vaccines or birth control felt like a punishment and left women feeling unheard.
- ***Emergency situations were complicated by a lack of access:*** One woman shared she had to go to the ER because her doctor was unreachable when her water broke.
- ***Inconsistent communication eroded trust:*** Delayed responses to messages and lack of follow-through (e.g., waiting 20 days for a nurse response) made women question whether their care team truly cared.
- ***Being prepared shouldn't come at the cost of connection:*** Some clinics justified rotating providers so women would "know who's on call"—but this left many feeling unsupported and disposable.

## *Our Recommendations*

- Prioritize continuity by allowing patients to choose a consistent provider or care team
- Limit unnecessary provider rotations, especially during sensitive prenatal and postpartum periods
- Create care models that ensure patients are seen by trusted, familiar staff
- Train providers to communicate hand-offs clearly and respectfully if changes are necessary
- Invest in relationship-based care (e.g., midwifery models, community health partnerships)
- Offer flexible mental health support that maintains counselor consistency
- Ensure communication systems (calls, messages) are timely and responsive
- Avoid penalizing patients for making informed decisions—respect bodily autonomy
- Track patient satisfaction around continuity and trust across visits

# Support

## *Healthcare*

***Why It Matters***

Support is a vital component of respectful and responsive maternal healthcare. Feeling seen, heard, and cared for by healthcare professionals can significantly influence outcomes during pregnancy, childbirth, and postpartum. For Black women—who often encounter systemic bias, rushed appointments, or dismissal of their concerns—consistent emotional, informational, and practical support can be the difference between trauma and empowerment. Trust is built through compassion, continuity, and clear communication, not just clinical care. When women feel supported, they are more likely to engage in care, ask questions, and recover more fully. Conversely, the absence of support—especially during birth and postpartum—can deepen trauma and contribute to disengagement from care. Emotional presence, follow-up, and affirming care should be non-negotiable parts of the healthcare experience.

***What We Heard***

**Feeling Support**

- ***Empathy and connection matter:*** Women shared stories of nurses holding their hands, midwives crying with them, and providers who took the time to listen and care during emotional or challenging moments.
- ***Continuity and familiarity helped:*** Seeing the same provider throughout pregnancy built trust and confidence. One woman said her doctor's office felt "like family."
- ***Hospital teams supported birth preferences:*** Some women felt their birth plans were respected, particularly when doulas were present or nurses were familiar with their wishes.
- ***Breastfeeding support made a difference:*** Hospital and WIC lactation consultants provided practical help, reassurance, and follow-up—especially when moms felt discouraged or unsure.
- ***Postpartum care showed up in meaningful ways:*** From NICU access for breastfeeding to home visits and extended room stays, a few women described feeling cared for beyond just the delivery.
- ***Education and communication were affirming:*** Some providers did a great job of explaining procedures and vaccine options clearly, giving women space to make their own decisions.
- ***Team-based care offered holistic support:*** Women highlighted the value of having a solid care team—including nurses, midwives, pediatricians, and doulas—who made them feel heard and safe.

**Lacking Support**

- ***Empathy was often missing:*** Many women described healthcare interactions that felt cold, transactional, or emotionally detached, especially during moments of fear or vulnerability.

- ***Birth plans were ignored or dismissed:*** Some felt their preferences were tossed aside or invalidated—providers didn't read their birth plans or said "you can't do that" repeatedly.
- ***Mental health was overlooked:*** Even when postpartum depression screenings were completed, there was often no follow-up. Women felt like "just another patient," not someone whose well-being mattered.
- ***Support was only for the baby, not the mom:*** Appointments and hospital protocols often prioritized the newborn while the mother's needs—both physical and emotional—were sidelined or ignored.
- ***Judgment and stereotyping showed up in care:*** Some women were questioned about their life choices (like not wanting birth control or having more children), which made them feel unsafe and unsupported.
- ***Providers didn't take action when things were wrong:*** Reports of high blood pressure, unbearable morning sickness, or leaking fluid were sometimes brushed off until the situation became dangerous.
- ***Education was inadequate or irrelevant:*** Hospital childbirth or lactation classes were described as less relatable and less informative than community-based sessions.

### *Our Recommendations*

- Train providers in cultural humility, empathy, and trauma-informed care
- Encourage continuity of care with familiar, trusted providers
- Routinely include birth plans in charts and discuss them proactively
- Ensure postpartum screenings result in timely follow-up and referrals
- Respect patient autonomy while offering clear explanations for care decisions
- Center Black doulas, lactation consultants, and case managers in care teams
- Increase access to culturally responsive prenatal education and support
- Avoid making assumptions about patients' social or economic circumstances
- Equip providers to approach difficult topics with sensitivity, not scare tactics
- Fund hospital-community partnerships that bring in affirming care models
- Honor and support patient preferences for delivery methods and postpartum recovery

## *Doula*

***Why It Matters***

Doulas—particularly Black doulas—play a powerful role in improving birth outcomes, especially for Black women navigating systemic barriers in maternal healthcare. Doulas offer emotional, physical, and informational support before, during, and after birth. They advocate for patient preferences, help interpret medical decisions, and serve as a consistent support person through vulnerable moments. Studies show that having a doula reduces rates of c-sections, improves satisfaction with the birth experience, and increases positive outcomes in maternal mental health. For Black birthing people, a culturally matched doula can also mean receiving care that feels safer, more trusting, and more affirming.

***What We Heard***

**Feeling Supported**

- ***Doulas offered powerful emotional and physical support:*** Women described doulas rubbing their backs during unmedicated labor, praying with them, playing calming music, and offering grounding presence when no one else did.
- ***Advocacy in the delivery room mattered:*** Doulas stepped in to stop unwanted procedures (like an IUD insertion), helped reinforce birth plans, and advocated when providers weren't listening.
- ***Continued postpartum support was a lifeline:*** Some doulas helped with breastfeeding, brought supplies like car seats, provided food, or offered emotional reassurance through postpartum depression.
- ***Felt seen and safe with Black doulas:*** Women appreciated doulas who looked like them, shared faith or cultural backgrounds, and helped them feel understood in deeply personal ways.
- ***Birth preparation and empowerment:*** Doulas prompted women to write birth plans, explained medical processes, and helped build confidence for advocating in the hospital.
- ***Help navigating fears and trauma:*** Doulas supported women through anxiety and physical pain—one woman said her doula "helped push me through" a natural birth she thought she couldn't do.

**Lacking Support**

- ***Inconsistent or disappointing doula engagement:*** Some women had trouble getting responses from referral services, met their doulas only a few times, or had doulas who didn't follow through on postpartum promises.
- ***Missed opportunities for deeper support:*** A few women shared that although they had doulas, they wished for more in-person visits, walks, or practical help beyond initial contact.

**Other**

- ***Desire to have had a doula:*** Several women said they didn't know about doulas or didn't pursue it due to life chaos—but regretted not having one.
- ***Recognized the need for a support advocate:*** Some women intentionally sought a doula because of concerns about maternal mortality or past birth trauma.
- ***Hospital pushback was frustrating:*** A few women described having to fight to have their doulas allowed into delivery rooms, highlighting institutional barriers to support.
- ***Future intention to always have one:*** Women who had a doula—even with limited contact—said they would absolutely get one again for their next birth.

## *Our Recommendations*

- Expand access to Black doulas through funded community programs
- Ensure hospital policies support and welcome doulas in delivery rooms
- Improve referral systems and follow-up for women seeking doula care

- Provide prenatal education about the role and availability of doulas
- Offer postpartum doula services to support mental health and recovery
- Set standards of responsiveness and communication for doulas in community networks
- Invest in culturally aligned doula training and mentorship programs
- Incorporate doulas into clinical care teams to improve collaboration and reduce conflict

## *Community*

***Why It Matters***

Community support—especially culturally affirming, peer-led spaces—has a powerful influence on Black maternal health outcomes. When Black women are surrounded by others who share their cultural background and lived experiences, they are more likely to feel affirmed, emotionally safe, and confident in navigating healthcare decisions. Community groups fill critical gaps by providing education, tangible resources, and support that traditional healthcare settings often fail to offer. These spaces reduce isolation, build trust, normalize mental health care, and equip women with tools to advocate for themselves. Research shows that culturally aligned peer and community support improves breastfeeding rates, decreases maternal mental health distress, and increases engagement with prenatal and postpartum care.

***What We Heard***

**Feeling Supported**

- ***Community care felt deeply affirming:*** Women valued being in parenting or breastfeeding spaces with other Black mothers who could relate to their journey and offer encouragement.
- ***Classes and support groups made a difference:*** Prenatal classes, breastfeeding groups, and home visiting services were often more informative and affirming than hospital offerings.
- ***Black-led community organizations stood out:*** Staff at local events or health fairs who looked like them made women feel less judged and more open to seeking help.
- ***Spiritual and emotional support was powerful:*** One woman described a prayer circle and baby shower organized by a supportive woman in her community—creating joy and reassurance in a vulnerable time.
- ***Home visiting programs offered practical help:*** Diapers, transportation assistance, emotional check-ins, and fun community activities helped women feel cared for beyond just medical concerns.

**Lacking Support**

- ***Support faded after birth:*** Some women described initial community support (like a baby shower or check-ins during pregnancy) but felt alone and overwhelmed once the baby arrived.
- ***Mismatched or incomplete programming:*** Some parenting groups failed to cover serious topics women cared about—like miscarriage risks or postpartum depression—and instead focused on superficial issues like cravings.
- ***Community stigma around mental health and breastfeeding:*** Many felt judged for breastfeeding in public or expressing postpartum struggles. Older generations often minimized their pain or told them to "just be strong."

- ***Crisis pregnancy centers felt manipulative:*** One woman seeking information was instead given anti-abortion scare tactics and judged for exploring her options.

**Other**

- ***Recommendations to lean into community:*** Women advised others to seek out breastfeeding groups, talk to other Black moms about hospitals, and use culturally specific apps to stay informed.
- ***Desire for better education in the community:*** Some wanted more honest conversations around safe sleep, mental health, and options for childbirth.
- ***Mixed feelings on community norms:*** While many cherished community ties, some women pushed back on outdated beliefs and wanted space to define their own version of motherhood.

### *Our Recommendations*

- Fund culturally grounded community-based education and peer support programs
- Increase the availability of home visiting services led by trusted community members
- Partner with Black-led organizations for prenatal, postpartum, and mental health support
- Normalize open discussions of mental health and postpartum experiences in community forums
- Create culturally tailored parenting and breastfeeding groups with practical support
- Support training and stipends for community health educators, birth workers, and advocates
- Promote digital platforms and networks built by and for Black mothers
- Offer ongoing care beyond single events (e.g., showers) to prevent postpartum isolation

## *Family and Friends*

### *Why It Matters*

The role of family and friends is critical in shaping a Black woman's pregnancy, birthing, and postpartum experience. A supportive "village" can buffer the emotional, physical, and systemic stressors faced during this time. When partners, parents, and close friends are informed, compassionate, and present, they can amplify a woman's voice, advocate with her in healthcare settings, and offer practical and emotional relief. Conversely, lack of support, judgment, or misunderstanding—particularly around mental health and breastfeeding—can lead to isolation, burnout, and poor outcomes. Bridging generational gaps, educating family members, and encouraging shared learning are essential to transforming support into empowerment.

### *What We Heard*

**Feeling Supported**

- ***Family advocacy made a difference in delivery:*** Some women described how their child's father or his mother stepped in to protect them—like stopping a nurse from handing paperwork while they were in pain.
- ***Mothers helped navigate care:*** Even when young, several women had their mothers attend appointments or coach them on how to speak up for themselves.

- ***Partners were active participants:*** Taking childbirth classes together, advocating during labor, or handling logistics helped ease anxiety.
- ***Friends and chosen family offered emotional grounding:*** A best friend, church group, or "village" helped women cope with postpartum depression or new parenting challenges.
- ***Felt protected and seen by close loved ones:*** Supporters reminded women of their strength while also creating space to be vulnerable and ask for help.

**Lacking Support**

- ***Breastfeeding was often discouraged by family*:** Some of the women's mothers promoted formula based on their own limited experience; others didn't see breastfeeding as normal or necessary.
- ***Focus was only on the baby—not the mother:*** Postpartum care for the woman herself was often neglected by relatives who prioritized newborn checkups.
- ***Mental health stigma from family:*** Attempts to talk about depression or overwhelm were dismissed as being "dramatic" or "making excuses." This silenced many women.
- ***Partners lacked understanding:*** Some felt their child's father minimized postpartum symptoms or didn't grasp the seriousness of depression.
- ***No family support at all:*** Women who grew up in foster care or lacked stable relationships felt they had to build a support system from scratch.
- ***Tension in sharing emotional needs:*** When counseling wasn't effective, turning to family for emotional support was complicated by "mom opinions," judgment, or lack of understanding.

### *Our Recommendations*

- Offer family-centered prenatal education that includes partners, grandparents, and close friends
- Normalize mental health conversations within families; provide materials for partners and relatives
- Encourage hospitals and clinics to offer "supporter" classes focused on postpartum care and advocacy
- Fund peer programs that connect young or unsupported moms with mentor families
- Provide culturally relevant resources to help older generations understand modern maternal mental health needs
- Promote community healing circles where families can learn and grow together
- Create support tools (videos, handouts, workshops) for partners and co-parents to better support birthing people
- Provide flexible, inclusive spaces for families of all types—biological, chosen, or foster

## *Case Management*

***Why It Matters***

Case management can be a lifeline for Black mothers navigating complex healthcare and social systems during pregnancy and postpartum. A skilled, compassionate caseworker offers

consistent support, connects mothers to vital resources, and advocates across systems—healthcare, housing, food access, and mental health. When case managers are culturally responsive and deeply engaged, they foster trust and empowerment. However, gaps in follow-up, misaligned communication styles, and lack of representation can erode that trust and create additional barriers. Centering client voice, racial concordance, and trauma-informed care in case management is essential to achieving equity in maternal health outcomes.

### *What We Heard*

**Feeling Supported**

- ***Caseworkers stepped in beyond the medical system:*** Women shared gratitude for case managers who helped with both healthcare and life challenges, like food, transportation, and emotional support.
- ***Cultural connection mattered:*** Several women noted that their Black caseworkers were more helpful, less judgmental, and deeply engaged—especially when they were young or scared during their first pregnancy.
- ***Help with essentials was impactful:*** From bringing diapers to meeting women where they were, case managers were praised for being generous, practical, and affirming.
- ***Home visiting staff made women feel seen:*** These professionals showed up without judgment—sitting on the floor if needed, offering encouragement, and consistently checking in.

**Lacking Support**

- ***Minimal or inconsistent contact:*** Some caseworkers only called once or dropped contact entirely after the first trimester, leaving women feeling forgotten.
- ***Difficulty accessing services:*** Women often had to call repeatedly or speak to supervisors to try to get connected to case management—calls were met with long hold times or no follow-up.
- ***Emotional readiness not accounted for:*** Women with trauma or social anxiety said they didn't feel comfortable jumping into long conversations—wishing someone could just check in casually or offer simple activities.
- ***Interactions felt awkward or rushed:*** Case managers and nurse visits were sometimes brief and impersonal, making it hard to build trust or feel emotionally supported.

**Other**

- ***Lack of racial and cultural alignment disrupted care:*** One woman shared that her second pregnancy case manager was not Black, unlike her first—this led to a lack of connection and less effective support.
- ***Legal aid became a fallback:*** Some women had to rely on legal assistance or benefit appeal processes because case managers couldn't or didn't follow through.

## *Our Recommendations*

- Ensure timely follow-up after initial case assignment
- Hire and retain more Black case managers for cultural congruence and trust-building
- Offer trauma-informed training with emphasis on flexibility and sensitivity

- Fund community-based and home-visiting models with proven trust and impact
- Allow for client preference in caseworker assignment, including race and gender, where possible
- Streamline case management intake to avoid overwhelming vulnerable clients
- Maintain regular check-ins that are client-led and flexible in format (in-person, phone, text)
- Increase partnerships between healthcare providers and social service agencies for seamless referrals
- Evaluate case management systems for responsiveness, trust-building, and long-term engagement

## *WIC*

***Why It Matters***

WIC is a critical program that provides nutritional support, breastfeeding resources, and health referrals for low-income women and their children. For Black mothers, access to WIC can mean stability during pregnancy and early parenthood. However, when WIC services are inconsistent, difficult to access, or feel culturally disconnected, families may disengage. Culturally responsive care, expanded flexibility, and coordination with medical providers can strengthen WIC's role in closing equity gaps in maternal and infant health.

***What We Heard***

**Feeling Supported**

- ***Helpful lactation support:*** Many women praised WIC lactation consultants as more helpful and culturally responsive than hospital staff—describing them as patient, knowledgeable, and affirming.
- ***Access to essential resources:*** Women noted they were able to get all the milk and formula they needed once connected, which was a major relief.
- ***Positive one-on-one care:*** Some women had very supportive WIC staff who made breastfeeding easier and encouraged them through early challenges.

**Lacking Support**

- ***Limited appointment availability:*** Women shared frustration that WIC appointments were only offered one day per week, making scheduling difficult.
- ***Overcrowded and stressful environments:*** Clinics were described as packed and chaotic, especially difficult for moms with multiple children. Some were uncomfortable being required to bring all their kids.
- ***Cultural insensitivity and rigid policies:*** Several women noted that WIC charts and standards didn't account for racial or cultural diversity—especially when it came to baby growth and dietary needs. They felt judged when their babies were larger than "the chart."
- ***Lack of flexibility in offerings:*** Participants were frustrated that certain formula brands or dietary options (like almond milk or lactaid) weren't covered—even though they were needed.

**Other**

- ***Provider referrals felt rushed or dismissive:*** Some women said their doctors referred them to WIC as an afterthought—without support or helpful explanation—making the process feel impersonal or stigmatizing.
- ***Income-based stigma:*** One woman recalled being given an "ugly face" by a WIC staff member after asking what would happen if she earned slightly above the income limit—she felt shamed for her ambition rather than support.

### *Our Recommendations*

- Expand appointment availability and eliminate unnecessary in-person requirements
- Use culturally appropriate growth charts that account for racial diversity in child development
- Improve coordination between healthcare providers and WIC for warm referrals
- Increase formula brand flexibility across regions
- Offer milk alternatives, including almond milk
- Train WIC and referring staff on cultural humility and anti-bias practices
- Fund outreach to Black mothers to raise awareness and trust in WIC services

## *Neglected Maternal Health*

***Why It Matters***

The health and well-being of Black mothers are too often overlooked—both during and after pregnancy. In healthcare settings, systems tend to prioritize the unborn child over the mother's physical, emotional, and mental health. Socially, Black women are often expected to be strong and endure silently, which discourages vulnerability and help-seeking. Centering maternal health—equally with infant care—is essential for preventing adverse outcomes and improving long-term family wellness.

***What We Heard***

- ***Mothers felt secondary to their babies:*** Many women shared that postpartum care focused almost exclusively on the baby, with little attention paid to their own health, healing, or emotional well-being.
- ***Self-neglect due to exhaustion or lack of support:*** Some skipped their own appointments or failed to prioritize care because they were too tired or overwhelmed—no one checked in on them.
- ***Family and systems don't ask about the mom:*** Women noted that friends, family, and even providers often only asked about the baby—not the mother's recovery or needs.
- ***Emotional needs dismissed:*** Participants expressed frustration that when they did try to open up about struggles, they were told to "be strong" or that "it's just baby blues", minimizing serious mental health concerns.
- ***Fear of being labeled or losing custody:*** Some women hid their pain, anxiety, or postpartum depression symptoms due to fear of being reported, hospitalized, or having their child taken away.

- ***Calls for in-home support:*** A few women remembered when new mothers received at-home nurse visits, and wished this kind of support still existed—especially for first-time or high-risk moms.
- ***Black mothers carry an unfair burden:*** Women emphasized that society allows fathers to opt out while mothers are harshly judged—even when exhausted, sick, or struggling mentally.

### *Our Recommendations*

- Train providers to assess and address maternal health with the same urgency as infant health
- Routinely screen and follow up on maternal mental health, especially postpartum
- Normalize conversations about vulnerability and support needs in Black motherhood
- Restore and expand home-based postpartum care services
- Provide culturally responsive postpartum support groups and counseling
- Create family education efforts that prioritize maternal well-being, not just infant milestones
- Fund community-led maternal wellness programs tailored to Black mothers
- Establish non-punitive mental health support pathways that protect, not punish, mothers who ask for help

# Mental & Physical Health

## *Fear of Safety Concerns*

***Why It Matters***

Black women face disproportionately high risks during pregnancy, childbirth, and the postpartum period—including maternal mortality, medical neglect, and systemic bias. These dangers result in a deep sense of fear, mistrust, and emotional strain that impact both mental and physical health. When women don't feel safe—either in disclosing symptoms or navigating care—it creates barriers to accessing timely, appropriate, and life-saving services. Ensuring safety means more than clinical accuracy; it requires emotional affirmation, culturally responsive care, and environments that support honesty without fear of judgment or punishment.

***What We Heard***

**General:**

- ***Pregnancy felt life-threatening:*** Women described pregnancy and delivery as being "on the brink of death" and said it wasn't taken seriously enough by providers.
- ***Fear persists even with medical knowledge:*** One participant, a nurse, said navigating care for herself was terrifying because she knew what could go wrong.
- ***Hospitals didn't feel safe:*** Women emphasized that healthcare spaces should make them feel protected, not dismissed or scared.
- ***Concern about future births:*** Some shared fears about attempting vaginal births after prior c-sections or not having options that felt safe for their circumstances.

**Prenatal:**

- ***Fear of miscarriage not taken seriously:*** A woman recalled being told she "wasn't out of the woods" during her 8-week visit, which caused anxiety that lingered throughout her pregnancy.
- ***Waiting for test results was traumatic:*** One participant waited anxiously for preeclampsia results and was upset they didn't call with answers.
- ***Fear amplified by previous loss or family history:*** Some women were deeply worried about miscarriage or stillbirth, but felt parenting groups didn't provide space to address those fears.
- ***Providers lacked emotional reassurance:*** Women said they wanted providers to relate more and validate their fears during appointments.
- ***Persistent symptoms ignored:*** One participant repeatedly told her doctor something felt off and later regretted not pushing harder to protect her baby.
- ***Fear of medication side effects:*** Some were scared to take prescribed aspirin or other meds because of traumatic stories they'd heard from other women.

**Delivery:**

- ***Dangerous moments poorly communicated:*** Women described seeing the baby's cord wrapped around its neck and hearing scary medical terms with no one explaining what was happening.
- ***No safe space to express concerns:*** Women who were scared about induction or interventions said providers didn't give them time to process or ask questions.
- ***Dismissed when raising concerns:*** One woman said her mask wasn't working and no one listened—she felt helpless.
- ***Past trauma shaped fear in labor:*** Participants recalled prior miscarriages, trauma, or losses that heightened their anxiety during delivery—but said medical teams didn't acknowledge that.
- ***Fear of dying in childbirth:*** One woman told her white doula, "Don't let them kill me," reflecting a deep fear rooted in historical and personal experience.
- ***Scared of interventions without full understanding:*** Some women went along with Pitocin or inductions without knowing what questions to ask or feeling empowered to speak up.
- ***Lack of trust worsened anxiety:*** When surrounded by staff who didn't look like them or didn't communicate well, women said they didn't feel emotionally or physically safe.

**Postpartum:**

- ***Fear of being flagged or losing custody:*** Many women avoided discussing postpartum depression symptoms due to fear of being institutionalized or having their baby taken away.
- ***Honesty felt dangerous:*** One participant said she tried to "look polished" for appointments to avoid raising suspicion.
- ***Afraid to share struggles:*** Women expressed fear of admitting how hard things were, especially those without a strong support system.
- ***Worried something would happen at home:*** Some feared they'd collapse or experience a complication while caring for their child alone.

- ***Young moms are especially vulnerable:*** A woman said she was just 21 and scared to make permanent decisions like sterilization—she didn't feel ready but was pressured into alternative options.
- ***Unsafe sleep struggles tied to fear:*** A few shared that it was hard to follow safe sleep practices when exhausted, but feared judgment if they admitted it.

### *Our Recommendations*

- Train providers to offer emotionally safe spaces for patients to express fears and concerns
- Clearly communicate risks, procedures, and medical terms in plain language
- Normalize birth-related fear and offer reassurance, not dismissal
- Increase access to doulas and patient advocates, especially for Black birthing people
- Integrate mental health check-ins during all prenatal and postpartum visits
- Remove punitive pathways tied to postpartum depression disclosures
- Educate providers on trauma-informed care and the psychological impact of medical gaslighting
- Expand in-home postpartum care and support, especially for high-risk mothers
- Fund culturally affirming birth education programs that address fear, risk, and safety for Black women

## *Postpartum Depression*

***Why It Matters***

Postpartum depression (PPD) affects up to 1 in 7 women, yet Black women are significantly less likely to receive treatment—often due to fear of being misunderstood, misdiagnosed, or reported to child welfare agencies. The stigma surrounding mental health, paired with systemic racism and past trauma, means many Black mothers suffer in silence. When providers dismiss or mishandle mental health concerns, it not only impacts a woman's well-being—but it can also affect her relationship with her baby and her ability to heal. Mental health support must be affirming, accessible, and safe to talk about without fear of surveillance or punishment.

***What We Heard***

- ***Postpartum depression was common, but poorly handled:*** Many women described experiencing PPD, often recognizing the symptoms through their own research. Despite completing multiple screenings, most received no follow-up or support. One woman took the screening six times without anyone checking in.
- ***Fear of being flagged or misunderstood:*** Women expressed deep concern that disclosing mental health symptoms would lead to involvement from child protective services. Many chose not to speak up, with one woman saying she "tries to look polished" so providers won't think something is wrong.
- ***Honesty didn't always lead to help:*** Even when women did speak honestly, they weren't always met with care. One woman who disclosed her feelings was taken by police and hospitalized for two weeks. Another told her provider everything and was only referred to a therapist.

- ***Cultural pressure to be strong:*** Many felt pressure from their families and community to "push through" instead of seeking help. Older generations dismissed PPD as weakness or excuses, making women feel isolated and unheard.
- ***Community support helped more than clinical care:*** Women said they found more comfort in doulas, best friends, church groups, or journaling than in clinical providers. Several said their doula was the only person who helped.
- ***Stigma altered behavior and truth-telling:*** Participants admitted lying or downplaying their symptoms on screenings to avoid being seen as "unfit." One woman was told not to say too much—just admit to being "a little sad"—so nothing would happen.
- ***Need for alternatives to medication:*** Some women wanted to heal without being prescribed pills. One said: "If they say the body takes time to heal, why wouldn't the brain? I just need time—not medicine."

### *Our Recommendations*

- Normalize postpartum depression discussions in prenatal and postpartum care
- Assure women that seeking help won't result in child welfare involvement
- Train providers in trauma-informed and culturally responsive mental health care
- Offer multiple treatment pathways beyond medication (peer support, therapy, time, lifestyle coaching)
- Follow up personally after postpartum depression screenings—don't just file the results
- Fund community-based and culturally affirming maternal mental health programs
- Create nonclinical peer support spaces where Black mothers can speak openly
- Increase the availability of Black mental health professionals and doulas trained in emotional care
- Extend postpartum care windows to include regular mental health check-ins for at least one year
- Partner with trusted community organizations to deliver education about PPD signs, treatment options, and maternal mental health rights

## *Pain*

***Why It Matters***

Black women are significantly more likely to have their pain dismissed or downplayed in healthcare settings due to long-standing racial biases, including false beliefs about Black people having a higher pain threshold. This disparity has life-threatening consequences, especially during childbirth and postpartum. When pain is ignored, mismanaged, or misinterpreted, it can delay diagnosis, prolong suffering, and erode trust in medical care. Pain is one of the most basic indicators that something is wrong—yet for Black women, it is far too often minimized, ignored, or disbelieved in clinical settings. This is not just a perception—it is well documented in medical research that Black patients receive less pain medication and are less likely to be believed when reporting symptoms. In maternal healthcare, dismissing a woman's pain can delay treatment, increase complications, and erode trust. Listening to and believing Black women when they say they are in pain is both a clinical responsibility and a matter of racial justice.

***What We Heard***

- ***Pain was frequently dismissed or minimized:*** Women shared stories of severe postpartum or labor pain being met with Tylenol and ibuprofen, even when they rated their pain as an 8, 9, or 10. Some said they were treated as if they were exaggerating, particularly by white providers.
- ***Advocacy was often needed just to receive basic relief:*** It often took a Black nurse or PCA speaking up for women to receive appropriate pain care. One woman said that only after a Black PCA intervened did she receive more than Tylenol—before that, she couldn't even care for her newborn due to the pain.
- ***Bias shaped how pain was perceived:*** Several women felt that because they weren't crying or screaming, their pain wasn't believed. One said she was told, "It doesn't hurt that much," even though her epidural wasn't working and she was visibly in distress.
- ***Delayed or denied care led to harm:*** Participants described repeatedly reporting pain throughout pregnancy or labor—like back pain, stomach pressure, or hemorrhoids—only to be brushed off. In multiple cases, the pain was serious, and ignoring it led to complications or emergency care.
- ***Medical interventions were painful and poorly explained:*** Some women didn't know their epidurals had failed until it was too late. Others endured painful labor experiences due to inconsistent dilation checks or mismanaged procedures.
- ***Women persisted despite barriers:*** Even when ignored, some kept advocating or asked their families or doulas to advocate on their behalf. Several said they learned to "keep bothering them until they help."

### *Our Recommendations*

- Require ongoing provider training on racial bias and pain mismanagement
- Implement pain assessment protocols that include listening to the patient's report—not just visible signs
- Train providers to understand and respect differences in pain expression and response
- Make pain management plans a routine part of prenatal, delivery, and postpartum care
- Ensure equitable access to appropriate pain relief during labor and recovery
- Monitor and review cases where pain reports were ignored or poorly managed
- Hire and retain more Black nurses, PCAs, and doulas who often play crucial advocacy roles
- Establish clear escalation pathways when a patient's pain is not being addressed
- Include patient satisfaction with pain management in provider performance metrics
- Create culturally informed education for patients on when and how to seek care for unmanaged pain

## *Anxiety and Stress*

***Why It Matters***

Stress and anxiety are not just emotional responses—they are critical health factors that influence maternal and infant outcomes. Research shows that chronic stress can lead to higher rates of preterm birth, hypertension, and postpartum depression. Dismissing Black women's anxiety or failing to provide supportive care contributes to trauma and worsens outcomes. For

Black women, the compounded effect of systemic racism, discrimination in care, and social stressors intensifies the emotional toll of childbirth. Reducing maternal stress requires responsive, compassionate care, timely appointments, and wraparound support that centers Black women's realities and mental health needs. Culturally responsive mental health support is essential—not optional.

***What We Heard***

- ***Anxiety was common, especially after previous losses or complications:*** Several women shared heightened stress due to prior miscarriages or high-risk pregnancies. When prenatal appointments felt rushed or providers didn't explain risks clearly, it worsened their anxiety.
- ***Support made a huge difference—but wasn't consistent:*** Women described moments of reassurance, like when a nurse held their hand or took time to calm their fears. But many said this empathy disappeared after delivery or was unavailable when they needed it most.
- ***Lack of information and rushed decisions increased fear:*** Being pushed into induction or c-sections without full explanation left women anxious and unsure. Some said they were overwhelmed during delivery and couldn't process what was happening because no one slowed down to explain.
- ***Postpartum stress and fear of being alone were common themes:*** After initial support faded, women often felt isolated and overwhelmed. Some cried during labor from anxiety, while others struggled once home without community or family help.
- ***Emotional triggers were not addressed with care:*** One woman recalled a nurse making a joking but traumatizing comment about her newborn shortly after birth—an insensitive moment that re-triggered past miscarriage trauma.
- ***Coping strategies weren't always healthy or supported:*** Women mentioned using smoking or alcohol to cope (stopping during pregnancy), but said there was no space to talk openly about these struggles. Others said they chose not to breastfeed due to the pressure and stress they were under.

## *Our Recommendations*

- Routinely screen for anxiety, stress, and mental health history at all prenatal and postpartum visits
- Train all staff to use trauma-informed and affirming language, especially when discussing risk or medical decisions
- Ensure clear communication and emotional support during medical procedures and delivery
- Integrate mental health counseling into prenatal care and expand access to therapists trained in culturally responsive care
- Provide easy referral pathways to doulas, case managers, and mental health professionals
- Create space in clinics for rest, emotional decompression, and private moments when needed
- Develop printed and digital materials on coping strategies and stress reduction tailored for Black mothers

- Offer ongoing community-based emotional support beyond delivery, especially for those without family or social networks
- Re-evaluate provider communication training to prioritize empathy, calm reassurance, and nonjudgmental listening
- Expand postpartum outreach to check in on maternal emotional well-being, not just baby health

## *Counseling*

***Why It Matters***

Access to culturally competent mental health counseling is essential during and after pregnancy, especially for Black women who face disproportionate stress, discrimination, and medical trauma. When therapy is inconsistent, inaccessible, or offered without adequate explanation, women may turn away from formal help altogether. A trusting therapeutic relationship—one where a mother feels seen, heard, and safe—can make all the difference in navigating postpartum depression, anxiety, or everyday emotional overwhelm. Counseling is not just a resource—it's a lifeline.

***What We Heard***

- ***Therapy was difficult to sustain due to constant provider changes:*** Several women started counseling but were repeatedly assigned new therapists, forcing them to reopen old wounds and retell painful stories—something many found exhausting and demoralizing.
- ***Some turned to informal or self-guided support instead:*** When formal counseling didn't meet their needs, women leaned on best friends, journals, or online resources to process their emotions and find calm.
- ***There was a strong desire for culturally relatable, nonjudgmental care:*** Women didn't always feel comfortable opening up, especially when their therapist didn't share their background or values. One said she switched from her therapist to talking with her mom—despite the generational disconnect—because she needed someone she trusted.
- ***Medication wasn't always the right answer:*** Some women were offered Zoloft or other prescriptions but didn't feel it helped—or weren't given alternatives. They wanted emotional support that addressed the root issues, not just a pill.
- ***Community-sourced counseling options helped some women feel seen:*** One woman found her counselor through a Facebook group tailored to Black parents, showing the power of peer networks in identifying culturally aligned support.

### *Our Recommendations*

- Normalize prenatal counseling as a standard part of maternity care
- Build a network of culturally competent therapists trained in maternal mental health and racial trauma
- Limit provider hand-offs and ensure consistent counseling assignments to foster long-term trust

- Offer therapy options beyond clinical offices—such as virtual, text-based, or community center sessions
- Develop partnerships with Black-led mental health organizations to expand trusted referrals
- Train OB/GYNs and nurse practitioners to talk knowledgeably and empathetically about mental health, not just hand off referrals
- Provide education to new mothers about what therapy can look like, including practical expectations and their right to request a better fit
- Fund peer support groups and lay counseling programs to provide emotional care between formal appointments

# Prenatal Experience

## *Overall Prenatal Care*

***Why It Matters***

Prenatal care is one of the most critical components of a healthy pregnancy. For Black women, it's often their first point of contact with a healthcare system that hasn't always earned their trust. Quality prenatal care goes beyond medical checkups—it should be timely, respectful, informative, and affirming. When visits are rushed, dismissive, or culturally disconnected, it undermines not only physical health but also emotional well-being and confidence in care. Studies show that consistent, culturally competent prenatal care reduces maternal and infant mortality and improves birth outcomes.

***What We Heard***

- ***Many women felt their care was rushed or impersonal:*** Short appointments, lack of emotional support, and a focus on medical metrics over conversation left many feeling disconnected from their providers. Some described visits as "just checking weight and blood pressure," with no space to process concerns—especially difficult after past losses or complications.
- ***Delays and rescheduling caused stress and missed care:*** Several women reported difficulty scheduling their first prenatal visit or having appointments canceled without notice. Even with proof of prior records or symptoms, appointments were sometimes delayed until 12 weeks or later, which increased anxiety and feelings of being dismissed.
- ***Lack of continuity and connection was a recurring theme:*** Seeing a different provider at each visit made it hard to build trust or feel like someone was truly monitoring their health. While rotating providers is intended to prepare patients for delivery, it often leaves women feeling like "just another chart."
- ***Judgment and stereotyping undermined trust:*** Women shared painful experiences of being assumed to be on public assistance, asked repeatedly about the

baby's father, or talked down to when asking questions. Some switched providers after feeling that care differed based on race or insurance type.

- ***Information gaps and poor communication added to confusion:*** Providers often didn't explain lab work, medications (like baby aspirin), or terms like "GBS," forcing women to look up information on their own. Some learned after the fact that they'd been tested for narcotics without consent, which felt criminalizing.
- ***Community-based and peer education filled the gap:*** Women praised prenatal classes and community organizations for teaching them how to advocate, what to expect in each trimester, and how to prepare for labor. These settings—often led by Black women—felt safer, more relatable, and more thorough than what they experienced at clinics.
- ***Emotional support was often lacking:*** Many wished for more empathy during a vulnerable time. One woman remembered being told at 8 weeks she could still miscarry—it stuck with her and caused lasting anxiety. Others said nurses or providers acted cold, robotic, or uninterested in forming a bond.

### *Our Recommendations*

- Ensure first prenatal appointments are scheduled early—ideally by 8 weeks
- Provide prenatal education sorted by trimester, in plain language
- Reduce provider hand-offs and prioritize relationship-building
- Fund and expand Black-led prenatal care models, including group prenatal visits and home-based care
- Include education on preeclampsia, miscarriage risk, and common pregnancy symptoms early and consistently
- Train staff to avoid biased assumptions and microaggressions, especially around family structure and insurance
- Increase transparency about lab tests, treatments, and referrals
- Support partnerships between hospitals and trusted community-based organizations
- Embed cultural humility and trauma-informed communication across all prenatal care providers
- Create easier systems for transferring medical records and following up on referrals

## *High-Risk Pregnancy Management*

***Why It Matters***

Black women are disproportionately diagnosed with high-risk pregnancies due to systemic factors such as limited access to quality care, stress from racism, and higher rates of chronic conditions. But being labeled "high-risk" shouldn't mean being dismissed, rushed, or traumatized. Proper management requires compassionate, consistent communication, respect for patient voice, and culturally responsive care. Mishandling high-risk pregnancies can lead to preterm birth, maternal mortality, and psychological trauma—outcomes that can and must be prevented.

***What We Heard***

- ***Pressure to induce or intervene often lacked full explanation:*** Women shared stories of being told their baby was too big or that there was water in the baby's liver, with little space to ask questions or consider alternatives. Many expressed regret after feeling pushed into inductions or c-sections that they weren't prepared for emotionally or physically.
- ***Providers sometimes downplayed serious symptoms:*** Several women noticed signs of preeclampsia or elevated blood pressure that providers brushed off or delayed addressing. One woman tried to switch hospitals after her concerns were dismissed, but couldn't. She later had to be induced due to those same issues.
- ***The "high-risk" label didn't always lead to high-quality care:*** Women described providers acting casually or not treating their pregnancies with urgency—despite their age, multiple pregnancies, or pre-existing health conditions. One noted that her provider "kept saying she was fine" without explaining why, leaving her unsure and anxious.
- ***Advanced maternal age led to expensive or unclear procedures:*** Some were told to undergo additional testing due to age or BMI, but didn't understand the reasons behind it. Others were misdiagnosed (e.g., labeled with chronic high blood pressure) and felt these decisions were made without proper evaluation or input.
- ***Appointments became overwhelming and difficult to manage:*** High-risk status meant more frequent visits, but also more stress. Women with twins or chronic symptoms reported multiple weekly appointments, which strained their ability to work, get childcare, or keep benefits. Some even had their benefits cut because the system assumed they could work more hours than they actually could.
- ***Care was reactive instead of proactive:*** When symptoms like debilitating nausea or back pain were reported, providers often didn't respond until the situation escalated. One woman passed out from dehydration before finally being given anti-nausea meds. Another had to push hard for care when she suspected preeclampsia.
- ***Lack of education and emotional safety heightened fear:*** Many women expressed that they didn't know what to ask, didn't feel safe speaking up, or wished someone would explain things more clearly. One woman said she was terrified to be alone during delivery because she didn't feel her medical team had her best interests in mind.

## *Our Recommendations*

- Prioritize early prenatal appointments for patients identified as high-risk
- Ensure providers explain high-risk diagnoses and treatments clearly, without fear tactics
- Support shared decision-making and affirm the mother's right to delay, decline, or question interventions
- Create safe spaces to discuss fears and ask questions without judgment
- Standardize protocols for managing preeclampsia, chronic hypertension, and other conditions—with transparency for patients
- Make accommodations for working mothers navigating frequent visits (e.g., flexible scheduling, tele-health when possible)
- Integrate doulas and culturally responsive case managers into high-risk pregnancy care
- Provide written and verbal explanations of all procedures, medications, and test results

- Ensure Black women with high-risk pregnancies are treated with compassion, not assumptions or stereotypes
- Improve continuity of care and ensure all staff involved are aligned in treatment plans

# Delivery Experience

## *Delivery*

***Why It Matters***

The delivery room is one of the most vulnerable spaces a Black woman can be in—and it's also the setting where disrespect, coercion, and neglect can do the most harm. Studies show Black women are more likely to be ignored when expressing pain or requesting support, and more likely to experience unplanned interventions like c-sections without shared decision-making. This critical moment should center the mother's voice, affirm her autonomy, and protect her dignity. Listening to her—literally—can save her life.

***What We Heard***

- ***Feeling unheard and disrespected:*** Many women described not being believed when they said they were in labor or ready to push; this dismissal caused stress, pain, and in some cases, medical interventions they didn't want.
- ***Coerced or rushed into decisions:*** Women shared stories of being talked into inductions or c-sections with little explanation and a focus on risk, not options.
- ***Pain and fear not taken seriously:*** Some felt their epidurals didn't work or that they weren't offered meaningful alternatives. Their pain was ignored, and in some cases, mocked.
- ***Doula support made a difference:*** When present, doulas helped advocate for birth plans, comforted women in labor, and ensured mothers' wishes were respected—even when medical staff were dismissive.
- ***Lack of clear communication:*** Medical language like "sunny side up" or "induction" was used without explanation. This left women confused and overwhelmed amid critical decisions.
- ***Positive experiences were tied to empathy:*** Nurses or providers who took the time to coach, comfort, and explain things helped transform traumatic moments into empowering ones.
- ***Systemic disparities were visible:*** Women felt their pain and preferences were taken more seriously when accompanied by someone white, when they had private insurance, or when supported by community-based prenatal education.

### *Our Recommendations*

- Train all delivery room staff in trauma-informed care, respectful communication, and cultural humility
- Ensure all mothers receive clear, plain-language explanations of procedures and options before decisions are made

- Require hospitals to honor birth plans and allow a support person or doula during labor, especially for patients with histories of trauma or anxiety
- Create accountability systems for how staff respond to patient pain and consent during labor
- Normalize continuous labor support practices—including doulas and midwives of color
- Prohibit unnecessary or nonconsensual interventions during labor and delivery
- Offer pre-delivery orientation that helps expectant mothers know what to expect in the hospital setting
- Prioritize continuity of care—ensure the delivering provider or nurse is familiar with the mother's preferences and history
- Center maternal autonomy in all delivery decisions; providers should ask, not assume
- Foster environments where Black women feel emotionally and physically safe in the delivery room

## *Birth Plan*

***Why It Matters***

A birth plan is a vital tool for maternal autonomy, self-advocacy, and emotional safety—especially for Black women, who are more likely to experience coercion or dismissal during childbirth. When respected, birth plans can foster empowerment and trust; when ignored, they can contribute to trauma. Every woman deserves a care team that listens, honors her preferences, and supports her choices during delivery.

***What We Heard***

- ***Birth plans helped women feel in control*:** Several women shared that having a written plan helped clarify their needs and maintain their voice in the delivery room.
- ***Doula support made a difference:*** Doulas often helped women create and communicate birth plans, increasing the chances their wishes would be respected.
- ***Some providers honored birth plans with care:*** When supported, women described feeling empowered—even when changes to the plan were needed due to medical reasons.
- ***Others felt dismissed or undermined:*** Women reported providers ignoring their birth plans, mocking their choices, or minimizing their requests (e.g., essential oils, natural birth).
- ***Plans often abandoned in hospital settings:*** Several women described birth plans being "tossed aside" upon arrival, with staff focusing only on speed, control, and medical interventions.
- ***Fear and coercion interfered with plans:*** Some women shared that risk messaging (e.g., "we just want a healthy baby") was used to pressure them into procedures without full consent.
- ***Women felt empowered when informed:*** Mothers who researched all possible delivery scenarios felt more prepared to advocate for themselves, even if the birth plan had to change.

### *Our Recommendations*

- Encourage all pregnant women to create a birth plan and review it with their providers in advance
- Train providers and staff to review, discuss, and honor birth plans during labor and delivery
- Require hospitals to include birth plan preferences in electronic medical records and share them with all staff involved
- Normalize flexible, patient-centered care that treats birth plans as living documents
- Provide doula support to help mothers build and communicate birth plans
- Eliminate dismissive language like "we'll see" or "everyone wants a healthy baby" that can undermine the patient's voice
- Offer prenatal classes focused on planning and communicating labor preferences
- Promote respectful dialogue about non-traditional birth preferences (e.g., music, aromatherapy, home-like environment)
- Reframe unexpected changes to the plan as shared decisions, not provider authority
- Validate all forms of birth—natural, medicated, induced, or surgical—as powerful when chosen and respected

# Postpartum Experience

## *Overall Postpartum Care*

***Why It Matters***

The postpartum period is a critical time for both physical recovery and mental health, yet too often Black mothers are overlooked or only seen through the lens of their newborn's care. Black women are more likely to experience postpartum depression, yet less likely to receive appropriate screening, treatment, or follow-up. Respectful, proactive postpartum care—especially from trusted, culturally competent providers—is essential to protect both mothers and their children.

***What We Heard***

- ***Postpartum depression was common, but poorly handled:*** Many women described symptoms of postpartum depression, yet felt screenings were superficial, follow-up was nonexistent, and being honest could risk having their children taken away.
- ***Fear of being flagged or misunderstood:*** Women often avoided disclosing how they felt due to fears of being labeled unfit or having authorities involved. One woman said she now "tries to look polished" at appointments to avoid suspicion.
- ***Community-based support was often more helpful:*** Women shared that doulas, church groups, or home visiting programs provided more authentic, caring postpartum support than clinical settings.
- ***Positive experiences when support systems were strong:*** Women who had postpartum doulas, a team of providers, or encouraging community networks described feeling more confident, rested, and emotionally stable.

- ***Mothers were often overlooked:*** Postpartum appointments focused heavily on the baby's health, with little attention to the mother's physical or emotional well-being. Some skipped their own care altogether.
- ***Lack of empathy during a vulnerable time****:* Several women felt their postpartum concerns—whether physical pain, mental health, or general overwhelm—were brushed off or treated casually.
- ***Overwhelming logistics and appointments:*** Between pediatric, WIC, and personal care, some women had too many appointments at once and couldn't keep up, especially without support.

### *Our Recommendations*

- Conduct postpartum screenings in trauma-informed and culturally sensitive ways
- Build trust by ensuring postpartum screenings are followed with empathy, not just medication or reporting
- Increase postpartum visit frequency and duration for high-risk and first-time mothers
- Incorporate maternal health check-ins into pediatric appointments
- Normalize emotional vulnerability and mental health support during the postpartum period
- Provide postpartum doulas or navigators to support physical and emotional recovery
- Fund community-based postpartum care models that include home visits, meals, and emotional support
- Educate families and communities about maternal mental health to reduce stigma and isolation
- Require clear follow-up procedures after postpartum depression screenings
- Offer flexible appointment scheduling and support for transportation and childcare

## *Breastfeeding*

***Why It Matters***

Breastfeeding has proven health benefits for both infants and mothers, yet systemic barriers and cultural stigma continue to disproportionately affect Black women. Black mothers are less likely to receive breastfeeding support in clinical settings and more likely to face cultural shame, misinformation, and bias. Supporting Black women in their infant feeding choices requires affirming, accessible, and culturally aligned guidance from both healthcare and community systems.

***What We Heard***

- ***Mixed experiences with lactation consultants****:* Some women received helpful, consistent support—especially from WIC and Black consultants. Others found hospital consultants too technical or inconsistent, with some only visiting once. Women emphasized that support needed to be practical, encouraging, and nonjudgmental.
- ***Stigma in the Black community:*** Several women described pressure from family and community to bottle-feed or stop breastfeeding early. Some felt embarrassed, unsupported, or told their babies were "too big." Others were proud to have become advocates and role models themselves.

- ***Breastfeeding was empowering for some:*** Despite negative clinical experiences, breastfeeding became a positive, affirming choice—especially when other parts of their birth experience felt out of control. Some described learning from community organizations, support groups, or doulas.
- ***Significant personal and logistical challenges:*** From a lack of privacy to pain, pumping issues, and conflict with mental health or lifestyle (like smoking), breastfeeding was often difficult to sustain. Women noted a need for honest conversations and support without shame or pressure.

### *Our Recommendations*

- Normalize breastfeeding in clinical care and Black communities
- Provide culturally relevant lactation support, especially from Black consultants
- Increase home visiting and postpartum doula programs with infant feeding education
- Train providers to offer affirming, judgment-free breastfeeding support
- Educate families and community members to reduce stigma and shame around breastfeeding
- Fund community-based breastfeeding support groups for Black women
- Improve hospital practices to ensure multiple lactation support touchpoints
- Support education around breast pumps, milk storage, and alcohol/substance use
- Make breastfeeding-friendly workplaces and policies more accessible
- Offer a safe, honest space for women to choose how they want to feed their babies

## *Birth Control*

***Why It Matters***

Reproductive autonomy is a cornerstone of maternal health. For Black women, navigating birth control decisions can be fraught with medical bias, coercion, and a lack of informed consent. A long history of reproductive control, including forced sterilization and pressure to limit family size, continues to show up in how providers push contraceptive methods or dismiss women's choices. Supporting Black women's reproductive decisions—whether that's choosing birth control, refusing it, or planning large families—is critical to respectful, equitable care.

***What We Heard***

- ***Pressure and coercion from providers:*** Multiple women reported being pushed toward birth control or sterilization despite voicing disinterest. Some were told their decisions were unrealistic or unsafe, especially if they already had more than three children or didn't fit a nuclear family model.
- ***Judgment about family size:*** Women felt providers made assumptions based on race, income, or family structure. One woman said she and her partner wanted eight children, but their provider pressured them to stop at three.
- ***Dismissal of informed decisions****:* Several women had already signed consent forms for sterilization or refused IUDs, yet providers still tried to persuade them otherwise or moved forward without consent.
- ***Concerns about method fit and side effects*****:** Women expressed fear or skepticism of certain methods like IUDs and hormonal shots due to bad experiences—either their

own or that of friends. Some also noted difficulty remembering to take medication, but were not offered alternatives.

### *Our Recommendations*

- Center reproductive justice in provider training and practice
- Respect every woman's decision around birth control and family planning
- Eliminate policies that require birth control to continue care
- Provide clear, culturally relevant education on all contraceptive options
- Normalize large family desires without judgment or bias
- Ensure truly informed consent for all contraceptive procedures
- Allow for multiple conversations—not pressure—about contraception
- Increase access to reproductive health educators and doulas who can support birth control conversations
- Screen for past reproductive trauma and avoid triggering language

## *Vaccinations*

***Why It Matters***

Vaccinations are a critical component of preventive care in both maternal and child health. However, in Black communities, vaccine decisions are shaped by a complex mix of medical mistrust, cultural beliefs, limited access to reliable information, and past harms by healthcare systems. Supporting informed, autonomous decision-making—without coercion or shame—is essential. Respecting vaccine hesitancy while ensuring culturally relevant education can improve public health outcomes and rebuild trust in medical systems.

***What We Heard***

- ***Desire for agency and informed choice:*** Some women wanted vaccines and appreciated when providers explained their purpose and allowed them to choose. Others felt providers assumed consent or pushed vaccines without discussion.
- ***Mistrust and coercion:*** Several women reported feeling that vaccines were "snuck in" or pushed without alternative options. Some switched providers due to vaccine mandates or felt dismissed when expressing concerns.
- ***Mixed beliefs and cultural practices*:** Women shared holistic approaches such as elderberry, herbal remedies, or home-based preventions. One described using potatoes in socks and following health advice from platforms like TikTok.
- ***Desire for accurate information:*** Some women felt providers had incorrect or outdated information about eligibility windows (e.g., RSV vaccine) and wanted clearer, up-to-date guidance.

### *Our Recommendations*

- Respect vaccine autonomy and support informed, voluntary decision-making
- Provide clear, culturally relevant education on vaccine options and schedules
- Avoid mandates or pressure tactics; offer options and alternatives when possible
- Train providers to discuss vaccines with empathy and without judgment

- Offer space to discuss holistic practices and integrate trusted cultural beliefs
- Create accessible vaccine education materials designed by and for Black families
- Ensure providers share the risks and benefits of each vaccine respectfully
- Address misinformation compassionately, not dismissively
- Make room for multiple conversations over time—allowing trust to build

# Summary

The voices of the 31 Black mothers in this report are a call to action—urgent, powerful, and rooted in lived truth. Their stories reveal not isolated incidents, but systemic failures embedded in maternal healthcare. And yet, through every barrier and bias, these women displayed extraordinary resilience, self-advocacy, and a desire to protect not only themselves but future generations. They offered more than experiences—they provided solutions.

From expanding access to culturally aligned doulas to restructuring case management, transportation, and mental health services, the path forward is clear. It requires shifting from reactive care to proactive support, from dismissiveness to deep listening, and from institutional convenience to maternal empowerment.

This report is not an end—it is a foundation. Let these voices inform policy, transform practice, and inspire every institution to ask: *Are we truly listening?* Because when Black women are heard, respected, and supported, everyone benefits.

# Special Thanks

We deeply appreciate our team, funding partners, community-based organizations, and the women who have made this project possible . Your support and trust help us build a stronger, more empowered community. Thank you for your generosity and commitment—your efforts make a lasting impact!

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