Voices from the Field: Amplifying Clinicians' Perspectives for Black Maternal Equity

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Introduction

This study sought to learn the experiences and viewpoints of obstetrical providers: physicians, certified nurse-midwives (CNMs), and registered nurses (RNs) to identify strategies for addressing maternal care inequities.

Background

Nationally, Black birthing individuals face a disproportionate burden of maternal mortality and severe maternal morbidity (1). While there is growing interest in tackling these inequities, a significant gap exists in incorporating the insights and perspectives of interprofessional perinatal front-line clinicians to drive solutions (2).

Methods

1. Development

Working with our community advisory board (CAB), we used human-centered design thinking to co-create semi-structured questions. IRB exemption status was obtained.

2. Interviews and Focus Groups

From January to July 2023, trained research assistants conducted interviews with 6 MDs self-identifying as Black, and organized two virtual focus groups comprising 3 CNMs and 14 RNs. Participation was voluntary and confidential. Sessions were audio/video recorded and transcribed using Zoom and Trint. Interviews ranged from 60 to 90 minutes. Participant consent was obtained.

3. Analysis

Transcripts were coded on NVIVO using grounded theory inductive and deductive approaches. Content and narrative analysis were used to identify themes.

Research Questions

1. In MA, what are patients', providers' and fathers/partners' knowledge, attitudes, and beliefs about the rates of Black maternal morbidity and mortality, particularly the racial inequities between Black individuals & other racial groups?
2. How does one's level of awareness of these outcomes and inequities affect maternity care choices among patients/partners, birth supporters, and care delivery among providers?
3. What solutions or strategies are supported and desired among patients and birth supporters (fathers/partners) and providers?

Amplifying Voices

Health Systems Approach

Solutions from the physicians

"And, you know, ultimately the goal is that any woman could walk into any health care system and get quality care. High quality care."

"But I think also, you know, at a baseline, all institutions and all providers should have a set of quality care practices and that they can elevate the care of all individuals."

"You think about community participation and building up health systems and what's going on in the community in terms of access to, birth centers or doulas or centering care models."

Resources

1. Hoyert DL. Maternal mortality rates in the United States, 2020. NCHS Health E-Stats. 2022. DOI: https://dx.doi.org/10.15620/cdc:113967
2. Nelson TJ, Butcher BDC, Delgado A, McLemore MR. Perspectives of Certified Nurse-Midwives and Physicians on the Structural and Institutional Barriers that Contribute to the Reproductive Inequities of Black Birthing People in the San Francisco Bay Area. J Midwifery Womens Health. 2024 Feb 18. doi: 10.1111/jmwh.13614. Epub ahead of print. PMID: 38369871.

Results: Emerging Themes

Influence of Systemic Racism on Maternal Health Care Delivery and Outcomes	Structural racism influences healthcare access and outcomes; historical injustices within healthcare perpetuate disparities; racism affects the patient-provider relationship; lack of trust in the medical system and providers drives disparities; bias and discrimination in patient care; lack of Black healthcare providers affecting cultural competence and care quality
Drivers of Maternal Inequities	Drivers of maternal inequities include systemic racism, which manifests in various barriers to maternal health equity
Barriers to Maternal Health Equity and Influence on Maternal Health Outcomes	Social determinants of health is a barrier to access to care, examples socioeconomic status and transportation; Education - Lack of access to health education and health literacy; Culture - Institutional culture and its impact on patient experiences, example - inability to provide continuous care; Resource constraints affecting healthcare delivery; Bias and discrimination in patient care; Lack of Black healthcare providers affects cultural competence and care quality.
Clinical Strategies to Optimize Maternal Health and Equity	Clinical Workplace/Workforce: Diversifying the healthcare workforce to be inclusive of racial and language minorities; Racial concordant care; Addressing communication barriers and hierarchy in the workplace and addressing provider bias and racism Outpatient Care: Expanding screening, resources, and access to ancillary services; providing tailored and individualistic services, including doulas and group prenatal care; implementing group prenatal care and coordinating care across providers; offering home visiting services. Inpatient Care: Implementing patient safety bundles, simulation and accountability measures. Education/Advocacy: Enhancing patient education; engaging communities and making information relatable and accessible; promoting realistic expectations and self-advocacy among patients; OB/GYNs serving as frontline advocates and experts in women's health with nurses serving as core patient advocates clinically; encouraging patients to be involved in their healthcare via shared-decision making; advocating for policy change to support postpartum care; prioritizing respectful care for patients to feel safe, validated and heard. Family engagement is encouraged, recognizing support networks crucial for maternal well-being.

Conclusions

Clinicians' perspectives emphasize the profound impact of systemic racism on maternal health outcomes, underscoring the need for a comprehensive health systems approach addressing access barriers, biased care, and workforce disparities. Our findings inform priorities to guide ACOG's collective action and commitment to eliminating racial inequities that lead to disparate health outcomes.

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