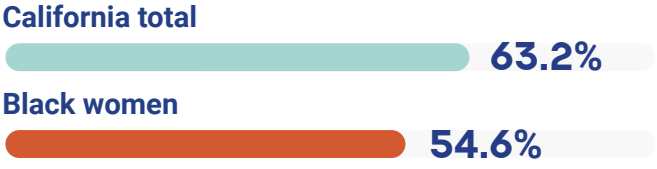
IMPROVING BLACK MATERNAL HEALTH THROUGH PERSON-CENTERED CARE

The experience of pregnancy and childbirth should be joyous and safe for all people giving birth in California. Black leaders have called for improvements in health care systems to ensure that Black women receive maternity care that is supportive, respectful, and responsive to their needs and values. New findings from the Maternal and Infant Health Assessment (MIHA) illustrate the importance of person-centered maternity care.

Too few California Black women experience optimal person-centered maternity care

In 2023, over half of Black women and birthing people in California experienced optimal person-centered care during delivery, meaning that they experienced supportive communication, autonomy in decision-making, dignity, and respect from health care providers most or all of the time. The percentage of women who had optimal care remains much too low, and Black women **(54.6%)** were less likely than Californians as a whole **(63.2%)** to experience optimal care. Our health care system can, and must, do better for California's Black families.

Percent with optimal person-centered maternity care at delivery



PERSON-CENTERED MATERNITY CARE IS ESSENTIAL

One way structural racism harms Black maternal health is through poor-quality health care (California Department of Public Health, 2023). Person-centered care, in contrast, takes a holistic approach that values and respects the whole individual, physically, mentally, and spiritually. Person-centered care is an essential element of high-quality health care with the potential to improve outcomes and reduce costs within health care systems (Miller et al., 2016).

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Black women who had **OPTIMAL** person-centered maternity care during childbirth had better postpartum outcomes than did those with **SUBOPTIMAL** care:

Fewer had anxiety and depression symptoms

More had a postpartum visit

More initiated and continued breastfeeding

Optimal person-centered maternity care is measured through two domains

Optimal person-centered maternity care encompasses a range of positive health care experiences. Results reported in this brief include two domains of care: (1) communication and autonomy; (2) dignity and respect.

Communication and autonomy

- Birthing person felt heard and listened to by providers (doctors, nurses, and midwives)
- Birthing person was involved in decisions about the care they received
- Birthing person felt informed about what was happening during the birth of their child
- Providers explained why examinations or procedures were being done
- Providers checked that birthing person understood information
- Providers used language that birthing person could understand

Dignity and respect

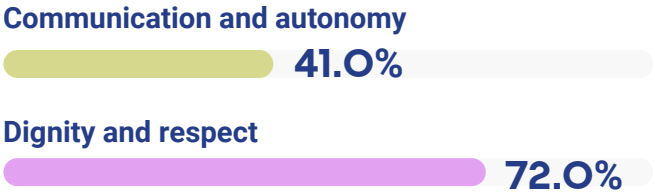
- Birthing person did not feel pressured into a decision by providers
- Birthing person did not feel avoided, ignored, or neglected by providers
- Birthing person was not shouted at, scolded, threatened, or spoken rudely to by providers
- Birthing person did not experience discrimination, was not prevented from doing something, hassled, or made to feel inferior because of race or ethnicity

Examining the two domains of person-centered maternity care can shed light on how to improve care at delivery

Only **41%** of Black birthing people experienced optimal communication with providers and autonomy in decision-making. Improving provider skills in communication and facilitating autonomy could greatly increase person-centered care in California.

Dignity and respect in care involves eliminating poor treatment, such as neglect, abuse, and discrimination. A much higher percentage of Black women and birthing people experienced optimal dignity and respect **(72%)** compared with optimal communication and autonomy. Achieving birth equity requires all Black people to experience dignity and respect at delivery.

Optimal person-centered maternity care experiences

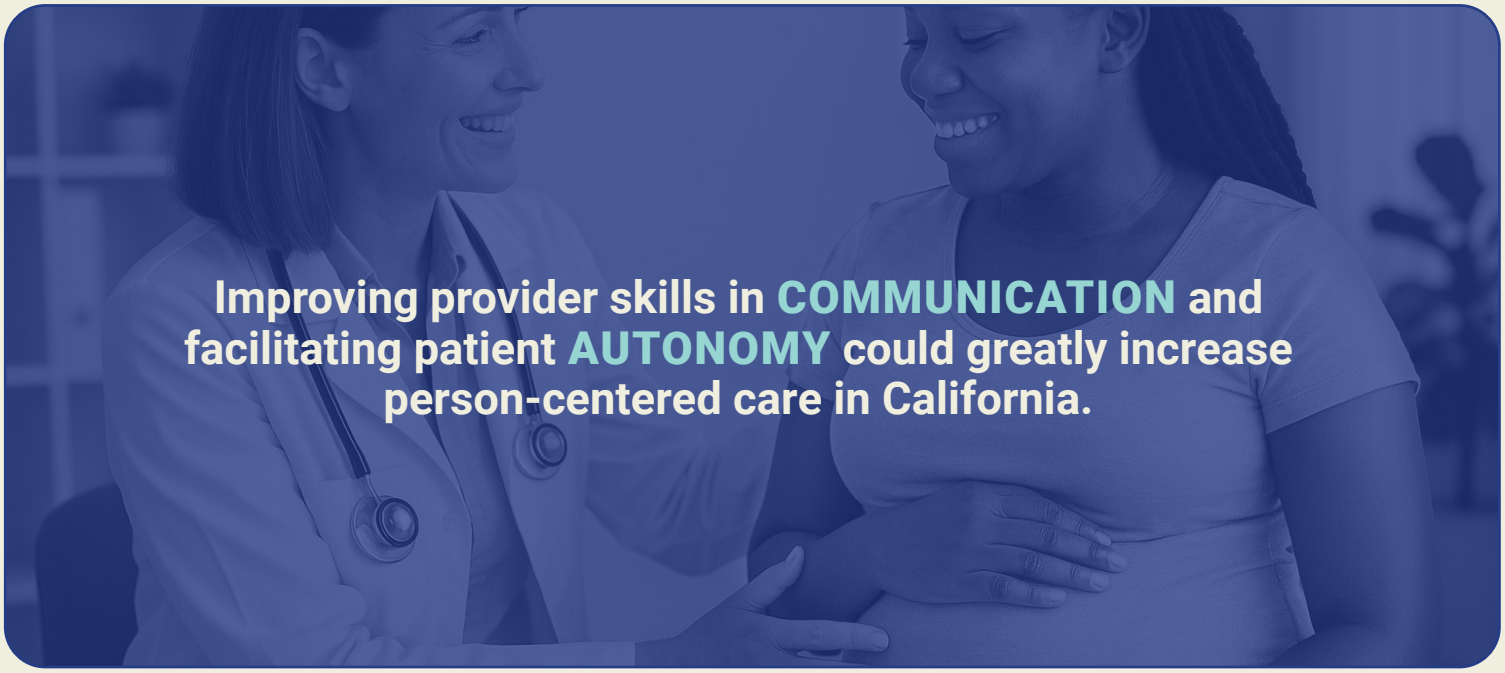


Individual measures of suboptimal person-centered maternity care can pinpoint trouble spots

Looking at specific experiences within these two domains can identify areas of particular concern. Among measures of communication and autonomy, the most common negative experience Black birthing people reported was not feeling heard and listened to by providers during delivery.

Experiences of suboptimal dignity and respect are serious and highly concerning. More than one in five Black birthing people reported being pressured into a decision by providers; being avoided, ignored, or neglected; or experiencing racial discrimination by providers during delivery.

> When it comes to moms expressing their birth plan, I wish nurses and doctors would be more respectful and understanding of what they want instead of trying to control them. Also doctors and nurses in the delivery room [should be] listening to the parents' request on how they want their birth to go, even in an emergency. **-MIHA participant, 2023**



The level of optimal communication and autonomy was low regardless of insurance type

Black birthing people with Medi-Cal experienced a similar level of overall optimal person-centered maternity care as individuals with private insurance. Both groups experienced relatively low levels of optimal communication and autonomy, while over two-thirds experienced optimal dignity and respect.

The Department of Health Care Services and private insurers could potentially improve outcomes and reduce system costs by improving provider communication and patient autonomy. Public and private insurers should act to ensure that no Black women covered in their plans experience suboptimal dignity and respect during delivery.

OUR HEALTH CARE SYSTEM can, and must, do better for California's Black families.

Strategies to improve person-centered care for Black birthing people

Health care systems, providers, public health agencies, insurers, and legislators can work with community experts and Black women to implement the following strategies.

1. **Ensure that the concerns of Black women and birthing people are heard and their collective expertise is prioritized.**
   - Convene patient and community advisory groups to develop ongoing relationships and ensure that feedback drives improvements.
   - Ensure that Black women are in decision-making positions within health care systems.
2. **Incorporate person-centered maternity care into quality improvement efforts.**
   - Implement respectful care toolkits, with a focus on increasing supportive communication and autonomy.
   - Implement implicit bias training among all providers, as required by the California Dignity in Pregnancy and Childbirth Act, 2024 (AB 2319).
   - Collect and report patient survey data disaggregated by race and ethnicity, using community-defined measures.
   - Increase care team cohesion and accountability and provide support for workload pressures.
3. **Promote models of maternity care that are rooted in person-centered care.**
   - Incorporate doula support as a standard element of maternity care.
   - Facilitate access to midwifery as a delivery option.
   - Reduce structural barriers regulating freestanding birthing centers.
   - Support community-based care led by Black clinicians and organizations.
   - Expand private and Medi-Cal coverage of alternative care models.
4. **Use policies and administrative strategies to address barriers to equitable care.**
   - Increase racial concordance in maternity care by diversifying the health care workforce and reducing barriers to training.
   - Incentivize equitable person-centered care through innovative payment strategies, such as the Transforming Maternal Health Model.

> The OB that delivered my middle child lifted a huge weight by reassuring me that I wasn't the only one that went through bleeding, and encouraging me to take it easy. She cared about my mental state, made sure I was going to the specialist and to her, did follow-up phone calls and gave me extra attention. She assured me that my baby was not going to die. **- MIHA participant, 2023**

TECHNICAL NOTES

Resources for improving maternity care experiences

Position statements and guides

- California Coalition for Black Birth Justice. The State of Black Birth Equity in California, 2025
- Black Mamas Matter Alliance. Setting the standard for holistic care of and for Black women. April 2018
- Black Mamas Matter Alliance. Black Mamas Matter: In Policy and Practice. Atlanta, GA. April 2023

Trainings, toolkits, and quality improvement strategies

- American College of Obstetricians and Gynecologists. Respectful care eModules.
- Association of Women's Health, Obstetric and Neonatal Nursing. Respectful Maternity Care Implementation Toolkit.
- California Maternal Quality Care Collaborative. Hospital action guide for respectful and equity centered obstetric care.

Resources for communities, patients, and their supporters

- California Department of Public Health, Maternal, Child, and Adolescent Health Division (CDPH/MCAH), Black Infant Health Program.
- CDPH/MCAH, Perinatal Equity Initiative.
- Medi-Cal Doula Provider Directory.
- Irth app: Instagram @theirthapp

Suggested citation

Improving Black maternal health through person-centered care. San Francisco, CA: UCSF Center for Health Equity (CHE), 2025.

https://healthequity.ucsf.edu/mce

Definition of optimal maternity care

Optimal maternity care was defined as a value of at least 90% for the summed maternity care experiences items, which were each coded from 0-3 with 0 being the least positive experience and 3 being the most positive experience. The maternity care experiences items each had four response options ranging from "No, never" to "Yes, many times," "Yes, all the time," or "Very often."

About the survey

The California Maternal and Infant Health Assessment (MIHA) is an annual survey of California residents with a recent live birth. In 2023, MIHA had 5,434 respondents overall, including 666 Black respondents. Community experts and birthing people prioritized the components of person-centered care to be used in MIHA 2023; measures were drawn from the Person-Centered Maternity Care Scale, US (Afulani et al., 2022).

MIHA participants were sampled from the 2023 California Monthly Birth File. Prevalence (%), 95% confidence interval, and number of birthing individuals in the population with a health indicator/ characteristic were weighted to represent all individuals with a live birth who lived in California in 2023. Data were prepared by the University of California, San Francisco (UCSF) Center for Health Equity (CHE). MIHA is led by CDPH/MCAH in collaboration with UCSF CHE. Visit the MIHA website at www.cdph.ca.gov/MIHA.

Gendered language used in this brief

Not every person who gives birth identifies as a woman or a mother, but gender identification data are not available for MIHA survey participants. Therefore, the words "birthing people" and "women" are used to describe the population experiencing pregnancy, birth, and parenthood.

References

Afulani PA, Altman MR, Castillo E, et al. Adaptation of the Person-Centered Maternity Care Scale in the United States: Prioritizing the Experiences of Black Women and Birthing People. Women's Health Issues.2022.

Centering Black Mothers in California: Insights into Racism, Health, and Well-being for Black Women and Infants. Sacramento, CA: California Department of Public Health, Maternal, Child and Adolescent Health Division; 2023.

Miller S, Abalos E, Chamillard M, et al. Beyond too little, too late and too much, too soon: a pathway toward evidence-based, respectful maternity care worldwide. The Lancet 2016; 388(10056). p2176-2192. DOI: 10.1016/S0140-6736(16)31472-6.

Acknowledgments

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Funding for the selection and adaptation of the Person-Centered Maternity Care scale and the development of this brief was generously provided by the California Health Care Foundation.

The authors would like to offer deep gratitude to the MIHA SURVEY PARTICIPANTS who confidentially shared their experiences and without whom this brief would not have been possible.

DATA TABLE: PERSON-CENTERED MATERNITY CARE AMONG BLACK BIRTHING PEOPLE, CALIFORNIA, 2023

	Prevalence (%)	95% Confidence Interval	Annual Population Estimate
Person-centered maternity care			
Optimal	54.6	49.8 - 59.4	11,900
Suboptimal	45.4	40.6 - 50.2	9,900
Optimal care by domain			
Communication and autonomy	41.0	36.4 - 45.7	9,000
Dignity and respect	72.0	67.5 - 76.5	15,900
Optimal care by prenatal health insurance			
Medi-Cal	52.3	46.2 - 58.4	7,300
Private	56.9	48.5 - 65.4	3,600
Other insurance type	72.0*	54.6 - 89.5	700
Optimal care by delivery method			
Vaginal	56.2	50.3 - 62.1	7,900
Cesarean section	51.8	43.6 - 59.9	4,000
Optimal care by gestational age			
Term birth (37+ weeks)	55.5	50.4 - 60.6	10,900
Preterm birth	46.5	32.6 - 60.4	1,000
Optimal care by maternal age			
15-19	41.6*	11.5 - 71.6	600
20-24	60.2	49.7 - 70.7	2,300
25-29	53.6	43.7 - 63.6	2,800
30-34	52.8	44.1 - 61.5	3,400
35+	57.2	48.5 - 65.8	2,900
Optimal care by family income as a percentage of federal poverty guidelines			
<=100% federal poverty guidelines	51.3	43.4 - 59.2	4,700
101-200%	57.7	47.2 - 68.2	2,300
201-400%	63.6	50.9 - 76.2	1,800
>400%	54.3	42.2 - 66.4	1,700
Optimal care by maternal education			
Less than high school graduate	51.0	34.6 - 67.5	1,000
High school/GED	52.3	41.8 - 62.8	2,900
Some college	55.4	47.7 - 63.0	4,800
College graduate	57.4	49.6 - 65.2	3,200

...Continued	Prevalence (%)	95% Confidence Interval	Annual Population Estimate
Optimal care by number of births			
First birth	50.1	42.0 - 58.1	4,100
2-3 births	61.6	54.8 - 68.4	5,900
4+ births	47.6	36.5 - 58.7	2,000
Optimal care by region			
Los Angeles County	50.1	40.4 - 59.8	3,200
San Francisco Bay Area	53.0	42.5 - 63.6	2,000
San Diego County	62.3	47.9 - 76.8	1,000
Orange County	65.3*	39.8 - 90.9	500
San Joaquin Valley	57.1	47.2 - 66.9	1,500
Greater Sacramento	48.2	34.0 - 62.4	1,100
Southeastern California	59.2	46.6 - 71.9	2,300

* Estimate should be interpreted with caution due to low statistical reliability (Relative Standard Error is between 30% and 50%).

DATA TABLE: OPTIMAL PERSON-CENTERED MATERNITY CARE AMONG BLACK BIRTHING PEOPLE, CALIFORNIA, 2023

	Prevalence (%)	95% Confidence Interval	Annual Population Estimate
Optimal maternity care experiences:			
Always felt heard and listened to by providers	42.5	37.8 - 47.1	9,500
Provider always involved you in decisions	61.5	56.9 - 66.0	13,700
Providers always explained examinations or procedures	68.0	63.6 - 72.4	15,200
Providers always checked that you understood information	67.4	63.0 - 71.9	15,100
Providers always spoke using words you could understand	69.8	65.4 - 74.2	15,600
Always felt informed about what was happening during birth	67.2	62.6 - 71.7	14,900
Never felt pressured into a decision by providers	78.5	74.7 - 82.4	17,400
Providers never avoided, ignored, neglected you	78.5	74.3 - 82.7	17,400
Providers never shouted, scolded, insulted, threatened, talked rudely	88.9	85.9 - 92.0	19,700
Never experienced racial discrimination during birth	76.8	72.6 - 81.0	17,000

DATA TABLE: OUTCOMES BY PERSON-CENTERED MATERNITY CARE AMONG BLACK BIRTHING PEOPLE, CALIFORNIA, 2023

	Prevalence (%)	95% Confidence Interval	Annual Population Estimate
Depression symptoms by person-centered maternity care			
Optimal	19.7	14.5 - 24.8	2,300
Suboptimal	28.4	22.1 - 34.7	2,800
Anxiety symptoms by person-centered maternity care			
Optimal	21.4	15.8 - 27.0	2,500
Suboptimal	33.2	26.5 - 39.9	3,300
Breastfeeding at 1 week by person-centered maternity care			
Optimal	88.5	84.3 - 92.7	9,800
Suboptimal	79.8	73.7 - 85.8	7,500
Breastfeeding at 1 month by person-centered maternity care			
Optimal	83.3	78.4 - 88.2	9,100
Suboptimal	71.5	64.9 - 78.1	6,800
Had a postpartum visit by person-centered maternity care			
Optimal	90.9	87.3 - 94.5	10,800
Suboptimal	76.4	69.8 - 83.0	7,500