



Feeling heard  
and listened to  
by providers  
during delivery

**Findings from the 2021-2022  
California Maternal and Infant  
Health Assessment (MIHA)**

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Center for  
Health Equity

**UCSF**

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University of California  
San Francisco

# Assessing Maternal Experiences



**The Maternal and Infant Health Assessment (MIHA)** survey is a population-based, representative survey of people with a recent live birth in California. It collects self-reported information about maternal and infant experiences and maternal attitudes and behaviors before, during, and shortly after pregnancy.

Since 1999, data from MIHA have guided health policies and programs for California birthing people\*, infants, and families. The following are key findings from the 2021-22 MIHA survey.

MIHA is led by the Maternal, Child and Adolescent Health Division of the California Department of Public Health (CDPH) in collaboration with the Women, Infants and Children Division, CDPH and the Center for Health Equity at the University of California, San Francisco. Learn more at [www.cdph.ca.gov/MIHA](http://www.cdph.ca.gov/MIHA).

\*Not everyone who experiences pregnancy and gives birth identifies as a woman or a mother. Accordingly, we use the words “birthing people” to describe the population experiencing pregnancy, birth, and parenthood.

# Background

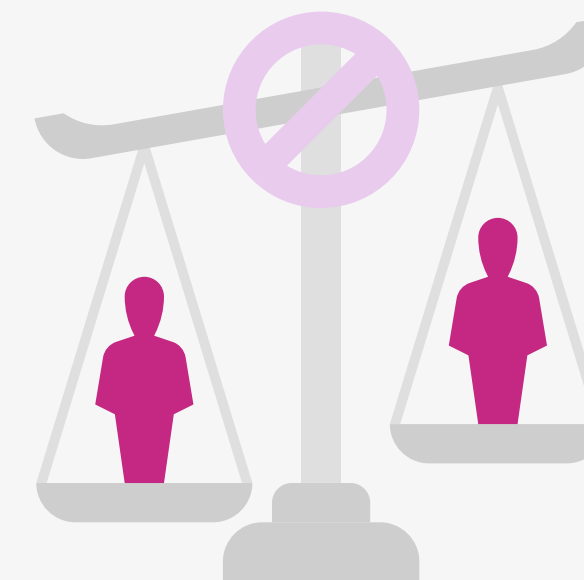
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**High-quality maternity care** centers patient preferences, needs, and values.



**Poor-quality maternity care** is associated with severe maternal complications and death.



**Racial discrimination in health care** increases the risk of poor health outcomes.

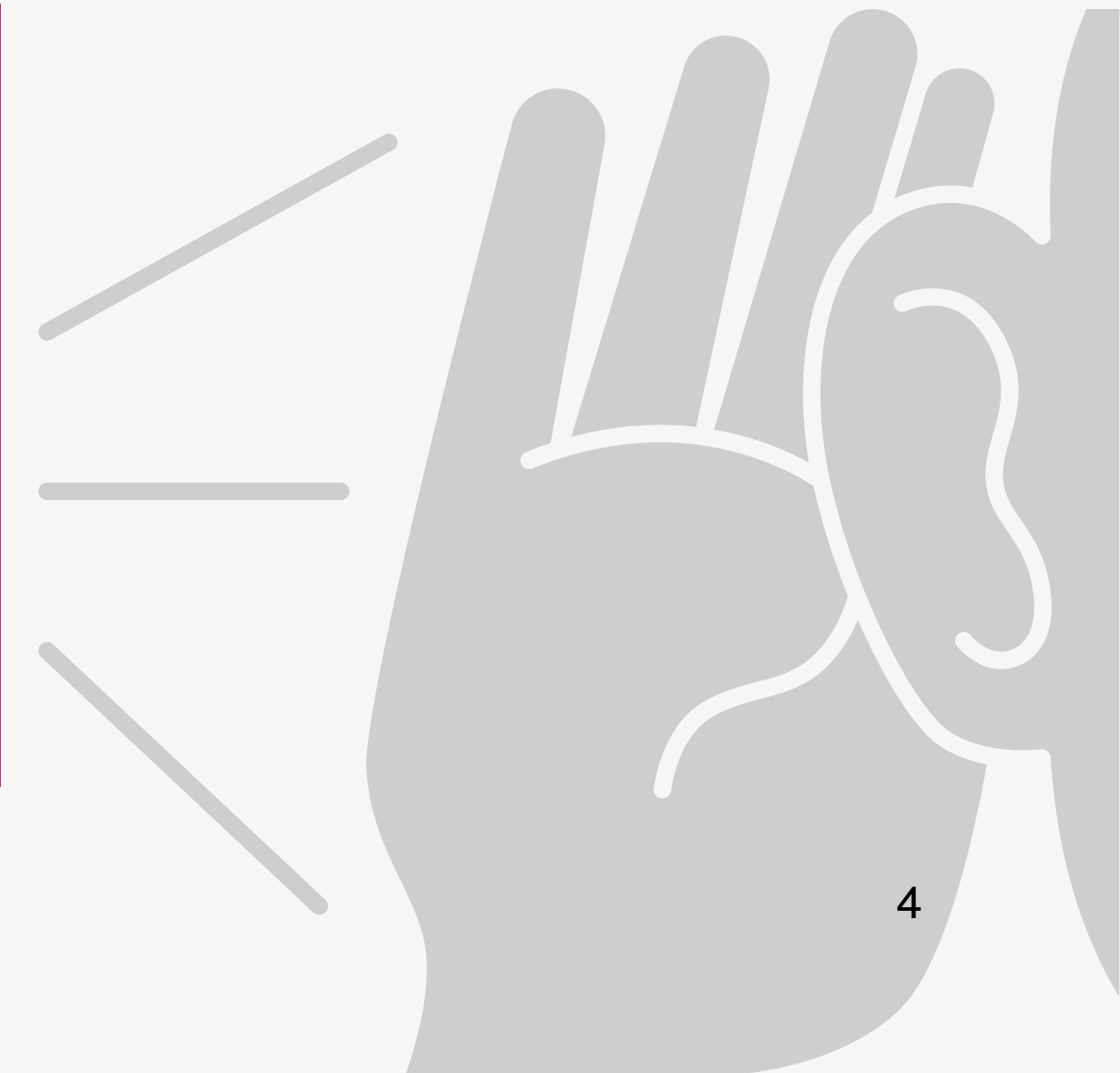
# MIHA asked: Did you feel heard/listened to?

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Respectful communication, including listening to pregnant people's values and wishes, is an important component of high-quality maternity care. In 2021-2022, MIHA asked respondents whether they felt heard and listened to by providers during delivery. This question was adapted from the Person-Centered Prenatal Care scale (Afulani, 2021).

**During your most recent delivery, did you feel heard and listened to by your doctors, nurses, and midwives?**

- Yes, all the time
- Yes, most of the time
- Yes, a few times
- No, never



# Many birthing people didn't feel heard or listened to

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I think having a doctor who listens is very important in pregnancy, and I don't feel like patients are heard enough. There was a point when I was obviously in a lot of pain post-birth, and nobody heard me ask to decrease the Pitocin, despite the fact that I'd asked several times.

**- MIHA participant, 2022**



I feel like the nurses need to listen to the mothers more in the hospital during birth and after birth. They just do what they feel without consulting me even though I'm right there.

**- MIHA participant, 2022**

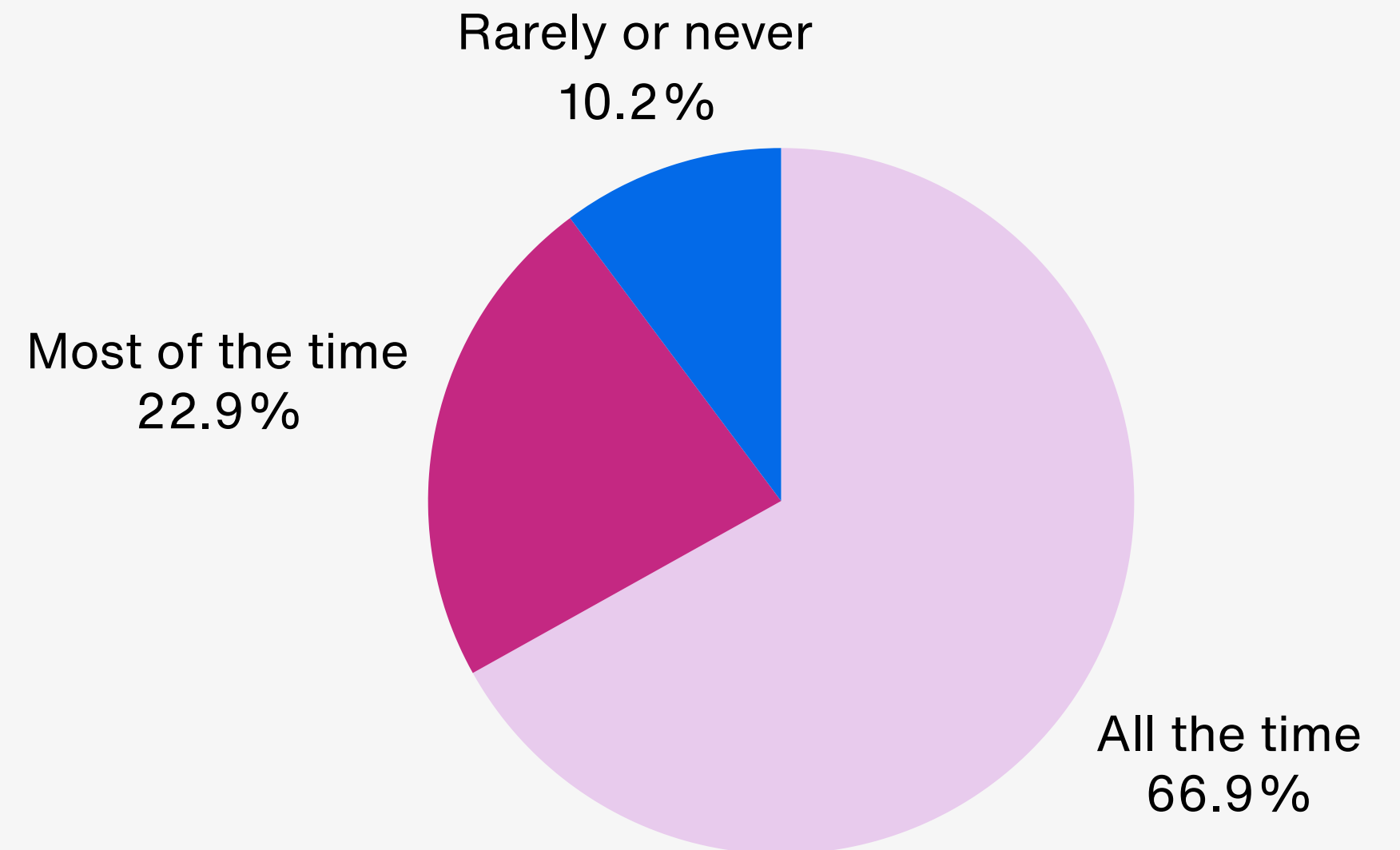
MIHA survey

# How often did you feel heard by providers during delivery?

**1 in 10**  
rarely or never  
felt heard and listened to

**1 in 3**  
did not always  
feel heard and listened to

**% of all birthing people reporting how often they felt heard and listened to during delivery**



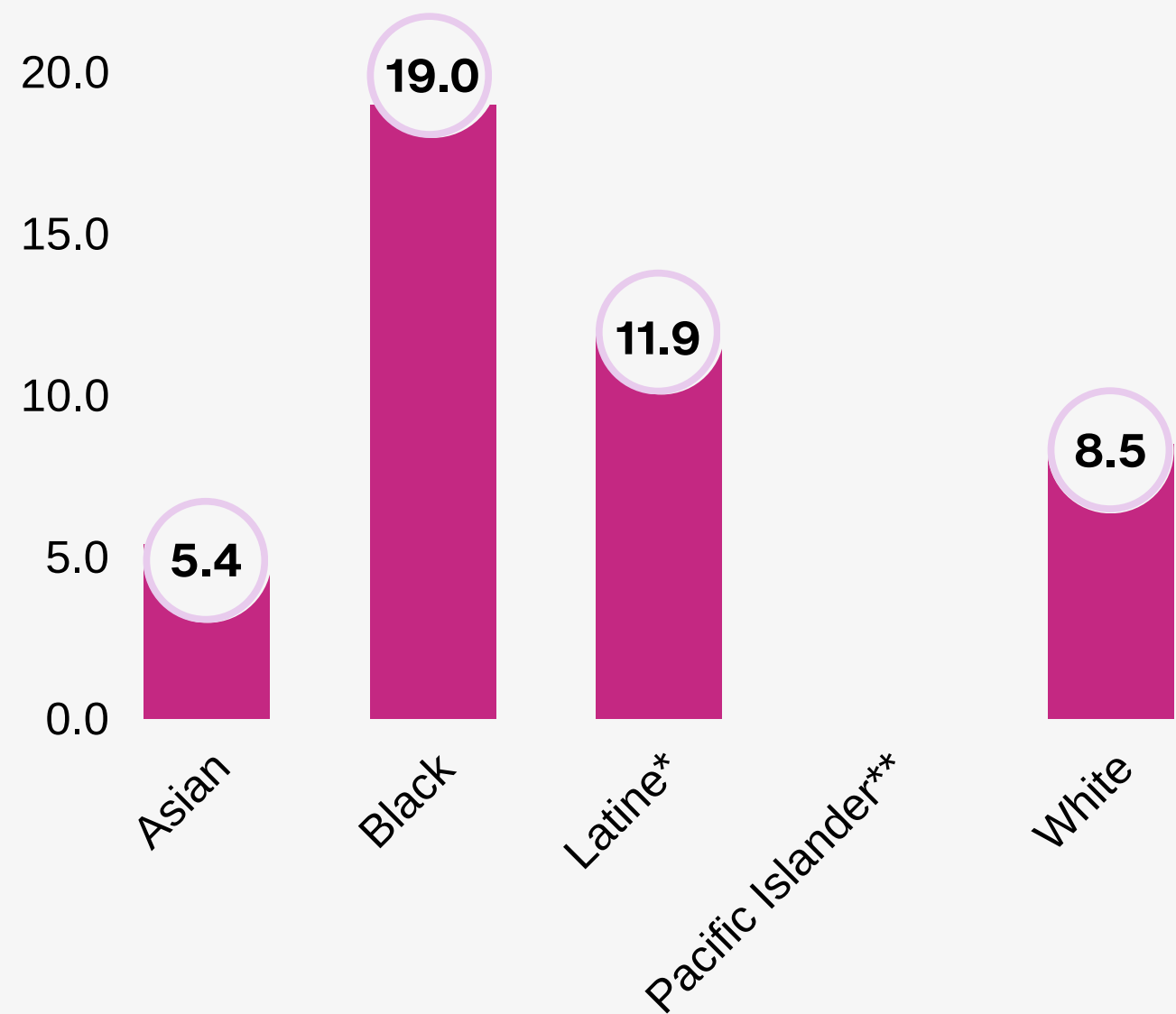


When Black women seek care, when they worry that something is wrong, please err on the side of caution and BELIEVE US! It's frightening to know you are more likely to die giving birth. That fear manifests in different ways. Treat us with dignity, as though we matter, no matter what.

**- MIHA participant, 2022**

# Black and Latine birthing people were less likely to feel heard

% who rarely or never felt heard during delivery



1 in 5

**Black birthing people** rarely or never felt heard and listened to by providers during delivery, far more frequently than other groups.

1 in 8

**Latine birthing people** rarely or never felt heard and listened to during delivery.

Data source: California MIHA survey, 2021-2022

\*Latine is used as a gender neutral term for Latina or Latino.

\*\*Estimate not shown because the relative standard error (RSE) is greater than 50% or fewer than 5 people reported.

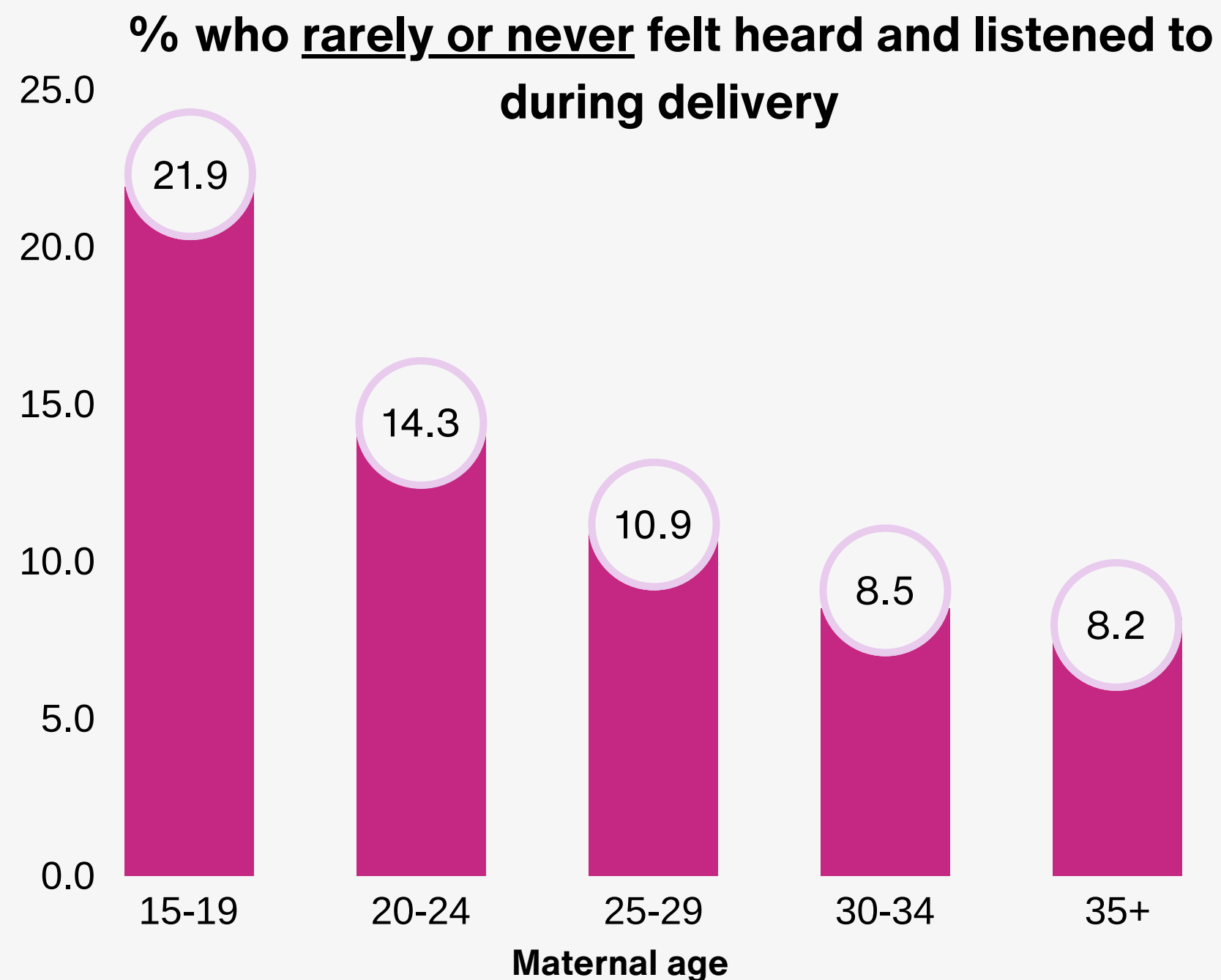




“I had severe pre-eclampsia. I was having symptoms for months, but the doctors weren't listening at my prenatal appointments. Finally, I was admitted for symptoms and had to be induced 3 weeks early.”

**– MIHA participant, 2022, age 24**

# Younger birthing people were less likely to feel heard and listened to by providers



**Rarely or never feeling heard and listened to during delivery was**

**2.7x**  
more common among **adolescents**

**1.7x**  
more common among **young adults (age 20-24)**

compared to those who were 35 years or older.

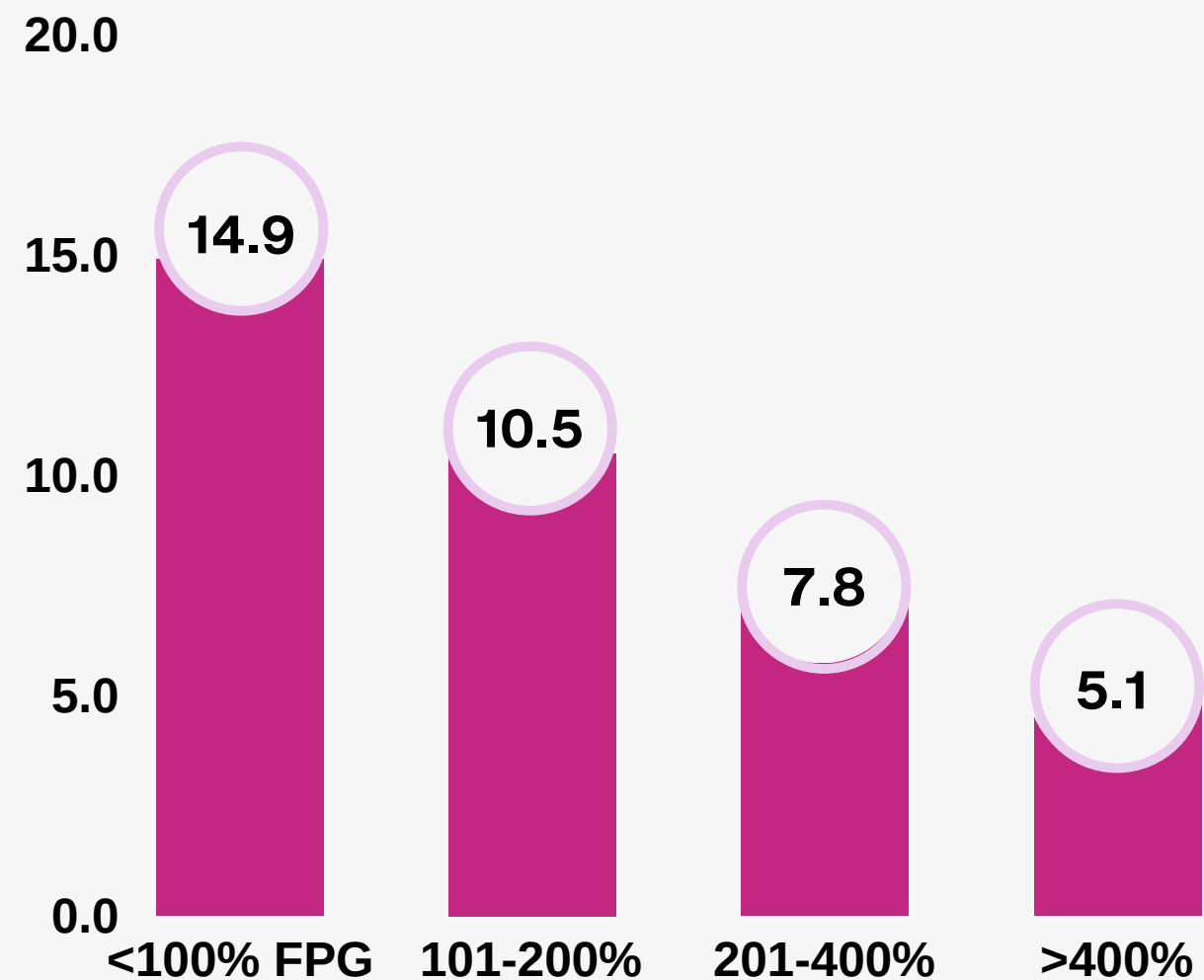


“Once they noticed how serious it was and how far along into delivery, it was too late to get any pain medicine. The doctors took their time and didn’t listen to me about the level of pain I was in.”

**- MIHA participant, 2021, income below federal poverty guidelines**

# People with lower incomes were less likely to feel heard

% who report rarely or never feeling heard and listened to during delivery



People with income below poverty guidelines were

**3x**  
more likely

to report rarely or never feeling heard and listened to during delivery compared to those with higher incomes (>400% of FPG).

# People with Medi-Cal were less likely to feel heard

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**Compared to those with private insurance:**

people with  
**Medi-Cal** were

**2.1x**  
more likely

to report rarely or never  
feeling heard and listened to  
during delivery.



people with **military or other**  
**government insurance** were

**1.8x**  
more likely

to report rarely or never  
feeling heard and listened to  
during delivery.

# High-quality maternity care includes

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Respect for and listening to patient values, preferences, and needs



Establishing rapport and supportive communication



Information provision



Autonomy in decision-making



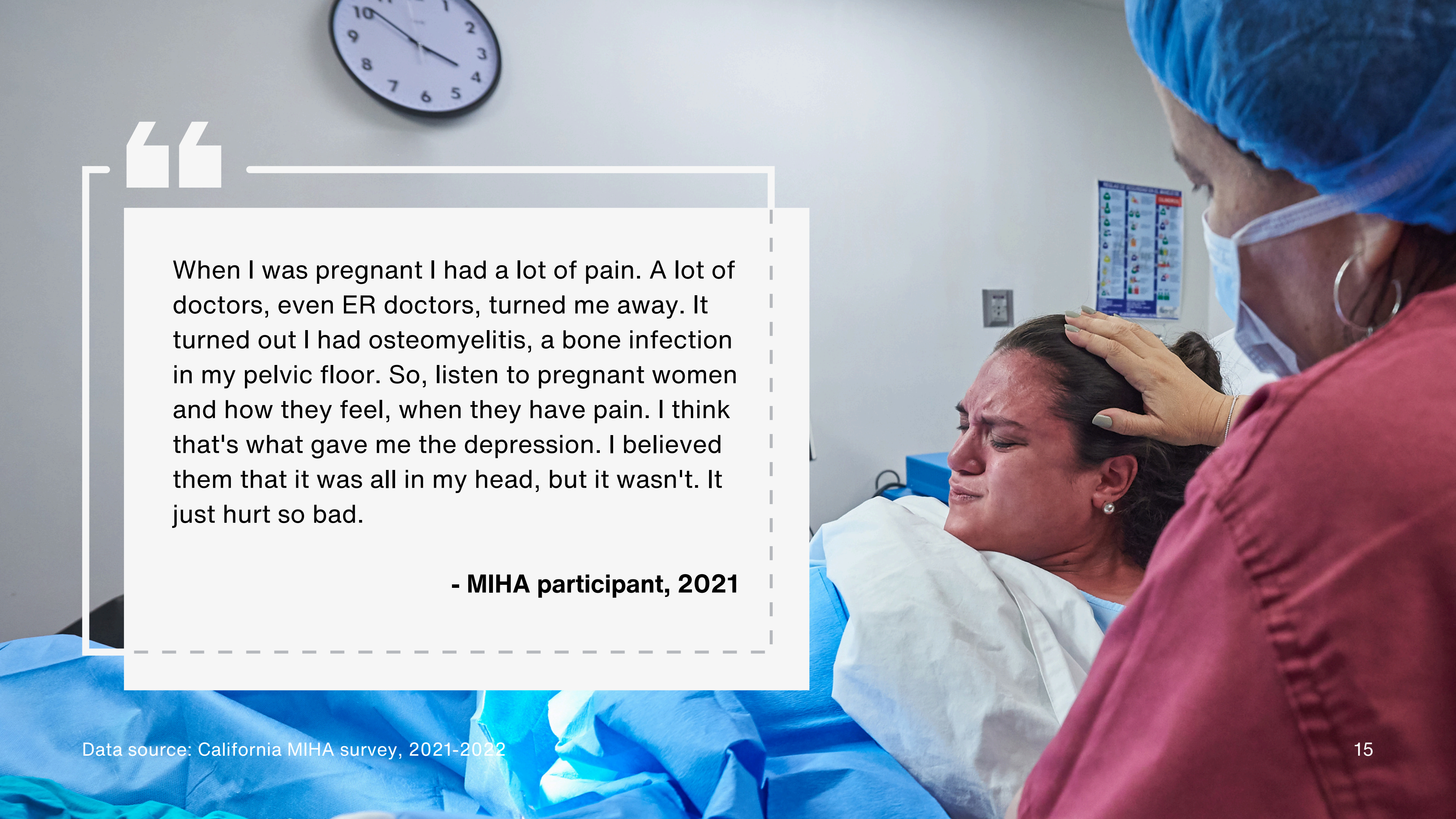
Lack of discrimination or stigma



Involvement of family and friends



Physical comfort

A photograph of a woman lying in a hospital bed, looking distressed and crying. A healthcare professional in a blue surgical cap and mask is leaning over her, with their hand on her forehead, providing comfort. The background shows a hospital room with a clock on the wall and a poster.

When I was pregnant I had a lot of pain. A lot of doctors, even ER doctors, turned me away. It turned out I had osteomyelitis, a bone infection in my pelvic floor. So, listen to pregnant women and how they feel, when they have pain. I think that's what gave me the depression. I believed them that it was all in my head, but it wasn't. It just hurt so bad.

**- MIHA participant, 2021**

# People who felt heard and listened to all the time were more likely to have positive outcomes

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Compared to people who rarely or never felt heard and listened to during delivery, they were:



## more likely to

- Have a postpartum medical visit
- Breastfeed

## less likely to

- Have postpartum depressive symptoms
- Have postpartum anxiety symptoms





# Next steps



Improving maternity care is critical to achieving birth equity.



Listening to birthing people about their experiences of maternity care will help inform policy and quality improvement efforts.



More information about people's experiences is needed.



MIHA has expanded the assessment of maternity care experiences to include 10 questions on autonomy, communication, mistreatment and racial discrimination during delivery.

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Find data and technical  
information at  
**[healthequity.ucsf.edu/mce](https://healthequity.ucsf.edu/mce)**