

Feeling heard and listened to by providers during delivery, MIHA 2021-2022

Key messages and calls to action

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- Pregnancy-related deaths and severe maternal health complications have been increasing both in California and nationally. These conditions have been linked to quality of medical care during delivery.¹
- Results from the 2021-2022 California Maternal and Infant Health Assessment survey show that too many people giving birth in California report negative experiences of maternity care during delivery.
- Black and Latine individuals were more likely to have negative maternity care experiences than individuals of other race and ethnic groups. One in five (19.0%) Black birthing people rarely or never felt listened to by providers during delivery, as did one in eight (11.9%) Latine birthing people. These findings support previous research which found that Black birthing people's relationships with health care providers in the perinatal period can be a source of stress and conflict.²
- People under age 25 and those with Medi-Cal also were more likely to have negative maternity care experiences, compared with older individuals and those with private insurance, respectively.
- Negative experiences during delivery are associated with worse postpartum outcomes. People who rarely or never felt heard and listened to by providers were more likely to have postpartum anxiety or depressive symptoms and were less likely to have a postpartum visit than those who always felt heard and listened to.

Calls to action

- **Listen to Black and other birthing people during pregnancy, delivery, and postpartum.** High-quality care includes supportive communication and respect for individual autonomy, values, and self-knowledge and allows for shared decision-making.
- **Provide high-quality maternity care that is free of judgment, racism, and stigma.**³ Improving maternity care quality during delivery is critical to achieving birth equity. Implement policies and practices to promote equity in care.
- **Improve data collection on patient maternity care experiences.** Information on quality of maternity care can help to identify areas for improvement. Detailed, validated measures assessing a range of experiences are necessary to accurately monitor the quality of maternity care.⁴ The MIHA survey is including 10 measures of maternity care experiences in 2023-2025, drawn from the Person-Centered Maternity Care Scale, United States.⁵ AB 3161 would improve data on patient characteristics and hospital plans for addressing racism and discrimination.
- **Implement anti-racism trainings to promote equity in care.** California hospitals are required to provide trainings for staff to reduce bias in maternity care, yet most have not provided these trainings in a timely fashion.⁶ The California legislature should pass AB

2139, which would extend the implicit bias training requirement to health care providers at hospitals, birth centers, and primary care clinics that provide perinatal care. Medical centers and medical schools should provide anti-racism training for staff and students.

- **Invest in career pathways and employment strategies to support the hiring and retention of providers of color.** Racial concordance between patient and provider is associated with more positive maternity care experiences⁷ and improved health outcomes. Black infants cared for by Black physicians had a lower mortality rate than those cared for by White physicians in a Florida study.⁸

References

- (1) Howell EA, Zeitlin J. Improving hospital quality to reduce disparities in severe maternal morbidity and mortality. *Seminars in Perinatol* 2017; 41(5): 266-272.
- (2) Oparah JC, Arega H, Hudson D, et al. *Battling Over Birth: Black women and the maternal health care crisis in California*. 2016: Black Women Birthing Justice. https://static1.squarespace.com/static/5f46cc0d0868b26526cc1fa0/t/5ff8fa986aadcc4303f8d13a/1610152666108/BWBJ_Battling+Over+Birth_Execu_Summary.pdf
- (3) UCSF California Preterm Birth Initiative and First 5 Center for Children's Policy. *The Road to Black Birth Justice in California*. San Francisco, CA. April 2022. <https://first5center.org/assets/files/The-Road-to-Birth-Justice-UCSF-PTBi-2022-Report-download.pdf>
- (4) Ebuehi EP, Sherrod D, Spellen S, et al. *The California Black Birth Justice Agenda: Unifying the vision for systematic change*. California Coalition for Black Birth Justice, 2023. https://www.cablackbirthjustice.com/files/ugd/7182a6_1470f2ddaa5743408ecf659a8f454b76.pdf
- (5) 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. *Womens Health Issues* 2022; 32(4):352-361. doi:10.1016/j.whi.2022.01.006
- (6) Reyes EA. California hospitals lagged in anti-bias training for pregnancy care providers. *Los Angeles Times*, Oct. 27, 2023.
- (7) Altman MR, Afulani PA, Melbourne D, Kuppermann M. Factors associated with person-centered care during pregnancy and birth for Black women and birthing people in California. *Birth*. August 2022. doi:10.1111/birt.12675
- (8) Greenwood BN, Hardeman RR, Huang L, et al. Physician-patient racial concordance and disparities in birthing mortality for newborns. *PNAS* 2020; 117(35):21194-21200. doi: 10.1073/pnas.191340511.