

Understanding Barriers to Black Maternal Health Equity within UCLA Health: A Qualitative Study

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Abstract

Black women in the United States are 3x more likely than non-Hispanic White women to die from pregnancy-related causes.¹ This disproportionate rate is due to many factors, including racism, bias, and chronic disease.¹ This study seeks to understand factors underlying the experiences of Black birthing people within two UCLA Health hospitals (UCLA Ronald Regan and UCLA Santa Monica) to address this disparity and improve the experiences and birthing outcomes of Black birthing people within the healthcare system.

This project utilized a community-based participatory approach to inform and conduct 10 focus groups to obtain feedback from 49 self-identifying Black birthing people who gave birth at either hospital after March 1, 2020. Preliminary findings have identified communication, empathy, bedside manner, cultural competency, racial concordance, and timely care among the top values for participants, and will be heavily considered when identifying areas for intervention, education, and action item recommendations.



Image 1

Objectives

- Understand and amplify the experiences of Black birthing people at UCLA Ronald Reagan and UCLA Santa Monica Hospitals
- Center the voices of Black birthing people to create community informed quality improvement recommendations and provider trainings
- Address long-standing Black maternal health inequities as documented through health outcomes within the UCLA Health system

Methods

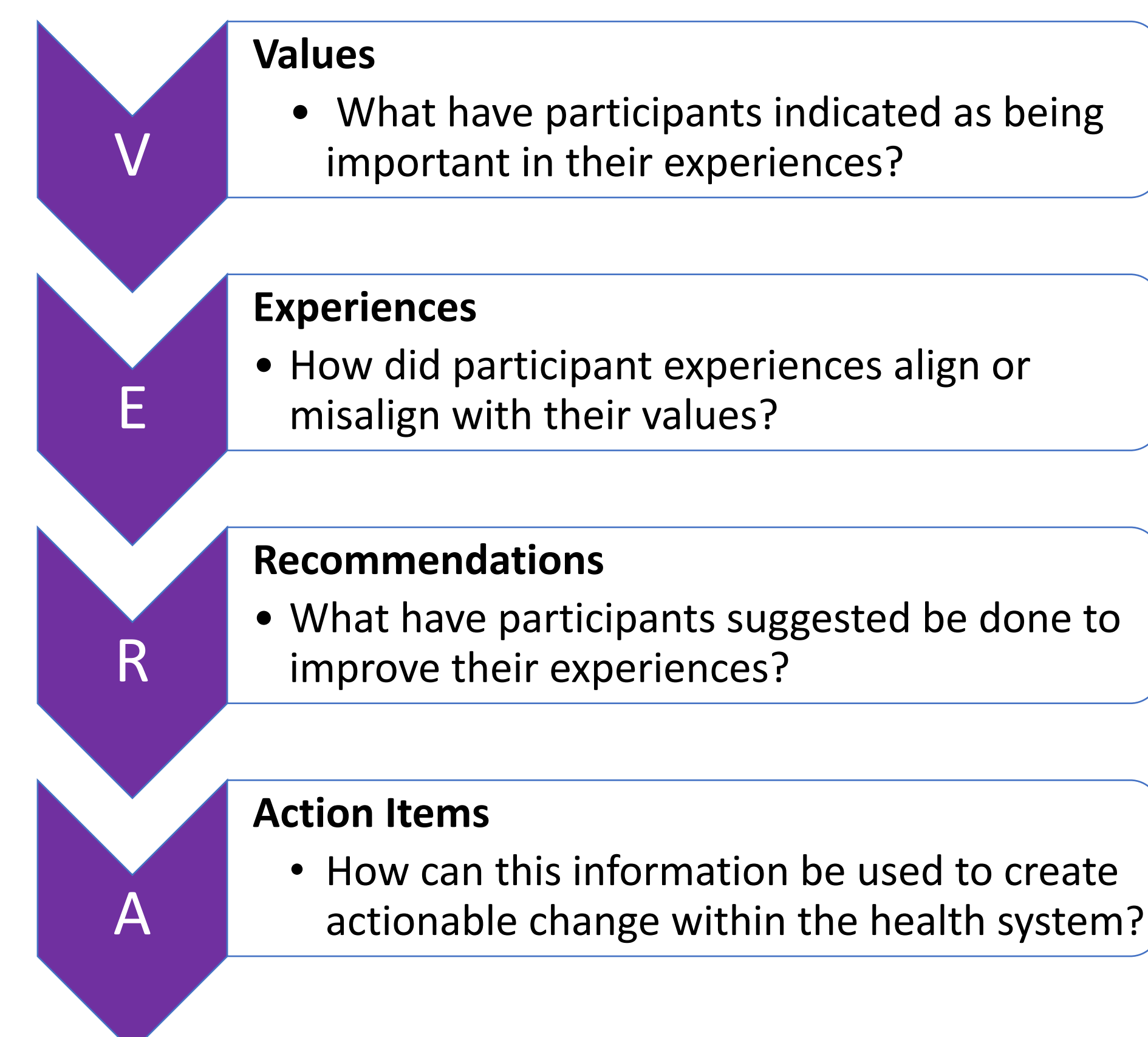
Initial recruitment was done utilizing a snowball sampling method with online fliers and recruitment emails. After poor engagement, direct recruitment via email was completed for participation in a 90-minute session either (1) in person on the UCLA campus or (2) online using the Zoom platform. All participants filled out a demographic online survey prior to participation. Focus group questions included exploration of inpatient birthing experiences around communication, respect, lactation, pain control, and birth plans. All research methods were reviewed and approved by the UCLA South General IRB.

Data Analysis Framework

Online demographic survey data will be analyzed utilizing descriptive analytical techniques.

An originally developed framework entitled **VERA (Values, Experiences, Recommendations, and Action Items)** will be used to guide deductive and inductive coding of positive and negative patient experiences. These will be linked to participant identified values and recommendations to inform quality improvement and provider training action items. This will be achieved using the software Dedoose. **(Figure 1)**

Figure 1: VERA Data Analysis Framework



Results

Of approximately 350 emails sent, 115 individuals completed a participation survey. 49 individuals ultimately participated in 10 focus groups (3 in-person and 7 virtual on Zoom). **Table 1** displays quotes from focus group participants about their experiences.

Table 1: Participant Quotes

| | |
|----------------|--|
| Communication | "I think it's really important for other providers to know that was really helpful of my experience...my OB talked really openly with me about the experience of Black women birth, like giving birth in this country, and she talked really openly with me about, you know...what I should expect....and I really do think that made all the difference for my care." |
| Empathy | "...I think that there were times where some of the doctors and nurses lacked a lot of empathy...you're coming in like, 'You're still here?' and I feel like you guys just want me to go home." |
| Bedside Manner | "If physicians and nurses just simply like...if they just were to walk in and be like, 'Hey, how you doing?'... 'What's going on? How are you feeling?' I feel that would solve a lot of problems in addition to the listening...they can solve everything just by [a] simple, 'How are you doing?'" |

Preliminary Values and Themes

Figure 2: Emerging themes based on preliminary analysis



Conclusions

- Preliminary findings suggest that many interpersonal factors are involved in the quality of participants' experiences and overall birth outcomes.
- Top participant values include transparent communication, empathy, good bedside manner, racial concordance with care team, cultural competency, and timely care.
- This project will continue to evaluate participant experiences to develop comprehensive trainings and quality improvement recommendations in partnership with community and research participant partners.



Image 2

References

1. Centers for Disease Control and Prevention. Working together to reduce Black maternal mortality. Updated April 8, 2024. <https://www.cdc.gov/healthequity/features/maternal-mortality/index.html>
2. Los Angeles County Department of Public Health. Maternal child and adolescent health. <http://www.publichealth.lacounty.gov/mch/BIH/bih.htm> (Image 1)
3. California Department of Public Health. Black infant health (BIH). Updated 2024. <https://www.cdph.ca.gov/Programs/CFH/DMCAH/BIH/Pages/default.aspx> (Image 2)

Acknowledgements

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