

Beyond Clinics and Hospitals:

Community-Based Support for Black Women and Birthing People in LA

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Abstract

Black women and birthing people, including, transgender men, non-binary individuals, and individuals with uteruses, fare the worst in pregnancy and birthing outcomes compared to all other ethnic/racial groups, as revealed through Los Angeles (LA) Public Health Department data within the last 8 years. These disparities disproportionality affect Black women and birthing people and reveal shortcomings in current health systems; however, there are various Black-run community-based organizations established in Los Angeles working to address these inequities. This community-based participatory research project in collaboration with California Black Women's Health Project (CABWHP) investigated the unique benefits of Black-led non-clinical, community-based technical and social support for Black women and birthing people in LA county according to Black women and birthing people themselves, Black birthworkers, and Black leaders of community-based organizations (CBOs). Data was collected from 21 participants (5 CBO leaders, 5 birthworkers, and 11 birthers) in interview and online Qualtrics survey form; we then extracted key quotes from the data and did frequency tables to find trends and common phrases/ideas. This paper will outline existing research, methods, results in both quantitative and qualitative form, discussion, and implications for furthering community involvement.

Introduction

Black women and birthing people, including transgender men, non-binary individuals, and individuals with uteruses, have the worst birthing and pregnancy outcomes compared to all other ethnic/racial groups. This group experiences the lowest percentage of prenatal and postpartum care, the highest percentage of cesarean section procedures and preterm births, and the highest infant mortality and low birth weight [2, 3]. In 2019 alone, Black women and birthing people experienced 3.9% more low birth weight live births than the total average low birth weight live births of all racial and ethnic backgrounds and 6.7% less entry into first trimester prenatal care than all other racial/ethnic groups across LA County. [2]

These disparities in maternal and infant health disproportionately affecting Black women and birthing people highlight inequitable care towards this population and various shortcomings of the current health systems. Existing qualitative data reveals that Black women in LA often lack trust in healthcare systems and have negative experiences with providers due to structural and interpersonal racism and the non-holistic, prescriptive approach of medicine [1, 4]. In a 2018 qualitative research study on African American Birth

Outcomes in LA, many women expressed that they are unable to form “authentic, caring relationships with providers,” within hospitals and clinics and feel their health comes second to profit when it is not considered in a holistic manner, but instead approached with quick interventions [4].

Numerous Black-led Community-Based Organizations (CBOs) across LA seek to address these challenges and others unique to Los Angeles by offering culturally tailored technical and social support to Black women and birthing people outside of clinics and hospitals. California Black Women’s Health Project (CABWHP) is one such community-based organization that, within the greater movement for Black women and girls’ health, focuses on maternal health outcomes and supporting other Black-led CBOs in providing non-clinical care to the Black women and birthing community. Other Black-run organizations or agencies include Black Infants and Families Los Angeles, Black Women for Wellness, Black Mamas Matter Alliance, CinnaMoms, Kindred Space LA, Beauty for Ashes Wellness, Soul Food for Your Baby, and many others. These organizations offer doula/midwife services, prenatal groups, birthing circles, home visits, connection to resources and

programs, birthing advocates, birth planning support, lactation coaching, and more services to help Black women and birthing people achieve healthy pregnancy, delivery, and postpartum periods. They provide a community and the opportunities to form the “authentic, caring relationships” otherwise not seen in clinical and governmental agency settings.

Raena Granberry, Senior Manager of Maternal and Infant Health of CABWHP, with whom our team of undergrads was able to establish a research relationship, expressed that there remains a lack of sufficient qualitative data on the benefit of these non-clinical/community resources [5]. Collecting, analyzing, and summarizing this data will help provide CBOs with additional insight and evidence of success which can be used to garner more financial support for their work. The data can also be used to inform pre-med and medical students of the holistic nature of health and how the field of medicine can consider the social and cultural needs of Black women and birthing people as they seek care in their birthing journeys.

The goal of this study is to understand the experience of Black women and birthing people outside of our current health system that has historically and currently fosters disparate health outcomes

for Black individuals and look instead to physical and virtual spaces made by and for community members with practices that are culturally tailored to meet the population’s needs. Our main question was: What are the unique benefits of non-clinical, community-based technical and social support for Black women and birthing people in LA county according to Black women and birthing people, birthworkers, and leaders of CBOs? Together with community partners, we further developed specific sub-questions oriented towards what the community wished to know more about. These questions include: what challenges exist for Black women and birthing people in LA as they obtain services from clinics/hospitals, how do CBO services address gaps in care/challenges, what principles or cultural values are important in community-based support for the Black women and birthing people in LA, and how does the timing of access to resources affect Black women and birthing people’s experiences.

Methods

We had a total of 21 participants (5 CBO leaders, 5 birthworkers, and 11 women and birthing people). The inclusion criteria for Black women and birthing people was a Los Angeles County resident who has been

pregnant and received Black-led community-based care in the form of either group prenatal care, doula care, in-person social support groups, or online/Facebook social support groups from a CBO in LA County within the last 5 years or is currently receiving these services from a CBO in LA County. The inclusion criteria for birth workers, including doulas, midwives, and lactation coaches, was an independent or organization-employed doula/midwife who currently serves or has served the Black women and birthing people community as a doula/midwife in LA county in the last 2 years. Though we did not initially account for the possibility of interviewing a lactation coach, the same eligibility requirement of 2 years of service applied as well. The inclusion criteria for CBO leaders was a current employee or volunteer for a Black-run community-based organization with a mission/purpose of serving the Black birthing community or furthering Black maternal and reproductive health with a leadership role including, but not limited to, senior/junior project manager, research assistant, project planner, event coordinator, etc. Participants were recruited through email, social media, and referrals from community partners and other participants.

Once candidates agreed to participate in the study, they were sent a pre-screening survey to see if they qualified to participate under the inclusion criteria and then a consent form.

A researcher contacted the participant to set up a time for an informal interview. Interviews were done on zoom and audio recorded and participants were asked in an approximately 40 minute interview women and birthing people, birtherworker, or CBO leader related questions. Black women and birthing people were also provided the option to complete a similar online survey with open ended questions derived from the interview questions. Participants were compensated \$20 for interviews and \$15 for survey completion.

Data was coded by all researchers; each participant's data was coded by two reviewers and then discrepancies were addressed as a group. Frequency of answers were quantified and themes within the qualitative data were extracted. Findings will be returned to community members through dissemination of this report and 3 infographics for further development of CBO programs and grant funding. Additionally, the findings will be accessible for healthcare providers, medical students,

and pre-med students to gain insight into the unique benefits of community-based care, especially considering existing gaps in health systems for Black women and birthing people.

Results

Community-Based Organization Leaders

Five Black leaders from community-based organizations (CBOs) shared their experiences providing community-based care to Black women and birthing people in their prenatal, delivery, and postpartum stages. Their organizations provided one or more of the following services: funding, doula & midwifery care, birthing classes, lactation coaching, group therapy, and online social media support. After speaking with and reading survey responses from these leaders, we found the following:

- Sociocultural factors result in higher maternal mortality rates among Black women in the U.S.
- The goal of community-based organizations is to reduce poor maternal and infant health outcomes.
- Community-based care supplements the emotion-deficient nature of clinical care by implementing a cultural lens, advocating for women and birthing people, and building relationships of trust and safe spaces.
- The strength of community-based care lies in the shared experiences of workers and birthers in health care and society.
- Recommendations include increasing funds for capacity building, training,

and programming; addressing burnout and compassion fatigue; and ensuring living wage.

We seek to provide a more in-depth explanation of these key points with direct quotes from CBO leaders as evidence.

Definition of Maternal Health and Well-Being

The participating CBO leaders defined maternal health holistically. This includes ensuring all birthing people have access to high quality care, education, and resources, safe environment, personalized healthcare, and social support. On an individual level, health was also described as women and birthers having access to good nutrition, self care, and full autonomy of their body and their choices.

“Women have the choice to have a baby [and the] choice to decide if they do not want to... also being afforded the opportunity to raise their babies and children in a safe and healthy environment with some dignity.”

“We want them to have autonomy and be able to advocate for themselves”

“[It] is promoting self care and rest throughout pregnancy and beyond.”

CBO Leader Goals

The CBO leaders expressed that their mission was to primarily improve Black maternal and infant health outcomes by

elevating the experiences of Black women and birthing people and their families. By putting Black women's health at the forefront, CBOs aim to build relationships of trust and provide community-centered, culturally-competent care. One CBO leader highlighted their organization's mission to "reimagine Black motherhood."

"We were created... to address Black birth disparities and low breastfeeding rates among Black families.... Our work really revolves around developing and implementing health interventions that are focused on culturally competent breastfeeding, promotion, support and education."

"Focused interventions can help us to reverse poor Birth outcomes in the Black community."

"When it comes to Black families, it's important to talk about those socio-historical factors because Black families have unique experiences here in the US."

Strengths of Community-Based Care

Black-serving CBOs have an important role to play in reducing Black maternal mortality. CBO staff members with shared experiences lead to more connection and competency. Since Black women and birthing people receive support that comes from people within their own communities, building and sustaining relationships of trust are more realizable. Additionally, CBOs have working boards consisting of Black people

who are leading efforts to reduce disparities. CBOs also implement culturally competent programs and services which help address structural violence that is specific to the Black community.

"We are connected to the community and we know that the answers are also in the community."

"[Staff members] are committed and passionate about the community, about our families, and everything."

"I do really firmly believe that an organization is as strong as its board."

"There's a conscious decision to make sure cultural lens is implemented"

Challenges of Community-Based Care

Some of the CBO leaders interviewed emphasized that lack of adequate funding is one of the most significant challenges faced by CBOs because it restricts their capacity building. Limited funding prevents them from expanding their services, supporting their on-going work, and ensuring that their staff members are paid a living wage. One participant expressed that community-based work is "very rewarding, but is definitely exhausting." It is imperative to address this financial challenge to reduce burnout and compassion fatigue among CBO staff members.

"The challenge is there's so much work and we need more people."

“We need continual funding... so that we can hire staff... so that we can help build their capacity and also provide more support to our moms.”

“People wear a lot of hats [yet] they're really underpaid.... You have to be able to pay people [enough] to support themselves with the cost of living.”

“We're doing so much work for our communities, and the compensation isn't in comparison.”

CBO Leaders Compare Clinical Care to Community-Based Care

In comparing clinical care and community-based care, the CBO leaders implied that CBOs work in tandem with the existing health care system. They advocate for Black women and birthing people with agencies and hospitals and supplement the care these institutions provide. One of the CBO leaders stated that they act like cheerleaders so women and birthing people feel comfortable sharing their questions and concerns with their providers. Moreover, CBOs pick up where agencies and hospitals fail and fall short due to the fast-paced and generalized care in medicine. CBOs instead focus on the experiences of clients versus deliverables and numbers.

“I feel like moms get more of the social aspect of care... versus in a hospital [that is] very technical, very clinical”

“[A] Hospital [is] a fast paced environment. [Clinical providers] don't

really have the time to sit with each and every parent and really be diligent about putting that time in.”

“We're there in the community. We're not really going anywhere [so] we're able to provide consistent care over and over and over again.”

Proposed Changes to Community-Based Care

Increasing funding is key to bolstering the services provided by CBOs. Adequate funding can allow for at-home visits, community lactation centers, online services, and living wages for birth workers. Furthermore, funding should be directed towards education and training programs. For example, a participant suggested that implicit bias training must be “mandatory when it comes to perinatal professionals or anyone in the maternal health profession.” Another suggested that a class in grant writing is necessary for fundraising efforts.

“I have been learning how to write grants [to support] our team. In all of the grants that we have submitted, I have added qualitative quotes... I have added the voices of our community... Sometimes [funders] just want to see the numbers. I don't have a problem with numbers, but in order to hear and see this whole data story, you have to hear from our families as well.”

Further Insights

Collaborative relationships between CBOs is another recurring sentiment mentioned by

the participants. Collaboration allows CBOs to collectively make bigger strides in bettering their community. Knowing what other organizations are doing enables an organization to connect Black women and birthing people to other resources it does not necessarily offer. One participant also mentioned the potential of integrating community-based care in the health care system. Health outcomes may be optimized if CBO staff and hospital staff work closely and collaboratively.

“There's no consistency in community care versus hospital care. They're two totally different worlds and I feel like there is a way to possibly connect these two.”

Birthworkers

A group of 5 Black Birthworkers (doulas, midwives, lactation specialist) mainly serving Black women and birthing people shared their experience with providing community-based care and support. They provided one or more of the following services: childbirth education, prenatal and postnatal care, yoga, meditation, lactation coaching. After speaking with and these birthworkers, we found the following:

- One of the main goals of community-based Black birthworkers is to empower Black women and birthing people and arm them with important and necessary information throughout their birthing journey.
- Black birthworkers' provided mothers with information and

physical, emotional, and clinical support.

- Black birthworkers triangulate community resources to help mothers and birthing people navigate a wide range of support across organizations.
- Black birthworkers need more financial support to ensure that their important work can be sustainable.
- Black birthworkers expressed the need for more mental health support in maternal healthcare.
- Black birthworkers seek community support groups to aid them in providing service.

We seek to provide a more in depth explanation of these key points with direct quotes from Black birthworkers as evidence.

Definition of Safe Pregnancy and Birth Experience

The participating Black birthworkers described a safe pregnancy and birthing experience as having access to an environment that addresses the specific needs of Black mothers and birthing people and where birthers are able to participate in the decision making process and give informed consent. Birthworkers emphasized the importance of mothers and birthing people having a provider that makes them feel comfortable, provides individualized care, and supports their choices.

“One where there's participatory decision making, from conception to birth...client has made informed consent” - Doula

"[Mothers/birthing people] having access to culturally affirming care ..where they see themselves represented in their birthing team and medical providers... Physicians or medical providers being aware of their implicit biases and how to identify them and [] having a trauma informed approach, the [recognition of] the racial trauma that comes up in black birthing bodies. - Doula

"Having the option to choose where you give birth is important to safety, because safety is different for each person so making sure that unbiased support is available [] and the understanding that birth is not linear" - Doula

Black Birthworkers' Interactions with Birthers & Building Trust

Birthworkers' interactions with patients ranged across various informational, physical, emotional and clinical support with an emphasis on providing birthing individuals with the help they needed and wanted during and after their pregnancy. The participants explained that they provide one or more of the following services: childbirth education, prenatal and postnatal care, yoga, meditation, breathing exercises, and lactation coaching.

The notion of building rapport and a relationship with the birthing person and their families came up consistently. Birthworkers cited checking in with clients regularly, being reliant, consistent and showing up for the client as practices they implement to build trust. Active and

reflective listening was also another important practice in building a relationship with the client.

"I'm just meeting the client where they are: supporting them, informing them. I also make it an intention that I'm a doula for the family, not just for the Black birther." - Doula

"Actively listening and reflecting it back...the result is they feel heard, they feel validated..." - Doula

Black Birthworkers' Goals

Most of the birth workers expressed that their own experiences, their identity as Black women, helps them understand their clients' needs better. This allows them to show up for Black women and birthing people in multiple ways: to empower and affirm them to advocate for themselves; advocate on their behalf, when necessary; listen and validate their preferences, fears and concerns, and provide information using culturally sensitive approaches.

"Having a healthy and safe outcome isn't enough, they should be experiencing a joyous birth." - Doula

"Being able to support and advocate for them is huge, because typically in the healthcare setting, it's just very generalized" - Doula

Strengths of Community-Based Care

Participating Birthworkers express that the strength and effectiveness of doula/midwifery care lies in building relationships with the client and providing one-on-one support that allows their needs and concerns to be addressed. Birthworkers noted that their services allowed for more consistent and extensive care tying into the notion of one-on-one support.

"Part of being a doula [is] you become a part of these people's family..their village and their network." - Doula

"In midwifery care, we have more visits postpartum..our newborn exam is much more extensive" - Community Doula, Student Midwife

"The continuity of care being there, having that person [you] have built a relationship [with] and had time to get to know, to be there to support you." - Doula

Challenges of Community-Based Care

A few of the participants expressed the challenge of not being taken seriously by medical providers and stated that there is still a lot of room for growth when it comes to working collaboratively. One of the midwives went into detail to explain the difficulties in navigating biases from medical providers, both racial bias and then negative biases held about those who choose to have at-home births. She expressed that witnessing these biased treatments first hand and advocating for the client while also

managing personal frustrations at the situation can be taxing. There were also quite a few discussions about experiencing burnout and struggling with sustainability when it comes to balancing servicing communities and providing access to everyone while also financially sustaining oneself in the career.

"Getting buy-in from medical providers...full on backing support" - Doula

"Having a livable wage for a doula to sustain themselves and their families. Oftentimes, a lot of doulas do barter systems or sliding scale because if you're in this work, you're in this work to help the community, to serve. However, that puts you in a position where you still want to support this family, but it may not be fiscally beneficial for you." - Doula

"The medical system and dealing with folks from that can be very, very, very challenging" - Midwife

Birthworkers Compare Clinical Care to Community-Based Care

In discussing the unique benefits of doula/midwifery services especially compared to clinical services, a key and common theme that came up was the idea of personalized care that the current structure of hospital healthcare doesn't have room to provide. Birthworkers cited longer prenatal appointments, more postpartum visits, and constant screening throughout pregnancy as evidence for personalized care with more

time dedicated. Doula/midwifery services also provide a constant support person in the mother/birthing person's journey which can be comforting, especially compared to the hospital labor and delivery departments that have a revolving set of nurses and doctors looking after the birther in shifts. One of the doulas described part of her role as providing "auxiliary service" to the hospital, providing attentive non-clinical support that the busy and often short staffed nature of hospitals doesn't afford to mothers and birthing people.

"Being able to have time designated just for them...giving space to welcome their thoughts, opinions, preferences." - Doula

"I'm there to support the mama..they're monitoring her vitals but no one is physically attentive to her face, her facial expressions, her chest...so I'm there to support the mom and say you're doing a great job!" - Doula

"With a midwife, you're getting individualized care...I'm looking at your whole health history..in order to best care for you and your baby. I'm not just looking at you as a number, or as a cog in the system." - Community Doula, Student Midwife

Proposed Changes to Community-Based Care

One of the doulas that participated in the study expressed the need for change when it comes to the competitiveness and bureaucracy involved in getting funding for

community based organizations. The doula noted the importance of protecting the integrity and authenticity of the work along with providing access to low income and higher risk communities.

"I'd change the competitiveness of DPH for funding, [so that] the integrity of the doula work is actually protected without bureaucracy overarching and saying, you can't do this, you can't do that." - Doula

"It was just really, really hard, having to fight for equity, for black birthing families with this whole crisis that we have, and then also fighting for that internally within DPH within public health, because they really weren't interested in doing it the way that is authentic and comfortable for us." - Doula

Black Birthworkers Advice to New Birthworkers

Most of the participants stressed the importance of continuing training outside of just the initial certification, advising new birth workers to take the time to develop their craft and expand the scope of their knowledge. One midwife especially talked about the need for slowing down and learning through active listening and being present in midwifery care. Additionally, another doula mentioned the need for trauma informed care and self-care since the work can be challenging. Knowing how to build rapport with people and building trust not just with the birthing person but also with their network was another key piece of advice. Many of the participants also

advised that new birth workers learn through shadowing and working with mentors who have more experience in the field. Finally, having confidence in oneself and trusting intuition were also cited as important elements for birthwork.

“Vicarious trauma informed training... because doula and birth work is emotionally and physically taxing [] there needs to be a value and importance around taking care of yourself, and knowing how things show up in your body to continue to do the work and not be burnt out.” - Doula

“If you really want to practice midwifery in the truest form, be prepared to slow your process down. So you can learn the art of it, it's bigger than what you're going to learn clinically.” - Midwife

“People need to just take more time to perfect their craft, and not everybody's gonna do the same things. That's why doulas are amazing, because we all do very different things. So just playing on your strengths and figuring out what are things that I'm interested in, that I'm passionate about, that I can add to this work.”

- Community Doula, Student Midwife

Services and Resources Used by Birthworkers

Participants were asked to describe the services and/or resources they access to aid their role as a doula or midwife. For the educational element, a couple of the birthworkers talked about seeking out various training and staying up to date on

studies to keep themselves informed. One of the doulas listed some of the training provided by the African American Infant and Maternal Mortality (AAIMM) program and facilitated by birthworkers: full spectrum training, trauma informed training, and abortion doula training. She also mentioned some class resources in her practice like Breastfeed LA and Lydia Boyd's MLK Community Healthcare class. Another interviewee discussed her resources more on a personal level, such as going to therapy and doing yoga and reminding herself why she does this job. Seeking community support was another valuable resource mentioned multiple times and it can look like meeting up with other doulas and birthworkers to receive that peer support. Triangulating community resources is also another way they help clients, because there are different organizations that offer support with different elements.

“I talk to other doulas, we meet up and we debrief about the craziest things that we've experienced that week. And I think the most impactful thing that I've done since becoming a doula has really been just talking about why I do what I do.” - Doula

“I am a student, I feel like you're always a student, you're never really an expert on anything, because there's always new things happening, always new studies being done. So I just try to stay up to date on those kinds of things.” - Community Doula, Student Midwife

“Community support groups, peer support, is a very valuable resource.” -Doula

“I always encourage clients who are in crisis or high needs to get into all the programs that [they] can because even though a lot of the services we provide overlap, we each offer something unique or different that they could need.” - Doula

Black Women & Birthing People

Eleven Black women and birthing people shared their experience seeking and receiving community based support in their prenatal, delivery, and postpartum stages. They received one or more of the following through community based organizations: funding, full spectrum doula and midwifery care, birthing classes, lactation coaching, group therapy, acupuncture/massages, and online social media support. After speaking with and reading survey responses from these women and birthing people, we found the following:

- Black women and birthing people seek community based support to receive a wide variety of resources, education, & to build community.
- Black women and birthing people view maternal health as physical, mental, & spiritual wellbeing and the comprehensive resources and care that work to this end.
- Black women and birthing people express that community based care is more personalized, holistic, & culturally tailored than clinical care.
- Black led community based support offers birthers unique services such as group therapy & peer to peer learning opportunities.

- Black women and birthing people need further funding and investment to receive a broader scope of continuous community care.

We seek to provide a more in depth explanation of these key points with direct quotes from Black women and birthing people as evidence.

Definition of Maternal Health and Well-Being

Participating Black women and birthing people described maternal health and wellbeing as receiving holistic education, resources, and services to ensure physical and mental health in prenatal, delivery, and postpartum stages. They also view it as emotional support, support for their community, and ensuring they have full ownership of their experience and are able to “use [their] instincts.”

“Making sure that I was cared for from the beginning to the very end and really had support and resources throughout”

“Making space and accounting for [] the joys and what feels good, but also allowing the pregnant person to just be...like releasing expectations about what their pregnancy should look like, and what they should look like and how they should be and what they like and allowing them to [] have ownership over their body in [] their experience and their journey.”

Experience with Community-Based Care

Black women and birthing peoples' experiences include prenatal, delivery, and postpartum midwifery care (including medical testing and supplement provision), childbirth education, lactation coaching, acupuncture, cupping, massages, online community advice, doula visits/check-ins, referrals, funding, herbal/holistic medicine, group therapy, individual therapy, social support, mental health attention, and nutritional guidance. They also experienced care focused not only on pregnancy and the baby, but the birthers whole self and wellness. Black women and birthing people expressed that care in community based contexts was, in contrast to hospitals, typically not rushed and that providers of care often built personal, lasting relationships with their clients.

“There was time taken, time blocked off, they weren't rushed. They explain things. And they asked a lot of questions. So [I] not only did it feel it was more comprehensive, of course, they did all the routine things...but they took time to ask all these other questions and answer my questions about what to expect, and offered also not just prescriptions...[but] holistic sort of remedies, and things that I found to work very well”

“I got to know the same people, I knew what to expect, it was an environment where I would sit and sit down, you know, offered tea, wondering what's going on at home, you know, those sorts of things. And we had a personal relationship more than a

doctor that would come in for, you know, 30 seconds, five minutes at best and leave.”

Black Women and Birthing Peoples' Goals

While some birthers did not know what to expect when seeking community based care, others went in with a general idea of what they wanted and received care beyond what they initially hoped. More specific goals of birthers as they sought CBO care included receiving more information, education, and options than they were provided in a medical setting. One birther specifically hoped to find options beyond induction, a c-section, and certain drugs and vaccines that are typically administered at hospitals. Many birthers hoped to care for themselves, build community, and receive support and empowerment. They sought this to have a successful birth, fulfill all their wants and needs, be heard and participate in their birthing process, and enjoy it alongside people who understood them. They hoped to be heard, feel important, and not just be “herded through” appointments as what has happened in doctors offices.

“To have choices...I wanted to know that the doctor's opinion wasn't the end all be all and that they would trust that I would make an informed decision for me and my child...I wanted to make sure that I was supported by women that understood me and looked like me and I felt comfortable.”

“To have a space where my wants and needs were being met...where I felt empowered, and it wasn't people telling me what to do and more so me being guided and then also me allowing them to guide

me in my journey... Education and information. I feel like when you go to hospital settings, there's not a lot of education and understanding about what to expect in your body and [] how to handle childbirth and pregnancy. I think it's very, it's very clinical, but I think it's missing like the empowerment part. So I was looking for a space where I could be empowered and my wishes [] wouldn't be ignored."

Strengths of Community-Based Care

Many Black women and birthing people express that the strength in community based services lie in support from truly caring and authentic people who are a part of their community and sensitive to unique experiences as a Black birther. They are people who take the time to build comfortable and safe spaces and provide quality care, resources, and referrals. A few birthers noted that community based care allowed for more time and access to attentive support where they were treated not as a number, but as a person.

"I feel like BIPOC people have unique challenges when it comes to the health care system...So there's not that added piece of trying to like, educate somebody else"

"A strength in it was caring. And really like treating each person as a person, not just some number, group number, ID number."

"You kind of feel like you're hanging out with [] your own [] people that you trust to talk to and share what's going on."

Effective Elements of Community-Based Care

Birthers found that Facebook groups, birthing and lactation classes, various forms of group therapy, and acupuncture were very effective when receiving community based care. Birthers valued Facebook groups for the 24 hour access to responses and feedback from other moms and quick community "rall[ying]" around specific situations, such as a premature arrival of their child. Birthers expressed that group therapy, whether in-person or on zoom, and in both its formal and casual structures were helpful to promote peer learning from all types of moms and families at different stages of development with their child. Group therapy allowed them to gain helpful support in the form of good advice, techniques for dealing with situations, emotional support, and trauma healing. Birthers claim that they appreciated a community space where their unique situation was normalized and they could learn from others like them. Another effective form of care shared was acupuncture—a both spiritually and physically good experience.

"Group therapy was really effective...It was very [] real-world, like seeing people out of the house with small babies and like, how they manage them... it kind of really felt [] educational and informative and useful. And then it was nice to also connect socially right after"

“Being able to be in a space with other moms that could relate and say, you know, I’m having a hard time here”

Challenges of Community-Based Care

Several Black women and birthing people shared that barriers to accessing community based care, such as out of pocket costs and connecting to the right resources within a reasonable distance, were the main challenges they faced. Other challenges noticed by mothers and birthing people were the staffing availability and capacity to take on community demands. Specifically found in an online community support platform was hesitance of some to share about important resources that could benefit others. Lastly, one mother shared that an organization pushing their agenda without regard to their wishes was the main challenge they faced.

“I couldn’t afford it without the help”

“It seemed like they were getting tired”

“Sometimes the people who might have the information may want privacy and not want to share” (online community platform)

Black Women and Birthing Peoples’ Experience with Hospital/Clinical Care

While one mother received “phenomenal” care from “fantastic” nurses in a hospital dedicated to doing their part to address the Black maternal health crisis, other mothers/birthing people either had “fine” experiences, or described their experience as anywhere from “always a bit unpleasant,” to

“absolutely awful,” “terrible,” and “the worst.” The single positive experience was due to what the interviewee described as the hospital “making a conscious effort to really do better than most hospitals when it comes to the safety and support of Black women in hospital care.” Unfortunately, this case is unique as others’ experiences were more negative. Several patterns arise from respondents’ expressions in this regard. The first is the experience of feeling “like a number” where their “volition,” or “natural instincts” were disregarded or “dismiss[ed]” in favor of “quick[ly]” “rush[ing]” the mother/birthing person through and “pushing an agenda.” Several Black women expressed feeling forced one way or another by medical personnel.

Black women and birthing people felt that interventions were solely medicinal and prescriptive in nature rather than “holistic,” and that a major disadvantage was the inconsistency – “no space to build a relationship” with those providing care. More specific experiences with medical care during pregnancy, delivery, and postpartum include doctors not answering questions about the fetus’s health risks, not providing resources for ordering a breast pump, having to fight for lactation support in the prenatal stage, asking if the patient needed antidepressants when feeling anxious at an appointment, waiting for two hours at the doctors office, being turned away because of inability to pay for services, not once being physically touched when receiving prenatal care, and medical personnel frequently disrupting sleep after giving birth. Many of the participants switched from doctor to doctor before receiving community based

care and after doing so, some tried to limit hospital care entirely.

“I just felt like a number. I didn't feel important, I felt like I had to do what they told me to do rather than using my natural instincts.”

“Feeling rushed, feeling like my nerves or my anxiety was being judged...I just don't think that the care is in it.”

“I have been literally in tears at the doctor's office, being turned away for treatment for appointments...not given not giving my blood work unless I can pay for it”

“They don't always respect your boundaries, which makes it very difficult because you're in a highly vulnerable position.”

“I ended up being transported to Martin Luther King Hospital... and it ended up being a phenomenal experience...they asked a lot of questions...and they respected my wishes... I felt listened to and validated...MLK is specifically focused on Black maternal health. And I think that they're one of the very few hospitals that is getting it right.”

Black Women and Birthing People Compare Clinical Care to Community-Based Care

Black women and birthing people felt that in comparison to clinical care, community based care was much more “personalized” and “one-on-one,” where they were

“invit[ed]” with “warm[th],” and not rushed. They felt time was invested in them as appointments were longer. Mothers and birthing people felt understood, comfortable, engaged, and prepared. They could “build a relationship” with those providing care who took the time to know them and “tend” to their every need. Having well-rounded support that is informational, inclusive, and respectful was something participants noted that community based care provided them.

“I felt like family, it was one on one. They were there for me to tend to my every need. They were also there for my family as well. It was very empowering.”

“The community based approach is very keen on educating the people they are engaged with on so many levels. From the way the body works, to the baby's POV, [] and awareness of possible intervention, I felt that I was being prepared to handle my birth to have the best possible experience rather than being handled by a system seeking to handle me to ensure that they didn't get sued.”

Proposed Changes to Community-Based Care

Several respondents expressed that they would not change anything about the community based organization from which they received care. Others expressed that changes could be made with furniture or having a bigger space. One mother mentioned that more services all around would be greatly beneficial. Another birthing person expressed that increased advertisement of services as well as an improved organizational structure for

communication between birthworkers and mothers are possible changes.

“There could always be more offered...more, more stuff, more services.”

“How they organize so that they can reach the community or the community can reach them.”

Black Women and Birthing Peoples’ Advice

Black women and birthing people advised other Black women and birthing people in their community to do their own research, listen to peer stories, and advocate for themselves. They advised them to take advantage of resources and center their wants when seeking care.

“Take advantage of peer spaces, and just other people that can offer information.”

“I would ask them to really sit with themselves and try and gauge what they want out of their pregnancy or what they want out of their care...step away from everything that they know. And really dig deep, like, what do you really need? What do you want from this?”

Further Insights

After answering the interview questions, Black women and birthing people were provided an opportunity to express any other insights they felt were relevant. Several participants reaffirmed their confidence in community based care as an ideal option for Black women and birthing people and other people of color. Others highlighted a need for expanded services and more abundant birthworkers.

“Postpartum is hard...So I think more of the postpartum support is really what women need”

“We can benefit from having more doulas and more midwives...We [] could never have enough, you know, we need an abundance of it.”

“I think community-based care is the way it needs to be. I think that's the care that people of color who are pregnant should pursue...And it's the right support that's needed. I just think that the community based projects, the people working for these organizations and supporting it, they have a different view and a different idea of what care looks like for pregnant women of color or Black women and birthing people. And it's the right one, it's the better one, it's the healthier one.”

Codes	Frequency	Specific Notes
Definition of Maternal Health		
Physical Health	47.05%	-protection of body during pregnancy and birth (37.5%) -nutrition and health (25%)
Non-Physical	88.23%	-personalized/equitable (33%) -spiritual, emotional, mental health (33%) -self care and rest (20%) -social support system (13%) -safe environment (6.67%)
Resources and Referrals	35.29%	-Referrals to proper health care professionals (66.67%) -material resources (ie supplies needed postpartum, nutrition, etc) (33.3%)
Education	11.76%	
Autonomy, Self-Advocacy	41.18%	
Community Support Received		
Type Received	100%	-midwifery (57.14%) -group therapy/support/facebook groups (57.14%) -doula (42.86%) -acupuncture (42.86%) -classes (28.57%) -nutrition and material resources (28.57%) -yoga (28.57%) -lactation coach (14.29%)
Timing of Support Received	85.71%	-during pregnancy (100%) -post-partum (28.57%)
Initial Goals	100%	-Information gathering (42.68%) -finding community (42.68%) -empowerment/autonomy decision making (42.68%) -Be taken care of by someone who cares (42.68%)
Feelings/opinion toward experience with community support	85.71%	-Had positive experiences (100%) <ul style="list-style-type: none"> ● Supportive (57.14%) ● Comprehensive (42.68%) -had negative experiences (14.28%) <ul style="list-style-type: none"> ● Miscommunication during birth at birthing center

Strength of Care Received	100%	<ul style="list-style-type: none"> -personalized (71.4%) -treated like a person (57.14%) -source of connection/community (57.14%) -always available for check ins (57.14%) -cared for by other black women (57.14%) -provides all options (42.85%) -resourceful/problem solving (42.85%) -Black-specific maternal health care (28.75%) -full autonomy to mother (28.75%) -trauma healing through joy (28.75%)
Challenge/Needed Change	85.71%	<ul style="list-style-type: none"> -not enough staff/capacity (50%) -expensive (50%) -need for more postpartum care (33.3%) -unaccessible/disorganized network (33.3%) -unequal access (socioeconomic, education) (16.6%) -pushing an agenda (16.6%) -hoarding of information (16.6%)
Community Support Provided		
Type Provided	100%	<ul style="list-style-type: none"> -individual consulting (80%) -education program/workshops (60%) -resources and referrals (30%) -post-partum home visiting (20%) -peer mentoring (20%) -social and emotional support (20%) -social media groups (10%) -technical support for other CBOs (10%) -herbal/yoga care (10%) -support circles/group (10%)
Timing of Care Provided	40%	<ul style="list-style-type: none"> -during pregnancy (100%) -post-partum (66%) -before pregnancy (33%)
Strength of Care provided	100%	<ul style="list-style-type: none"> -connection/community (60%) -continuity of care/education (50%) -personalized (40%) -socio/historically informed (30%) -black women led (30%) -collaboration opportunities (20%) -flexibility (10%) -dedicated staff (10%)
Challenge/needed change	100%	<ul style="list-style-type: none"> -Staffing (50%) -Funding (50%) → living wage -burnout and emotional fatigue (50%) -lack of visibility and buy-in from medical community (50%) -administration/infrastructure (30%) -dealing with racism as a professional (20%)
Clinical/Hospital Care		

Experience with Clinical/Hospital Care	69.23%	<ul style="list-style-type: none"> -negative experience (77.78%) <ul style="list-style-type: none"> ● Inability to pay (22.22%) ● Inefficient and inconvenient bureaucracy (33.33%) ● Controlling/pushed agendas (44.44%) -Neutral experience (33.3%) <ul style="list-style-type: none"> ● Dispassionate/impersonal care -Positive experience (22.22%) <ul style="list-style-type: none"> ● High-risk screening ● MLK hospital specific → conscious effort to do better
Community care differences	94.11%	<ul style="list-style-type: none"> -longer sessions (43.75%) -referral/education based/not medical service (37.5%) -empowering (37.5%) -personalized (37.5%) -continuity of care/provider (31.25%) -comprehensive (31.25%) -community/conversational sessions (31.25%) -more caring/humanizing (25%) -socio/historical grounded (12.5%) -able to collaborate with other organizations (6.25%)
Ways community care interacts with clinical/hospital care	58.82%	<ul style="list-style-type: none"> -midwifery and medical doctor collaboration (70%) <ul style="list-style-type: none"> ● Doubt from MDs of doula care -supplemental care (60%) -Hospital partnerships (50%) -help patients self-advocate in clinics (30%) -Emergency care during home births (20%)

Table 1. Codebook Response frequencies; frequency refers to how many participants from the applicable pool responded. Percentages in the specific notes refer to the number of participants who responded with the specific category.

Discussion

Altogether, this research fills the previous gap of data regarding unique benefits of community-based care for Black women and birthing people in LA county. Black women and birthing people, birthworkers, and leaders of Black-run

CBOs confirmed disparate statistics that exist for their community and added their nuanced experiences both with health systems and CBOs built and run by Black people. Interviewees shared that not only did they have non-holistic experiences in clinics and with doctors, but also that they felt like

a number at times, with rushed prenatal visits and little autonomy. Leaders and birthworkers in the Black community feel that community based services and care offer a safe space for women and birthers to navigate not only the physical aspects of pregnancy and birth, but also the mental, spiritual, and communal aspects. Where health systems fail to empower, educate, and listen to Black women and birthing people, community based organizations and birthworkers from the Black community successfully fulfill these outcomes.

Another nuance found through this research is that though these mothers and birthing people were able to access high quality community based care, they were only able to do so with significant funding/grant support or due to what they describe as their own “fortunate” financial circumstances. Birthworkers and organizations seeking to make their care accessible struggle with barely livable

wages, burnout, and constant efforts to receive external grants and funding in order to serve as many people as they can. For this reason, we offer recommendations to sustain these vital community resources and expand their reach.

Implications and Recommendations

Based on the data of this research, we developed a number of suggestions and potential areas of focus relating to each subcommunity.

To support Black CBO leaders:

We recommend funding capacity building, ongoing training and certifications, addressing burnout and compassion fatigue, increasing programming funds, and ensuring a living wage. Much of these recommendations require outside monetary support, such as through grants from other groups and organizations. Organizations may also collaborate to exchange technical support, such as equipping leaders with grant writing skills. Furthermore, ensuring

that staff members have access to training and education will improve opportunities to fast-track or bolster fundraising efforts. Funding professional development also allows CBOs to make implicit bias training mandatory when it comes to perinatal professionals or anyone in the maternal health profession. Having more staff members increases the capacity to expand work. It will open up the "floodgates for more time to be innovative." These staff members often have to "wear many hats" and receive inadequate compensation for the work they do, especially considering the high cost of living in L.A. Finally COVID has shown that online services break down some of the regional barriers to accessing services provided by CBOs. Increasing programming funding for these and at-home visits allow for more reach.

To support Black birthworkers:

We recommend that agencies and organizations provide Black birthworkers

with livable wages and proper financial compensation to make their careers a sustainable option. We recommend that public health programs and health institutions (including hospitals), listen to and work with Black birthworkers to maintain the integrity and authenticity of doula/midwifery comprehensive care. We recommend improving access to mental health and community support resources for Black birthworkers. Lastly, we recommend training medical providers and hospital leadership to be actively anti-racist and dispel both explicit and implicit biases and stigmas around out-of-hospital care. We recommend improved collaboration between community-based workers and medical providers.

To support Black women and birthing people:

We recommend that further support be given to community-based care made by and for Black women and birthing people.

Specifically, Black women and birthing people need further financial support to access community based care. Black-led community based organizations need funding to expand their capacity and scope, including to those who are not considered low-income by local and federal standards and are in-eligible for many government programs. Lastly, Black community birthworkers need sustained support and amplification to reach more women and birthing people.

While these recommendations stem from the experiences shared by several members of the community, we recognize that the group interviewed does not represent the whole of the large and diverse Black women and birthing people, birthworker, and CBO leader community. In future iterations of this project, we recommend expanding the participation pool to allow for even more representative findings. Ultimately, recommendations may

differ among organizations and individuals as well as evolve over time. We uphold the idea that community members hold the necessary wisdom and should have full autonomy to address health disparities they face.

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