

Learnings about BIPOC Maternal Health in Colorado

Omni Research Brief | 2024



Introduction

Maternal health is a fundamental indicator of a society's well-being, reflecting not only the physical health of people giving birth but also the overall health of a community. However, across the United States, deep-seated disparities persist in maternal health outcomes.

In Colorado, stark disparities persist in maternal mortality rates, access to prenatal care, and birth outcomes for minority communities. This research brief delves into the critical issue of maternal health in Colorado specifically related to the birthing experiences of Black, Indigenous, and People of Color (BIPOC) individuals. It is part of a larger research project and subsequent in-depth whitepaper that aims to unveil the complex web of factors in hospitals that may contribute to divergent health outcomes among expectant patients giving birth of different racial and ethnic backgrounds. By shedding light on the root causes of these inequities and proposing patient-centered solutions based on lived experience, the Colorado Hospital Association's Center for Clinical Leadership and Excellence strives to contribute to a more just and equitable maternal health landscape, ultimately improving the lives of Colorado's patients giving birth and their newborns.

Importance of this Research Brief

In April 2023, the Centers for Disease Control and Prevention (CDC) released a report showing that approximately one in five people giving birth overall, and approximately 30% of Black, Hispanic, and multiracial people giving birth reported mistreatment during maternal care, and approximately 45% of all people giving birth report holding back from asking questions or discussing concerns with their health care provider. Further data from the CDC indicate that racial and ethnic disparities continue in preventable pregnancy-related morbidity and mortality. Between 2010 through 2022, about 97% of the babies born in Colorado were delivered in a hospital setting, making hospitals a critical partner in improving health care for patients giving birth.

Recent findings from the Colorado Maternal Mortality Review Committee reveal that discrimination contributed to 39.6% of all maternal deaths. Furthermore, 2022 discharge data from the Colorado Hospital Association shows that Black patients giving birth have a 53% higher likelihood of experiencing severe maternal morbidity compared to white patients giving birth. This disparity is further magnified among Native American patients giving birth, who are twice as likely (98%) to experience severe maternal morbidity. Hispanic patients giving birth face a 28% higher likelihood, while Asian patients giving birth face a 20% higher likelihood of severe maternal morbidity.

How the Research was Conducted

In 2021, Omni, a social sciences non-profit consultancy, received a generous grant from the Telligen Community Initiative to qualitatively study the experiences of BIPOC people giving birth in Colorado during the prenatal, peripartum, and postpartum periods. The Colorado Hospital Association's Center for Clinical Leadership and Excellence partnered with Omni to facilitate relationships with hospitals and health systems and provide thought leadership on this important health equity work.

Six focus groups were conducted and two Spanish-language interviews, with a total of 24 participants sharing their experiences. Participants identified as BIPOC, were 18 years old or older, and had delivered a baby in a Colorado hospital in the last year. Participants shared a variety of positive experiences and opportunities for improvement related to their pregnancy, peripartum, and postpartum experiences.

“I would just say be more respectful of people's culture and their own beliefs. I mean, we are ethnic women, but we are also Americans. You know, we all have a right and we all...live differently... They should respect your wishes and the things that your culture or even you personally want.”

Primary Recommendations and Takeaways

There are several action-oriented steps that hospitals may take as a result of this research. These can be grouped into four categories: improving communication with patients and their families; discussing and integrating holistic patient-centered birth plans; providing comprehensive maternal and neonatal services in the peripartum period; and promoting thorough education around cultural competency.

“They would explain things in detail. They gave me papers. They set up an account for me. They would hand me summaries. They would tell me about temperature and breathing, and they discussed everything in detail with me.”

Improving Communication

1. Provide accurate and comprehensive written information that is also verbally explained in an accessible way including thorough review of clinical decision making and provision of resources that explain medical appointments, procedures, laboratories, and other aspects of care provided in a hospital setting.
2. Facilitate access to supportive medical interpretation services for verbal and written communication and promote shared responsibility should a patient’s family member wish to engage in this process, as allowed per hospital policy.
3. Ensure patients feel heard, seen, and valued by engaging in open-ended unrushed conversation and ensuring ample time and space is provided for answering all questions.
4. Establish robust processes for engaging in discharge preparation and teaching.

“I was in the hospital, and I told my doula, ‘If that guy says the word C-section to me one more time, I’m gonna flip out.’ I knew the rules, but it would’ve been nice if they [didn’t keep reminding me]. Like, I told them at the beginning, if it’s emergency and I need a C-section, I’ll have one. You don’t need to keep reminding me every hour that I might be in an emergency.”

Engaging in Patient-Centered Birth Plans

1. Promote patient engagement in development of birth plans including options across the care continuum to include community birth and participation of doulas.
2. Fully support patients in their decisions of how to best navigate their ideal birth experience.

Establishing Comprehensive Services

1. Ensure patients have full wraparound lactation support in all settings including in the hospital.
2. Facilitate post discharge care to include whole-person services such as mental health care and contraceptive services for interested patients.

Providing Cultural Competency Training

1. Provide robust implicit and explicit bias training to build thorough understanding of the context for patient preferences.

“I feel like they definitely tried to take advantage of my age, maybe they assumed that I was just young and naive, and they thought that they can do whatever and enforce whatever policies and procedures that they are used to doing. I mean, I don’t think my background really had a role in it. Because where I live it is primarily Hispanic. But, um, yeah, I think my age factored in.”

Learn More

This research brief provides an overarching summary of the more detailed whitepaper titled *A Qualitative Study of the Experiences of People of Color During the Prenatal, Peripartum, and Postpartum Periods in Colorado*. The full report is available [HERE](#).