# BIRTHING JUSTICE:

*The State of Black Maternal Care in Forsyth County*

by Mothers

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# Table of Contents

# Introduction

## Black mothers are at the heart of families, communities, and the future.

Yet, when it comes to healthcare, Black mothers often face significant barriers that jeopardize not only their health but also the well-being of their children and families. This report aims to shine a light on the lived experiences of pregnant and postpartum Black women as they navigate a healthcare system that has historically underserved them.

Despite national conversations surrounding maternal health disparities, Black mothers continue to experience higher rates of maternal complications, inadequate access to resources, and feelings of mistrust with the medical system. Forsyth County, North Carolina is no exception. For far too many Black women in this community, the journey through pregnancy and postpartum care is fraught with challenges, adequate culturally sensitive care, and insufficient mental, physical, and emotional support. These challenges not only undermine the well-being of Black mothers but also place their infants at greater risk.

This report presents a comprehensive look at the healthcare experiences of Black mothers in Forsyth County, gathering voices from within the community to highlight the gaps, challenges, and opportunities for change. By amplifying their stories, this report serves as a call to action for healthcare providers, policymakers, and community members alike. It is time to create a system where Black mothers are heard, respected, and provided with the care they deserve—because when Black mothers thrive, the entire community flourishes.

The maternal healthcare experience is profoundly shaped by the relationships that mothers build with their healthcare providers, access to support systems, and the quality of care they receive. This report examines the multiple dimensions of maternal healthcare using qualitative narratives and quantitative data. The findings highlight gaps in care, access issues, and the importance of trust in healthcare relationships, especially for pregnant and postpartum mothers.

# Methods

The research team comprised of **9 Black mothers and 1 Latina mother**, all highly trained researchers and Forsyth County/Winston-Salem residents. Each mother brought the power of her lived experience, identity, and deep connection to the community into every phase of the study, from design to execution. Their personal networks were key in recruiting Black mothers, and a critical step in overcoming the deep-seated mistrust in the Black community from a legacy of historically unethical research practices. This approach was not just strategic; it was essential for building trust and ensuring the research authentically served the community.



*Front row: Magdalena Zarate, Michelle Carmichael, Shantae Graham, Shaadia Moore,*
*Tiara Morris, Alexandria Blair, Terrae McMiller, Dr. Katherine Poehling*
*Back row: Dr. April Miller, Nicole Howard, Sharlee Hainesworth, Kayla Kizzie.*

All members of the research team completed the necessary training in ethical research practices. All research was reviewed and approved by an Institutional Review Board (IRB).

# Methods

Our study employed both qualitative and quantitative methods to gather comprehensive data on the experiences of Black women and birthing people. For the quantitative portion, we surveyed 202 participants, all of whom met the criteria of being 18 or older, residing in Forsyth County, and having experienced pregnancy or childbirth between January 1, 2015, and May 2023. A 15-question Likert scale survey, administered online via Survey Monkey, captured participants' perceptions regarding their pregnancy and childbirth experiences. To encourage participation, we initially offered a $10 gift card incentive, which was later increased to $25. The data was manually coded by the research team and analyzed using Dedoose, allowing for cross-analysis with related qualitative data.

For the qualitative component, we conducted focus group discussions with three distinct groups: expecting mothers, mothers within 36 months postpartum, and Black birthing individuals who had given birth since 2000. Participants were recruited through a combination of personal invites, flyers, social media, and word-of-mouth. The focus groups took place in both traditional and "cafe-style" settings to create an open and comfortable environment. Participants from the cafe-style focus groups received $50 gift cards for participating. Participants in the in-person focus group received $100 gift cards for participating. Data from the focus groups were transcribed and analyzed using Dedoose, supplemented by manual coding to identify key themes. The final analysis synthesized findings from both the qualitative and quantitative data, providing a rich, holistic understanding of the participants' experiences.

**202**
participants

**15**
question Likert
scale survey

**3**
focus group types

# Trusting Relationships with Healthcare Providers

Trust is the foundation of any patient-provider relationship, yet many participants expressed dissatisfaction with their healthcare providers due to a lack of continuity of care. Frequent changes in personnel led to patients feeling disconnected from their providers, with important health information being missed or overlooked. According to the data, **43.1% of respondents reported having a very trusting relationship with their provider,** while **6.9% indicated they had no trust in their provider**. This lack of trust resulted in participants feeling unheard, excluded from decision-making, or perceiving differential treatment based on race or age.
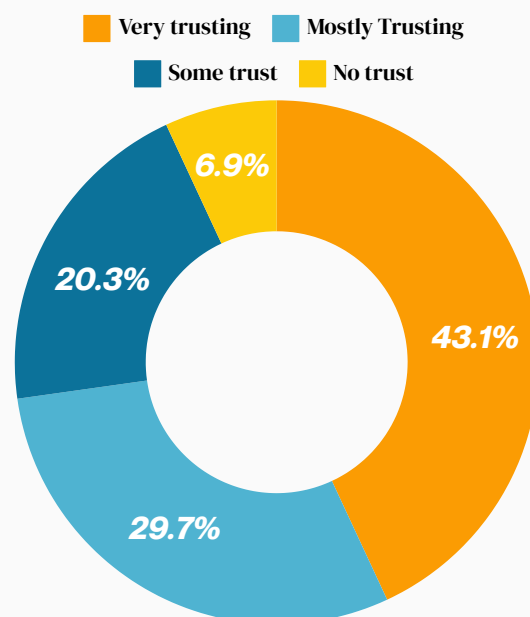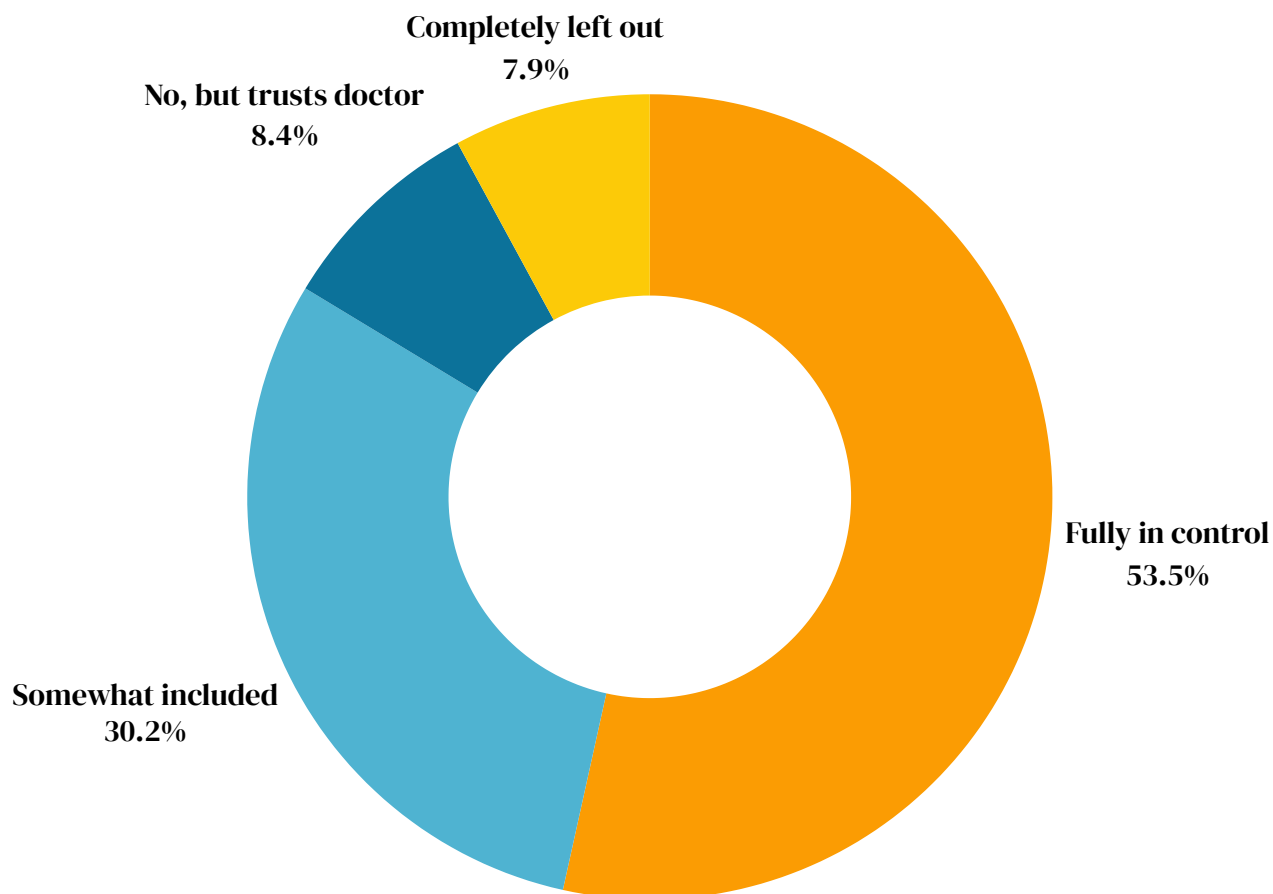
**Legend:**
- Very trusting
- Mostly Trusting
- Some trust
- No trust

6.9%

20.3%

43.1%

29.7%

**Legend:**
- Offered midwifery/doula services
- Offered midwifery services only
- Offered doula services only
- Offered neither midwifery or doula services
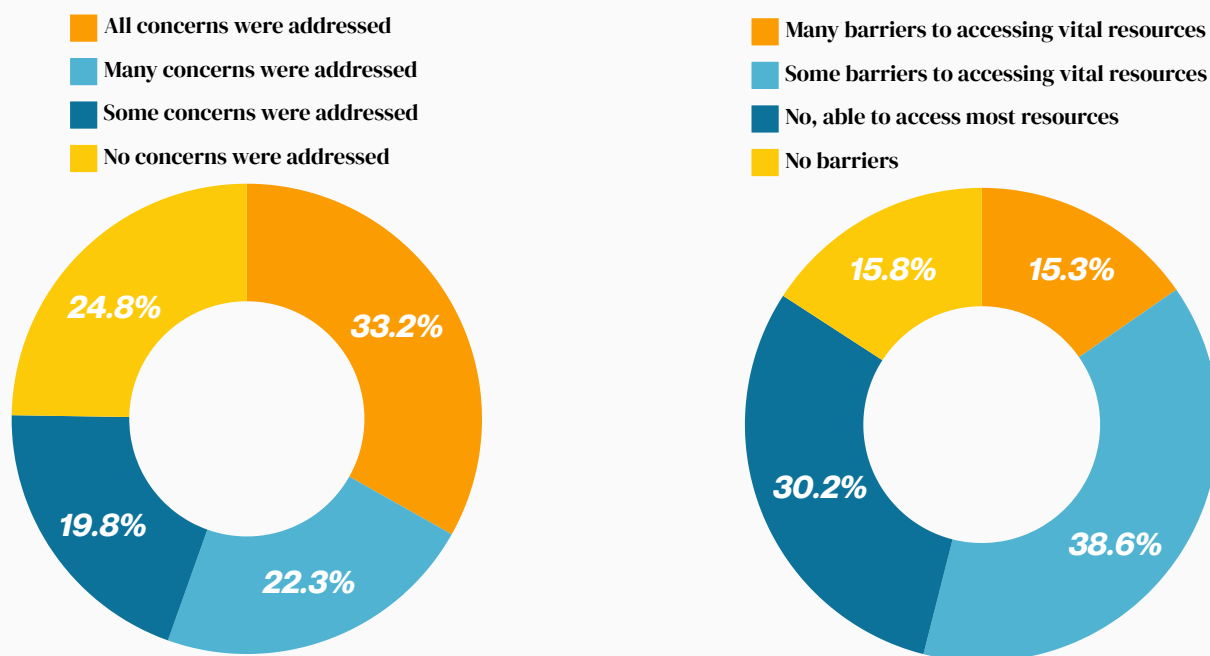
21.3%

6.4%

3%

69.3%
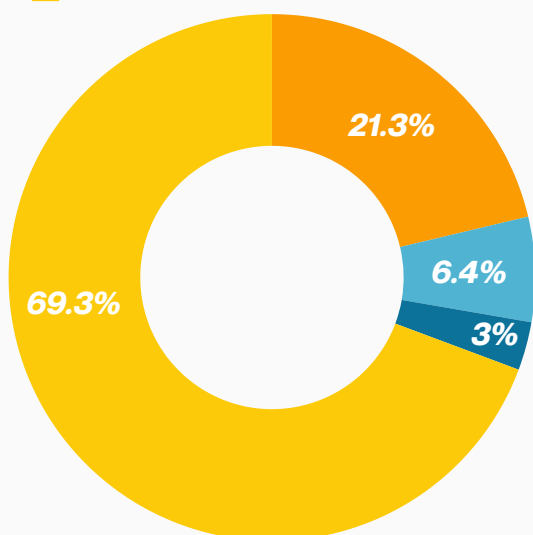
Support systems, such as doulas, were cited as crucial in bridging communication gaps and enhancing trust between patients and providers. However, **69.3% of respondents were not offered midwifery or doula services**, which underscores a significant gap in the maternal healthcare system. Doulas were seen as valuable allies who could advocate on behalf of mothers, ensuring their voices were heard in the decision-making process.

# Trusting Relationships with Healthcare Providers

In postpartum care, many mothers reported feeling overwhelmed and unsupported by healthcare professionals. Communication and advocacy were emphasized as essential, with **53.5% of respondents feeling fully in control of their decision-making process** during pregnancy and birth, **30.2% felt somewhat included in the decision-making process**, **8.4% trusting their doctors to make decisions for them,** while **7.9% felt completely left out**. This lack of control is particularly troubling in light of the widespread dissatisfaction with the handling of mental health concerns. Participants reported that mental health assessments felt like checkbox exercises rather than genuine efforts to address their needs. The reluctance to disclose personal struggles stemmed from fears of potential involvement with child protective services, particularly among Black women, further eroding trust in the healthcare system.

**Completely left out**
**7.9%**

**No, but trusts doctor**
**8.4%**

**Fully in control**
**53.5%**

**Somewhat included**
**30.2%**

# Emotional, Mental, & Physical Well-Being of Mothers

**Legend (left chart):**
- ■ All concerns were addressed
- ■ Many concerns were addressed
- ■ Some concerns were addressed
- ■ No concerns were addressed

**Legend (right chart):**
- ■ Many barriers to accessing vital resources
- ■ Some barriers to accessing vital resources
- ■ No, able to access most resources
- ■ No barriers

**Left chart values:**
- 33.2%
- 22.3%
- 19.8%
- 24.8%

**Right chart values:**
- 15.3%
- 38.6%
- 30.2%
- 15.8%

The emotional, mental, and physical well-being of mothers is closely tied to the quality of support they receive. Many participants expressed frustration with the lack of attention to mental health concerns, often feeling dismissed or neglected by their healthcare providers. **24.8% of respondents reported that their mental and emotional concerns were not adequately addressed**, while **33.2% felt all of their concerns were properly handled**. These findings reflect a need for more comprehensive mental health support throughout pregnancy and the postpartum period.

Postpartum mental health challenges, such as depression, anxiety, and mood fluctuations, were common among participants. Single parents faced unique stressors related to loneliness and lack of support from the other parent. Many relied on coping mechanisms like prayer, self-care, and distancing themselves from negative influences to manage their mental health. The data also revealed that **15.4% of mothers faced significant barriers to accessing vital resources** necessary for their pregnancy or postpartum care, further compounding these mental health challenges.

# Emotional, Mental, and Physical Well-Being of Mothers

Participants emphasized the importance of strong support systems, including family, friends, and healthcare professionals, in navigating the postpartum period. **109 respondents reported feeling most supported by their spouse or partner,** while **120 respondents cited community members as a major source of support**. This reliance on external networks highlights the need for healthcare systems to more actively involve these support structures in care plans, particularly for single parents and mothers experiencing postpartum mental health challenges.
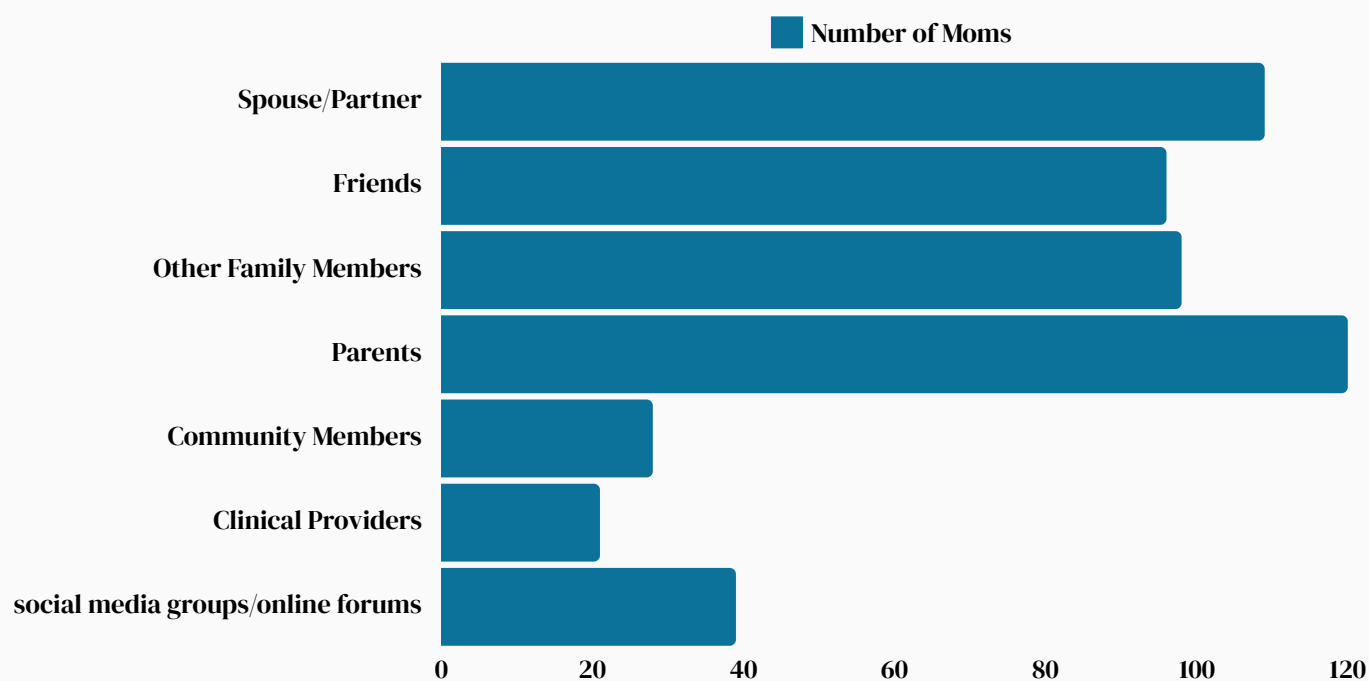
# Accessibility of Midwives and Doulas

**Legend (top chart):**
- Offered midwifery & doula services
- Offered midwifery services only
- Offered doula services only
- Not offered these options at all

**Top chart values:**
- 21.3%
- 6.4%
- 3%
- 69.3%
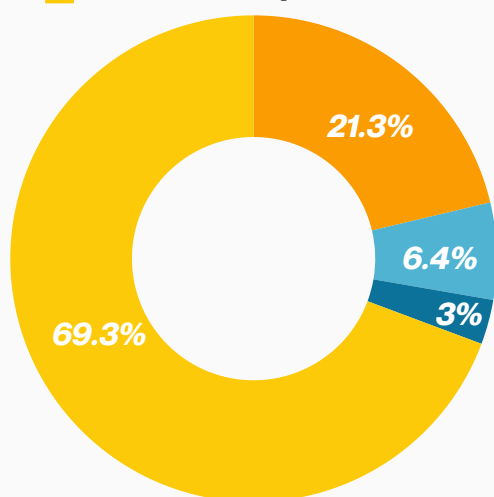
While there was a strong interest in involving midwives and doulas during pregnancy and childbirth, **69.3% of respondents reported not being offered these services**. This statistic underscores a significant gap in the maternal healthcare system. Midwives and doulas are often key advocates for patient-centered care, yet many mothers were not offered this crucial support. Participants who did involve midwives or doulas reported positive experiences, emphasizing the need for greater awareness and integration of these services into mainstream healthcare options.
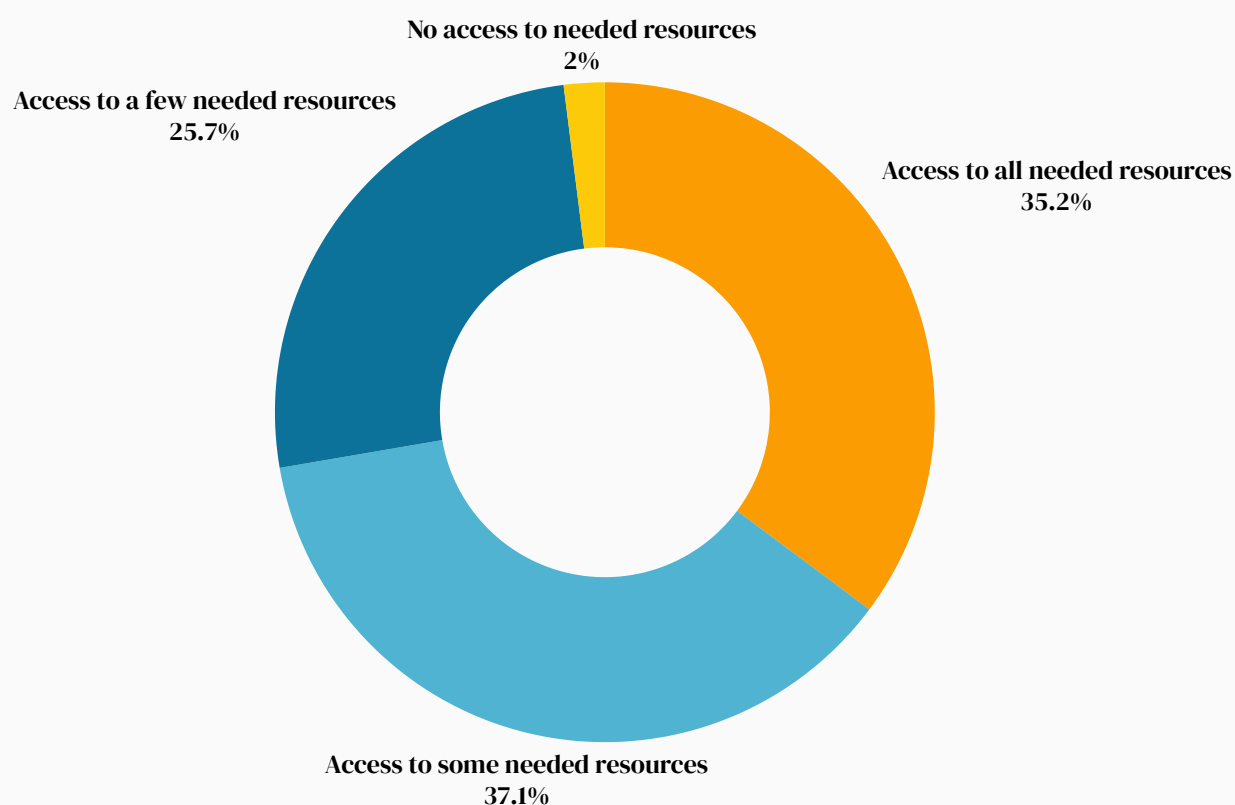
**Legend (bottom chart):**
- Very much so
- Kinda
- No, but trusted doctors
- Not empowered

**Bottom chart values:**
- 15.8%
- 38.1%
- 14.4%
- 31.7%
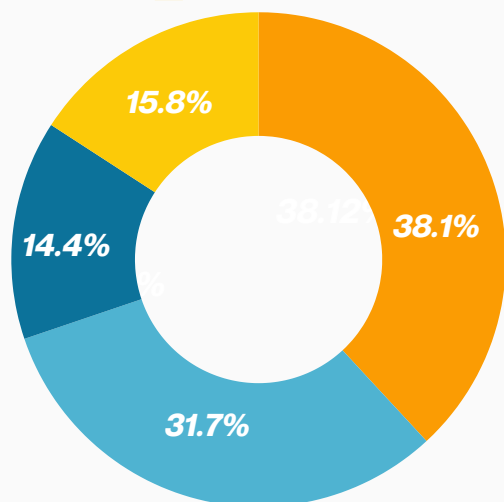
Many mothers expressed frustration at being offered limited birthing options, with some only being presented with choices like cesarean sections or hospital births. **38.1% of respondents reported feeling very empowered to create and implement a birth plan**, while **15.8% felt they had no empowerment**. This lack of control over birth plans left many feeling disconnected from their care and more reliant on healthcare providers to make decisions.

# Barriers to Resources

The accessibility of resources is another key factor in the maternal healthcare experience. Many participants reported being unaware of available resources during and after pregnancy, often discovering them too late. **35.2% of respondents reported having access to all the resources they needed**, while **37.1% had only partial access**, and **25.7% had access to very few resources**. Financial constraints were a major barrier for many, with issues such as lack of insurance coverage and transportation challenges preventing access to vital prenatal and postpartum services.

**No access to needed resources**
**2%**

**Access to a few needed resources**
**25.7%**

**Access to all needed resources**
**35.2%**

**Access to some needed resources**
**37.1%**

In addition to financial barriers, age-related factors also played a role in limiting access to care. Teen mothers faced unique challenges, including stigma and a lack of resources tailored to their specific needs. Participants expressed frustration at not being offered holistic birthing options or postpartum education, with many mothers feeling that they had to conduct their own research to find necessary resources. This disconnect between healthcare providers and patients highlights the need for improved communication and information dissemination.

# Postpartum Coping Strategies

Postpartum mothers employed a variety of coping strategies to manage the stress and trauma associated with childbirth. Support networks, including family, friends, and healthcare providers, were crucial for navigating this period. **33.2% of respondents reported that all of their concerns were addressed,** while **24.8% felt their concerns were not addressed at all.** Many participants noted the importance of self-advocacy in healthcare settings, emphasizing that they had to assert their preferences and seek alternative sources of support when healthcare providers did not meet their needs.

*33.2% felt all concerns were addressed*

*24.8% felt concerns were not addressed at all*
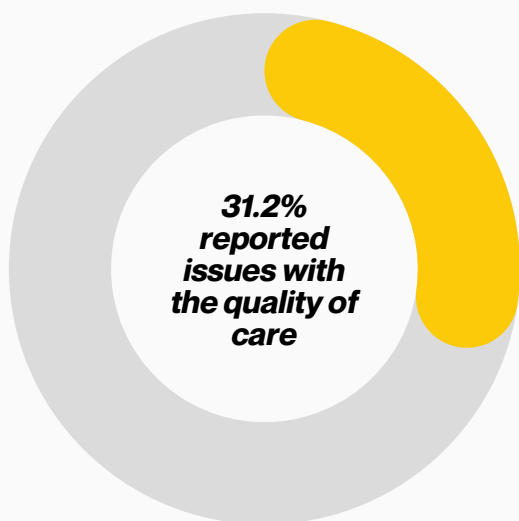
*31.2% reported issues with the quality of care*

The use of medication, therapy, and alternative therapies like pelvic floor therapy were common among participants. However, many expressed dissatisfaction with the lack of comprehensive information provided by their healthcare providers. **31.2% of mothers reported experiencing issues with the quality of care received before, during, and after pregnancy**, with dismissive attitudes from providers cited as a major concern. These findings underscore the need for more personalized care and greater attention to the mental and emotional well-being of postpartum mothers.

# Pregnancy Coping Strategies
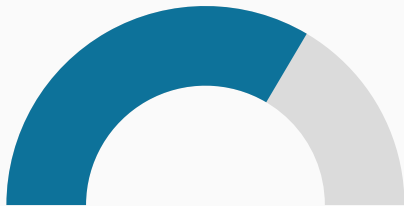
**53.5% felt fully included**

**7.9% felt completely excluded**

Some mothers compared their current pregnancy experiences to previous ones, noting differences in stress levels and coping mechanisms. Past experiences with mental health treatment and family dynamics also influenced their current coping strategies. **53.5% of mothers felt fully included in the decision-making process,** while **7.9% felt completely excluded.** This highlights the importance of communication and shared decision-making in ensuring that mothers feel empowered and supported throughout their pregnancy journey.

During pregnancy, many mothers relied on their support systems to cope with stress and mental health challenges. **15.4% of respondents reported significant barriers to accessing vital resources**, with many citing external factors such as work, family dynamics, and social relationships as primary stressors. Coping mechanisms like communication with loved ones, prayer, and self-care activities were commonly employed to manage these stressors.
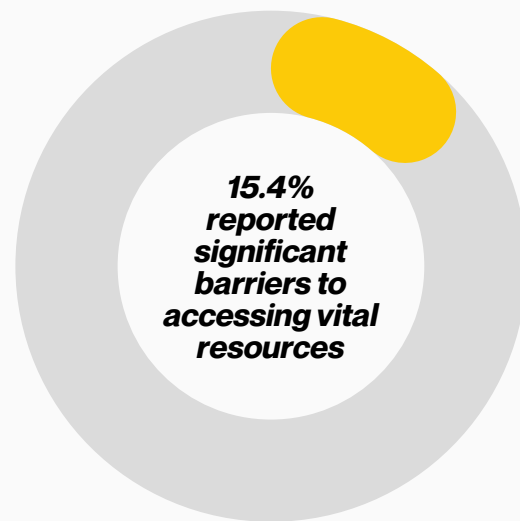
**15.4% reported significant barriers to accessing vital resources**

# Access to Childbirth and Parenting Classes

One of the most notable gaps in maternal care is the lack of access to childbirth and parenting classes. **42.6% of respondents reported not being offered any childbirth or parenting classes** despite the importance of prenatal education in preparing mothers for childbirth and early motherhood. This lack of education leaves many mothers feeling unprepared, particularly when making informed decisions about their care and treatment options.

Breastfeeding education and support were more widely available, with **63.4% of respondents reporting that they received both breastfeeding education and support**. However, **8.4% of respondents indicated that they were not offered any breastfeeding resources**. These findings suggest that while some resources are more readily available, there is still room for improvement in ensuring that all mothers have access to comprehensive educational services.

■ Offered childbirth classes/parenting classes
■ Offered childbirth classes only
■ Offered parenting classes only
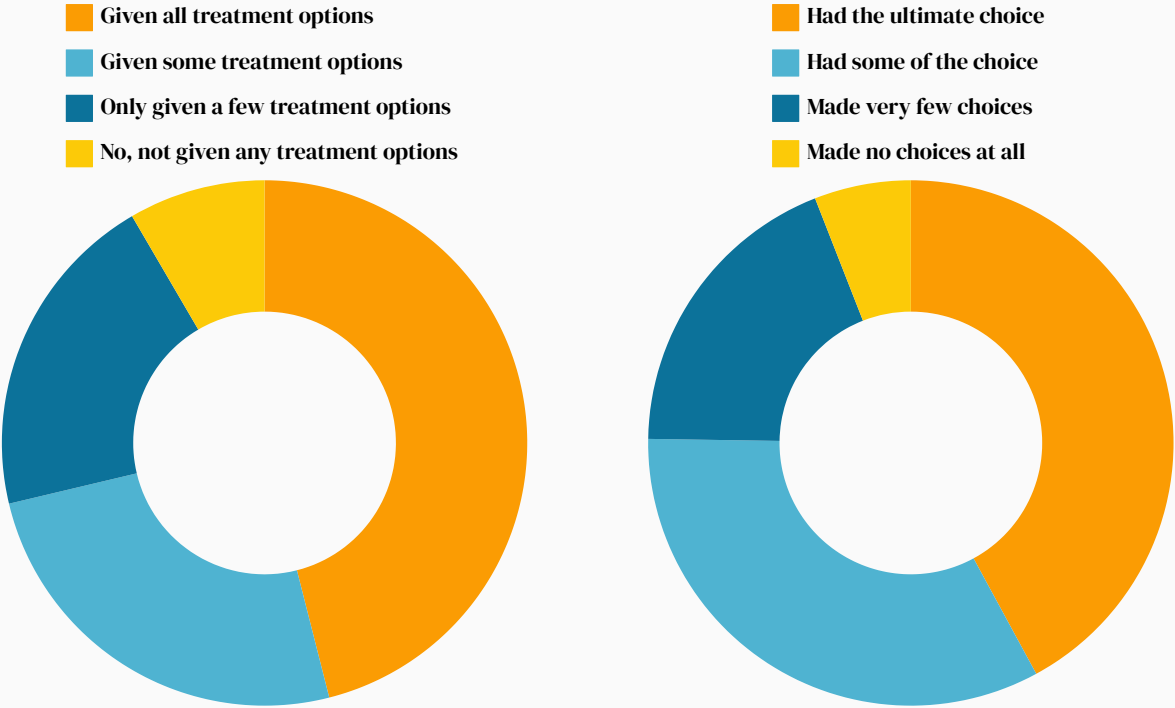■ Not offered any of these

42.6%    38.6%    13.9%    5%
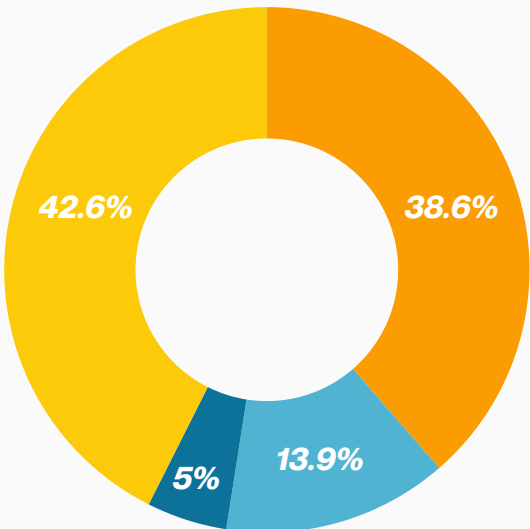
■ Offered breastfeeding education and support
■ Offered breastfeeding education only
■ Offered breastfeeding support only
■ Not offered any of these options at all

8.4%    10.9%    17.3%    63.4%
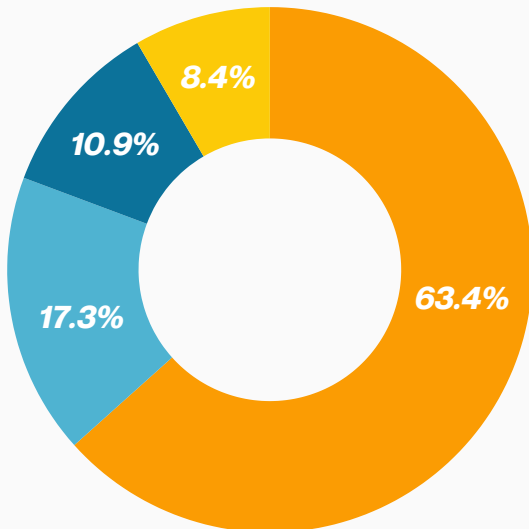
# Treatment Options and Decision-Making

A key concern for many mothers was the lack of comprehensive information about their treatment options. **46.1% of respondents reported being given all their treatment options**, while **8.41 were not provided with any options**. This lack of information often forced mothers to advocate for themselves, conducting their own research to challenge provider choices. **42.1% of respondents felt that they had the ultimate choice in their treatment decisions**, while **5.9% felt that they had no choice at all**.

**Given all treatment options**
**Given some treatment options**
**Only given a few treatment options**
**No, not given any treatment options**

**Had the ultimate choice**
**Had some of the choice**
**Made very few choices**
**Made no choices at all**

Participants also expressed frustration with dismissive behavior from healthcare providers, particularly regarding weight-related risks. Many mothers felt that providers focused more on medical procedures and less on addressing their individual concerns, leading to feelings of frustration and inadequacy. This highlights the need for more personalized care and open communication between providers and patients.

# Conclusion and Recommendations

The findings from this report highlight the complex and often challenging nature of maternal healthcare. While some mothers reported positive relationships with their healthcare providers, others faced significant barriers to care, including a lack of continuity, dismissive behavior, and inadequate support for mental health and postpartum concerns. The data underscores the need for improved communication, greater access to resources, and more personalized care that takes into account the unique needs and preferences of each patient. By addressing these issues, the healthcare system can better support mothers during pregnancy, childbirth, and the postpartum period, ultimately improving maternal health outcomes.

The data analysis played a crucial role in shaping a comprehensive set of recommendations, which have been divided into three categories:

**Community**

**Healthcare Institution**

**App**

The findings suggest that addressing maternal disparities faced by Black women requires a collaborative effort between the healthcare system and the community. We are dedicated to advocating for the needs voiced by the women in our community, as we firmly believe that they are best positioned to identify the solutions that will make the greatest impact. We will continue to amplify their voices and push for the changes they are calling for.

# Conclusion and Recommendations

## Community Recommendations

**1. Community-Based Support Networks & Mentorship:**

- Develop local networks for mothers, including regular meet-ups, support groups, and workshops on stress management, coping strategies, and mental health awareness.
- Establish mentorship programs connecting young and teen mothers with experienced mothers, offering emotional support and practical advice.

**2. Educational Workshops & Advocacy Programs:**

- Offer educational workshops led by healthcare professionals (midwives, doulas, obstetricians) on natural birth methods and birthing plans.
- Create workshops and courses that train mothers on self-advocacy, patient rights, and how to communicate effectively with healthcare providers

**3. Community-Based Initiatives & Support Expansion:**

- Launch programs that connect mothers lacking family support to peer groups, volunteer families, or local networks that provide emotional, physical, and financial assistance.
- Organize awareness campaigns, community forums, and state/local advocacy for improving midwifery services and postpartum care.

# Conclusion and Recommendations

## Healthcare Institution Recommendations

**1. Improved Patient Education & Communication:**

- Develop ,culturally relevant and trauma informed, comprehensive online patient education portals, providing accessible information on treatment options, birthing methods, and patient rights.
- Implement standardized communication training for healthcare providers to ensure empathy, transparency, and inclusion of all treatment options in consultations.

**2. Patient Advocacy & Bias Reduction Initiatives:**

- Establish patient advocacy programs within hospitals and clinics to help mothers navigate healthcare systems, ensuring their voices are heard and respected.
- Provide ongoing anti-discrimination and bias reduction training for healthcare providers, particularly focused on addressing assumptions related to weight, race, and cultural background.

**3. Enhanced Mental Health & Postpartum Care:**

- Create dedicated mental health services for pregnant and postpartum mothers, with access to therapists specializing in perinatal mental health.
- Establish a role for a Continuity of Care Coordinator to ensure mothers see consistent providers throughout pregnancy and postpartum, fostering personal connections and trust.

# Conclusion and Recommendations

## App Recommendations

**1. Support & Education Apps:**

- Develop apps that connect expectant mothers with certified midwives, doulas, and virtual consultations to discuss birthing plans and natural birth options.
- Create a culturally relevant and Trauma informed, holistic birth planning toolkit and digital birth plan creator to guide mothers through the process of developing their personalized birthing preferences.

**2. Mental Health & Postpartum Support Apps:**

- Launch personalized mental health apps that track mood, stress levels, and well-being, offering reminders for self-care, guided relaxation exercises, and emergency support options.
- Create a postpartum support network app that connects new mothers to support groups, mental health professionals, and resources for managing the challenges of postpartum care.

**3. Resource Navigation & Financial Assistance Apps:**

- Develop apps that help mothers navigate financial assistance and insurance coverage for maternity care, including personalized assessments for maximizing benefits.
- Establish a transportation coordination app to assist mothers in arranging rides to healthcare appointments, reducing cost and access barriers.

# Citations

1. Njoku, Anuli, et al. "Listen to the Whispers Before They Become Screams: Addressing Black Maternal Morbidity and Mortality in the United States." Healthcare, vol. 11, no. 3, Feb. 2023, p. 438. https://doi.org/10.3390/healthcare11030438.

2. Hoyert, Donna. Maternal Mortality Rates in the United States, 2021. 17 Feb. 2023, https://doi.org/10.15620/cdc:124678.