MATERNAL
TELEHEALTH
ACCESS
PROJECT

Findings from Listening Sessions with Black Birthworkers and Black Birthing Individuals

Ayanna Robinson, PhD, MPH
Isabel Morgan, MSPH
Nia Mitchell, MPH
The Maternal Telehealth Access Project: Collaboration and Innovation for Equity and Healthy Families (Grant # H7EMC37564) is a collaborative initiative with several partnering agencies aimed at ensuring that women at highest risk are receiving quality maternal care services via telehealth during the COVID-19 pandemic. The project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an Award totaling $4,000,000 for one year with 0% percentage financed with nongovernmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.
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Introduction

Quality and respectful care throughout pregnancy and the postpartum period are critical to ensuring the health and well-being of families, communities, and populations. COVID-19 social-distancing restrictions have disrupted access to essential and wrap-around perinatal and postpartum care services across the United States (U.S.). Maternal and infant mortality are higher within Black, Indigenous, and People of Color (BIPOC) communities, a problem that has been exacerbated by COVID-19. Structural, legal, geographic, and political economic barriers to quality perinatal and postpartum disproportionately affect BIPOC communities, rural communities, incarcerated people, people with disabilities, people with substance use disorders, and people with perinatal mental health care needs during the COVID-19 pandemic.

Telehealth and other forms of remote services delivery are a promising means to improve equitable delivery of care to communities in the greatest need. The listening sessions assessed the challenges, successes, and unmet needs in both assessing and providing quality telehealth and remote care services to families in high-risk, yet underserved populations throughout the United States.
Methodology

The National Birth Equity Collaborative (NBEC) held three listening sessions with Black birthworkers and three listening sessions with Black women and birthing individuals during August and September 2020 to learn about how the COVID-19 pandemic has impacted the receipt and provision of maternity care services in Black communities. Listening sessions were advertised via virtual flyers, the NBEC newsletter and social media. Birthworkers and birthing individuals were eligible to participate if they identified as Black/African American, were 18 years or older, currently residing in the United States and are currently using (birthing individuals) or providing (birthworkers) telehealth prenatal or postpartum care services during the COVID-19 pandemic (i.e., March – August 2020). The facilitator’s guide was developed by The University of North Carolina at Chapel Hill and included feedback from NBEC staff. Listening sessions ranged from 60 to 90 minutes in duration and each listening session was consistently facilitated by one lead NBEC facilitator, often accompanied by a NBEC co-facilitator.

The research team consisted of three members, one PhD level researcher and two doctoral students, each of whom identified as a Black woman and had academic training in qualitative research methods and/or previous experience analyzing qualitative data from Black women and mothers.

Sessions were audio and video-recorded following the receipt of verbal consent from each participant, and audio files were transcribed verbatim to inform the qualitative analysis. All participants’ names were replaced with pseudonyms for confidentiality. The researchers applied thematic analysis to analyze the data (Braun and Clark, 2006). Qualitative analysis was conducted using NVivo 11 Pro, leading with a deductive approach where research questions and theoretical frameworks were used to guide coding. An iterative approach was used to create the initial codebook after reading each transcript. Each interview was then double coded by the lead researcher and two members of the research team. Codes were compared, and similar codes were organized into larger themes. Transcripts were coded for aspects of Birth Equity, Respectful Maternity Care, Black Feminism and Critical Race Theory and linked to themes to reflect these theoretical frameworks, as appropriate. The lead researcher further developed analytical concepts, which included the following information for each theme: definition, characteristics, a propositional statement, illustrative examples using participant quotes, and negative cases.

Following analysis, the research team held two feedback sessions with participants from the listening sessions as a step to further validate the findings. Participants provided additional feedback on the themes and prioritized recommendations, which were reviewed and incorporated into the findings.
The listening sessions for birthing individuals and birthworkers consisted of nine and 18 participants (Table 1. and Table 2.), respectively from 14 states (Table 4.). The participants ranged from 15 weeks pregnant to three months postpartum. Birthworkers represented a range of specialties, including doulas (full spectrum, birth, postpartum, and community doulas), midwives, physicians, nurses, childbirth educators, community health workers, and breastfeeding counselors (Table 3.). There was one participant in the listening sessions for Black women and birthing individuals who utilized “they/them” pronouns.

Table 1. Dates and number of participants in listening sessions, birthing people

<table>
<thead>
<tr>
<th>Date</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>August 17, 2020</td>
<td>4</td>
</tr>
<tr>
<td>August 22, 2020</td>
<td>3</td>
</tr>
<tr>
<td>September 5, 2020</td>
<td>2</td>
</tr>
</tbody>
</table>
Table 2. Dates and number of participants in listening sessions, birthworkers

<table>
<thead>
<tr>
<th>Date</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>August 19, 2020</td>
<td>4</td>
</tr>
<tr>
<td>August 24, 2020</td>
<td>9</td>
</tr>
<tr>
<td>September 29, 2020</td>
<td>5</td>
</tr>
</tbody>
</table>

Table 3. Type of birth work practiced among participants in listening sessions

<table>
<thead>
<tr>
<th>Type of Birth Work</th>
<th>N*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community-Based Doula</td>
<td>1</td>
</tr>
<tr>
<td>Breastfeeding Peer Counselor</td>
<td>1</td>
</tr>
<tr>
<td>Full Spectrum Doula</td>
<td>2</td>
</tr>
<tr>
<td>Certified Nurse Midwife</td>
<td>2</td>
</tr>
<tr>
<td>Physician/Medical Doctor</td>
<td>2</td>
</tr>
<tr>
<td>Registered Nurse</td>
<td>3</td>
</tr>
<tr>
<td>Community Health Worker</td>
<td>3</td>
</tr>
<tr>
<td>Postpartum Doula</td>
<td>4</td>
</tr>
<tr>
<td>Childbirth Educator</td>
<td>4</td>
</tr>
<tr>
<td>Birth Doula</td>
<td>6</td>
</tr>
<tr>
<td>Other</td>
<td>6</td>
</tr>
</tbody>
</table>

* Not mutually exclusive as birthworkers indicated multiple roles/scopes of practice

Table 4. Location of listening session participants, birthworkers and birthing individuals

<table>
<thead>
<tr>
<th>State</th>
<th># of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama</td>
<td>1</td>
</tr>
<tr>
<td>California</td>
<td>1</td>
</tr>
<tr>
<td>Florida</td>
<td>2</td>
</tr>
<tr>
<td>Georgia</td>
<td>1</td>
</tr>
<tr>
<td>Hawaii</td>
<td>1</td>
</tr>
<tr>
<td>Registered Nurse</td>
<td>1</td>
</tr>
<tr>
<td>Indiana</td>
<td>1</td>
</tr>
<tr>
<td>Maryland</td>
<td>1</td>
</tr>
<tr>
<td>Minnesota</td>
<td>1</td>
</tr>
<tr>
<td>New Jersey</td>
<td>1</td>
</tr>
<tr>
<td>New York</td>
<td>2</td>
</tr>
<tr>
<td>North Carolina</td>
<td>4</td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>4</td>
</tr>
<tr>
<td>Virginia</td>
<td>1</td>
</tr>
<tr>
<td>Washington</td>
<td>1</td>
</tr>
<tr>
<td>Unknown</td>
<td>4</td>
</tr>
</tbody>
</table>
Findings from Birthing Individuals

The research team identified the following seven themes from the listening sessions with Black women and birthing individuals: “Positive and negative of experiences with pre-pandemic maternity care”, “Barriers/Challenges receiving maternal care during the pandemic”, “Navigating social and emotional needs during the pandemic through self-empowerment and support”, “Dissatisfaction with medical care and seeking alternatives”, “Telehealth benefits”, “Telehealth perception and experiences”, and “Improving telehealth experience.”
Each theme is summarized in Table 5. and described in detail in the section below.

### Table 5. Themes and Definitions for Black Women and Birthing Individuals

<table>
<thead>
<tr>
<th>Theme 1.</th>
<th>Range of positive and negative experiences with pre pandemic maternity care</th>
<th>negative pre pandemic care, positive pre pandemic care</th>
<th>“Like I was pressured a lot into getting an epidural. Um, I was threatened that if I didn’t go through with it, my husband wouldn’t be able to go with me to, um, if like they will have to do a C-section and they say, “Well, he won’t be able to come in if you don’t get an epidural.” So, it was just a lot. And I was like, I’m not doing the hospital again. I’d rather do birth centers and go that, that route.” – Michelle (Listening Session 1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theme 2.</td>
<td>Range of maternal health care barriers and challenges experienced by Black women and birthing individuals during the COVID-19 pandemic</td>
<td>impersonal care, inconsistency among providers, negative pandemic care, lack of medical equipment, monitoring vitals (blood pressure, weight), challenges accessing care, facility policies, telehealth barriers</td>
<td>“And then if I’m asked to do the blood pressure or my weight, um, and there’s no advanced instruction given, so left arm cuff, right arm cuff, do I have the money to go out the blood pressure by the blood pressure cuff?” –Michelle (Listening Session 1)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>“Not everyone even has internet or the phone technology to be able to access services consistently, so lost signals, or if someone has to go to a public place, there’s lack of confidentiality. Um, so I think that is, and then inconsistent care. So if you’re, if you don’t have certain insurances or however that works out, you kinda just get who you get when you call in. So there’s not consistent care across the board. And I think that really impacts the quality of care that people get.” –Toyin (Listening Session 1)</td>
</tr>
<tr>
<td>Theme</td>
<td>Theme Definition</td>
<td>Codes</td>
<td>Examples of Theme Illustrations</td>
</tr>
<tr>
<td>-------</td>
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</tbody>
</table>
| **Theme 3.** | Navigating social and emotional needs during the pandemic through self-empowerment and support | connection (physical and emotional), mental health, race and racism consciousness, pandemic concerns, social support | “I think we need to start making it a thing where we’re really empowering the patient to make decisions for themselves. I feel that it’s still something that’s lacking in Black care.”  
- Elisha (Listening Session 3) |
| **Theme 4.** | Dissatisfaction with medical care and seeking alternatives | providers, desired characteristics, lack of agency, doulas | “Um, so it would be great if there was just a little bit of a slowing down for patients around or, or someone’s saying, “What are your questions? What are your concerns?” Like what is the birth plan that you would like? Those are the questions my doula asks me, but my health care standard healthcare providers don’t ever ask me that.”  
- Cherrice (Listening Session 1) |
| **Theme 5.** | Telehealth benefits | telehealth benefits | “I wouldn’t personally prefer it, but I guess it would provide more flexibility. So at least you might not have to take off work or take away time from doing other tasks. The phone is always with you, so I definitely feel like it provides a lot more flexibility and freedom with your care.”  
- Mia (Listening Session 2) |
<table>
<thead>
<tr>
<th><strong>Theme</strong></th>
<th><strong>Theme Definition</strong></th>
<th><strong>Codes</strong></th>
<th><strong>Examples of Theme Illustrations</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme 6.</strong> Telehealth perception and experiences</td>
<td>How telehealth is perceived among Black women and birthing individuals and their experience with using telehealth technology, telehealth patient acceptance, concerns, telehealth patient perception, appointments</td>
<td>“Prior to COVID, in my office visits were lengthy. [inaudible 00:43:14] 30 to 45 minutes. Everything just seemed a little bit more relaxed. It didn’t seem like the doctor was rushing in or rushing out, or even the assistant that was helping. I feel like with COVID, everybody’s... it’s okay. People want to minimize so their risk, so their interaction with you is much shorter. After COVID, it just was too quick. 10 to 15 minutes, you might as well double park.”</td>
<td>- Angela (Listening Session 2)</td>
</tr>
<tr>
<td><strong>Theme 7.</strong> Improving telehealth experience</td>
<td>Recommendations to improve the telehealth experience for Black women and birthing individuals</td>
<td>quality and respectful care, tools, advice to birthing people, telehealth recommendations</td>
<td>“...to provide the tools that are needed to make these checkups work...not everybody can afford a Doppler or blood pressure gauge or anything like that....If you can’t have the visit in person, provide the tools that are needed to succeed in your visits”</td>
</tr>
</tbody>
</table>
Participants described a range of positive and negative health care encounters prior to the pandemic, with negative health care experiences generally associated with care provided in hospitals. Positive health care experiences were associated with receiving more comprehensive, or what participants described as “thorough” care, by health care providers. Several participants across two listening sessions described receiving thorough care. One participant also associated “genuineness” from health care providers with positive experiences. On the other hand, negative maternal health care experiences included “pressured” care or lack of autonomy over decision–making, for example, being pressured into receiving an epidural, as one participant experienced in the hospital during a previous pregnancy. The quotes below illustrate this theme:

“...Like I was pressured a lot into getting an epidural. Um, I was threatened that if I didn’t go through with it, my husband wouldn’t be able to go with me...like they will have to do a C-section and they say, “Well, he won’t be able to come in if you don’t get an epidural.” So, it was just a lot. And I was like, I’m not doing the hospital again. I’d rather do birth centers and go that, that route.”

- Michelle (Listening Session 1)

“For me, I felt like my care was a lot more thorough. I like face-to-face contact, because sometimes when you’re not meeting with somebody face-to-face, you don’t really... questions don’t always pop up in your head.”

- Angela (Listening Session 2)

When Black women and Black birthing individuals receive maternal care during the COVID–19 pandemic, they encounter a range of challenges within the following four subthemes: “Challenges with providers”, “Lack of instrumental/tangible support”, “Telehealth barriers”, and “Systemic issues with health care.” The first subtheme, “Challenges with providers” included receiving impersonal care, negative care, as well as, inconsistency among the providers from which they received maternal care. Across two listening sessions, participants specifically stated that providers were not providing individualized care during the pandemic. Participants speculated that the lack of personal and individualized care was due to a lack of training in providing telehealth as well as physicians’ fears of contracting COVID–19 during in–person appointments. Participants also shared that impersonal care could be due to a lack of concern among providers. Similarly, three participants described inconsistency in providers as another challenge they experienced, explaining that they have seen multiple providers throughout their prenatal appointments. They shared the sentiment that it would be ideal to have the same provider, if possible, for continuity.

Participants also described a lack of instrumental, or tangible support, to participate in prenatal visits (subtheme 2). For example, across each listening session, multiple participants described the expectation to take their own vitals for prenatal visits without having medical equipment, e.g., a doppler, scale, or blood pressure cuff. While some participants purchased medical equipment for themselves, others did not and were unable to conduct the procedures at home. Participants stressed the need for patients to be provided with the medical equipment and for telehealth appointments. They further explained that they were expected to perform these medical tasks without having any training provided by their health care providers.
Participants across each listening session described technology and blood pressure monitoring as barriers to telehealth, subtheme 3. Technology barriers were specifically related to access to the internet, access to electronic devices to use telehealth platforms, and inexperience in using Zoom and other apps to participate in telehealth. Participants again described monitoring blood pressure as a barrier to telehealth, particularly if patients did not have a blood pressure cuff or did not understand the importance of monitoring blood pressure throughout pregnancy.

Finally, participants described “Systemic Challenges”, subtheme 4, that impacted the maternity care they received during the pandemic. Systemic challenges were captured throughout the listening sessions as larger policy changes within their hospitals and birthing centers. For example, restrictive hospital policies limited the number of individuals that could attend prenatal appointments for in-person visits. One participant also described how these restrictions affected the number of prenatal appointments as well. This particular participant shared that when the pandemic began her midwifery center reduced the number of prenatal visits she could have, a policy she challenged in order to receive more appointments. The quotes below illustrate this theme:

“I feel like doctors, they’re not really personable right now because they’re scared of COVID and you know, it was already kind of in and out and they may not listen to your concerns, but now it’s really like, okay, come in and do what they can do. And they’re walking out like that’s it.”

– Dana (Listening Session 1)

“So they required me to have a blood pressure cuff at home and a scale... I had to take my blood pressure while I was on telehealth with the midwife, and then also jump on the scale just so they could get my vitals. For me, going through that process, I just thought about what if somebody didn’t have access to a blood pressure cuff at home or a scale at home? That could be a potential barrier for them in the experience.”

– Mia (Listening Session 2)

“All of a sudden, those dates all got pushed all the way out to, “Well, we’re only going to see you three times before you’re at the very end of the pregnancy.” For me, that was a big no-no. That, I would say, is the big difference. All the dates got shifted. The number of appointments suddenly was less. I understand, for safety, but also, being Black, I was not going to tolerate that. I got all my appointments.”

– Shayla (Listening Session 3)
Theme 3.
Navigating Social and Emotional Needs During the Pandemic through Self-Empowerment and Support

Participants described a range of positive and negative health care encounters prior to the pandemic, with negative health care experiences generally associated with care provided in hospitals. Positive health care experiences were associated with receiving more comprehensive, or what participants described as “thorough” care, by health care providers. Several participants across two listening sessions described receiving thorough care. One participant also associated “genuineness” from health care providers with positive experiences. On the other hand, negative maternal health care experiences included “pressured” care or lack of autonomy over decision-making, for example, being pressured into receiving an epidural, as one participant experienced in the hospital during a previous pregnancy. The quotes below illustrate this theme:

“As Black women, there’s just, I guess, not enough support. For example, I feel like if they’re going to do telehealth, they should be assigning people doulas, midwife, and birth coaches that come by and do house calls to make sure you’re ready.”
– Elisha (Listening Session 3)

“I might say I’m feeling okay, but I still might be experiencing anxiety, or I might have been overly sad this past weekend, or struggle with connecting with others after having a baby. I think you need to ask a little bit more than, “Are you feeling fine?” I don’t think that really touches on too much, especially relative to mental health. You need to dig a little deeper with that.”
– Angela (Listening Session 2)

“I think we need to start making it a thing where we’re really empowering the patient to make decisions for themselves. I feel that it’s still something that’s lacking in Black care.”
– Elisha (Listening Session 3)

“...we were talking about Black maternal health and mortality and all these things. So when you hear about these statistics and you try to empower yourself with tools to not fall into one of those news stories, one of them is making sure that you have other people that can advocate for you as well, rather, a partner or doula or someone else.”
– Toyin (Listening Session 1)
Theme 4.
Dissatisfaction with Medical Care and Seeking Alternatives

Participants described receiving care from midwives, nurses, doulas, and physicians during the pandemic. They described receiving impersonal care and feeling frustrated, anxious, and dissatisfied, particularly with medical providers. On the other hand, experiences with birth workers, like doulas, were more positive. Having a lack of direct access to medical providers, e.g., physicians or midwives caused frustration among some participants. Several participants, for example, expressed their expectations to meet with their midwife or physician during prenatal appointments and their frustration and dissatisfaction with meeting with or having submitted questions answered by nurses instead. Across the three listening sessions, five participants expressed feeling a lack of agency over their bodies and decisions in their medical care. These participants specifically described incidents where they felt pressured into receiving medical services and procedures like x-rays, Pitocin to induce their labor, and epidurals, and also telehealth appointments.

Participants were vocal about the desired characteristics of their maternal health care providers. For example, participants in one listening session shared that they desired providers who were personable, empathetic, and who were also familiar with the specific challenges Black women and birthing people face in health care. The dissatisfaction and frustration with care prompted multiple participants to hire doulas. Across each listening session, participants shared positive sentiments about their experiences with doulas. For those participants with doulas, doulas embodied the characteristics and provided the care they desired from their health care providers, which included empathy, personable care, advocacy, and support. One participant further asserted that support for pregnant Black women was insufficient. She felt that doulas were necessary for Black women, especially if using telehealth for maternity care. The quotes below illustrate this theme.

“When I was in labor this time around, my whole birth plan was, I want to go natural. The way the nurse came in, she kind of just, “Hi, I’m here, your labor is stalling, so we want to break your water. We’re going to give you Pitocin and break your water,” and I’m like, “Are you asking me, or are you telling me? Who’s to say I want to do either?” It’s almost like they’re not asking in a suggestive role, they’re talking to you like, “This is what we’re going to do, and you’re going to just go for it.”

–Elisha (Listening Session 3)

“I did end up getting a doula just because with COVID going on, I feel like doctors, they’re not really personable right now because they’re scared of COVID and you know, it was already kind of in and out and they may not listen to your concerns, but now it’s really like, okay, come in and do what they can do. And they’re walking out like that’s it. So I did decide to get a doula just to have extra support and make sure that I feel, um, as far as advocating for myself, but also hasn’t somebody else on my team, especially when it comes to, um, the actual birthing of my child so.”

–Nia (Listening Session 1)
Participants across each listening described the convenience and flexibility afforded through telehealth. Although one participant noted that the benefits of telehealth did not outweigh the challenges, she appreciated not having to coordinate childcare, which was echoed by several other participants across each listening session. Participants also enjoyed that they did not have to drive to appointments, another convenience afforded by telehealth. To a lesser extent, one participant stated that telehealth provided an opportunity for more thorough appointments, i.e., having more time to “discuss concerns with your provider” and another noted that telehealth appointments cost less than in-person appointments, which were additional benefits. The quotes below illustrate this theme:

“I mean, I wouldn’t personally prefer it, but I guess it would provide more flexibility. So at least you might not have to take off work or take away time from doing other tasks. The phone is always with you, so I definitely feel like it provides a lot more flexibility and freedom with your care. That’s the only thing I can think of at the moment.”

-Mia (Listening Session 2)

“I think the best part is probably not having to find childcare. I have a two-year-old, a four year old and a seven year old. Um, so not having to leave or, or bring them with me or find somebody to watch them. That’s a bonus.”

-Michelle (Listening Session 1)
Theme 6. 
Telehealth Perception and Experiences

Across two of the three listening sessions, participants largely expressed their preference for in-person visits over telehealth visits, even during the COVID-19 pandemic, and questioned if they could receive the quality of care desired through telehealth, which for the most part was accessed using Zoom or other video applications on a computer. Participants expressed concerns over receiving telehealth visits across each listening session and specifically cited reasons they believe in-person appointments to be more effective, including determining what was normal versus abnormal (e.g., bleeding, swelling, blood pressure), having other medical conditions (e.g., anxiety) and the need to be seen in person for milestone check-ins (e.g., six weeks postpartum). Two participants specifically described the importance of first-time mothers having in-person appointments.

Participants commonly perceived telehealth visits as impersonal and less thorough/comprehensive than in-person appointments. However, they shared mixed experiences about the length of their appointments during the pandemic. To a lesser extent, across two listening sessions, there were several participants who shared that their in-person or telehealth appointments during the COVID-19 pandemic felt rushed. Two participants, however, shared that their doctor’s appointments were about the same length as their appointments prior to the pandemic, or longer due to additional protocols in place to prevent the transmission of COVID-19. Participants also described the delay in receiving in-person appointments, which to them meant that providers may not catch abnormalities or potential issues until the end of pregnancy. The quotes below illustrate this theme:

“...how can you really assess through pictures even? Like, “Oh, are you experiencing any swelling or things like that?” Like trying to take a picture and quantify that in a way that you can really see, like, it just, I’m not certain that works really well. And I always question, if I am sending in something, “Is this really a true inaccurate representation?”

-Toyin (Listening Session 1)

“When you take out that extra face-to-face connection, it really, really makes it very... I just want to say run of the mill, like, “Okay, this is where you’re at this week.” You’re feeling like I’m reading an article about my pregnancy, rather than I’m experiencing my pregnancy.”

-Elisha (Listening Session 3)
Participants defined quality and respectful care as personable and engaging, consistent, and individualized. Individualized care was associated with having rapport and connection with providers. Participants also described having providers who are informed about their patient and again underscored the importance of empowered patients who had autonomy over their health care decisions. Across each listening session, there were participants who emphasized that providers should review charts before telehealth appointments, which would prepare them to provide individualized care.

Participants provided recommendations for both providers and patients that would improve the telehealth experience of Black women and birthing people. There were three participants across each listening session who emphasized that patients should be provided with the tools and resources to participate in telehealth appointments, including blood pressure cuffs, dopplers, a scale, as well as, universal access to the internet. One participant specifically stated that Black women should have tools for empowering and to advocate for themselves and their medical care received through telehealth, explaining that statistics on Black maternal health were “daunting”. Multiple participants underscored the importance of Black women having the choice to receive telehealth or in-person appointments while receiving maternity care during the COVID-19 pandemic. One participant further expressed that Black women should be prioritized for in-person appointments because they were more likely to need more individualized care and may have less access to other resources. This participant further suggested that providers have resources and education to teach them how to use telehealth more effectively, which like others stated, would allow them to build a connection with their patients and also provide individualized care.

The quotes below illustrate this theme:

“Are there resources that have been put out that focus on how to advocate for yourself in a telehealth care setting or during a COVID-19 kind of pandemic setting with some of the other barriers and challenges and limitations already that were there? Like where are the resources that kind of help to empower? Um, cause sometimes at least for me, it can be daunting to see the stories, to hear the statistics. And I think this is a good focus group, but even to share some of the challenges, but getting nowhere near as much information about what you can do. And like the other woman said without having spent a ton of money on all these other holistic alternative cares, but I feel less empowered in terms of the tools where it really takes a lot of digging and self-analysis to figure out what can I do for myself in this time.”

-Toyin (Listening Session 1)

“I would just say having a provider who’s going to conduct the telehealth appointment just be given some time to look more into your chart to have a better snapshot of you…. To me, I feel like once they go over your vitals, it’s on the patient to bring up some things to make the appointment more lengthier. So, I feel like the provider should be held to a better standard.”

-Alexis (Listening Session 2)
The research team identified the following six themes from the listening sessions with birthworkers: “Disruption to provision of care during the pandemic”, “Barriers to providing black maternal health care before pandemic”, “Inequities and discrimination in black maternal health care”, “Experiences in providing telehealth”, “Barriers to and benefits of telehealth”, “Recommendations to improve the telehealth experience of Black women and birthing individuals and Black birthworkers”. 
Each theme is summarized in Table 6. and described in detail in the section below.

**Table 6. Themes and Definitions for Black Birthworkers**

<table>
<thead>
<tr>
<th>Theme</th>
<th>Theme Definition</th>
<th>Codes</th>
<th>Examples of Theme Illustrations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme 1.</strong> Disruption to provision of care during the pandemic</td>
<td>Descriptions of birthworker experiences in providing Black maternal health care during the COVID-19 pandemic, including the impact of the pandemic on their work and their clients and barriers</td>
<td>COVID-19 pandemic impact, pandemic barriers, layoffs, connection</td>
<td>“I would say, which becomes a barrier for me is how do I effectively serve you when I cannot be in the support position that I once could be, because I can’t physically be there and you have to kind of choose who’s going to virtually be there. So that’s something that I’ve seen. That’s been, um, been quite a challenge during this time, during the COVID pandemic time.” – Imani (Listening Session 2)</td>
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<tr>
<td><strong>Theme 2.</strong> Barriers to providing Black maternal health care before pandemic</td>
<td>Description of barriers to Black maternal health care provided prior to the COVID-19 pandemic</td>
<td>pre pandemic barriers</td>
<td>“And I think as far as the hardest things that we had is sometimes just keeping appointments. Um, a lot of our moms were super busy. Um, we service a lot of moms that weren’t just first-time moms. So, a lot of them were either working at their own families, had a lot of things in the hustle and bustle. So really just making sure that we can be consistent with meeting with them and with their home visits once a month at times were challenging.” – Adrienne (Listening Session 1)</td>
</tr>
<tr>
<td><strong>Theme 3.</strong> Inequities and discrimination in Black maternal health care</td>
<td>Descriptions of inequities in Black maternal health care driven by dominant cultural discrimination and racism</td>
<td>lack of compassion, inadequate care, race and racism consciousness, dominant culture discrimination, hospital statistics, advocate, empowerment</td>
<td>“Because living day in and day out as a Black woman, causes a lot of stress on the individual and the men. And we won’t forget them, but I think that not enough is being done to address those issues and they are serious issues. The COVID virus brought it all out the inequity of the healthcare and also the treatment of how people of color are treated, um, going to these places.” – Ebony (Listening Session 1)</td>
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<td>Theme</td>
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<td>Theme 4.</td>
<td>Experiences in providing telehealth</td>
<td>Descriptions about birthworkers experiences helping clients with accessing and navigating telehealth services and their understanding of their client’s perception of telehealth technologies</td>
<td>accessibility, logistics, perceived patient acceptance, technology use</td>
</tr>
<tr>
<td>Theme 5.</td>
<td>Barriers to and benefits of telehealth</td>
<td>Perceived benefits of and barriers to providing telehealth by birthworkers</td>
<td>telehealth barriers, telehealth benefits, populations without access, telehealth concerns, domestic violence</td>
</tr>
<tr>
<td>Theme</td>
<td>Theme Definition</td>
<td>Codes</td>
<td>Examples of Theme Illustrations</td>
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<tr>
<td>Theme 6.</td>
<td>Recommendations to improve the telehealth experience of Black women and birthing individuals and Black birthworkers</td>
<td>quality and respectful care, advocate, funding opportunities, telehealth recommendations, funding priorities</td>
<td>“I would say listening, just giving the space to allow a patient to talk, um, because of the majority of the time through that conversation, I know, and I’m able to listen to what their main fears and concerns are, and that helps tailor the conversation. Um, and then egregious as what was mentioned, education, education, education. Um, so many times I hear stories from patients regarding care that just I’m baffled, that care was provided in that manner. Um, and I think through education and women, knowing when to advocate for themselves, um, and when to ask certain questions, um, is important.” – Ebony (Listening Session 1)</td>
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Theme 1.
Disruption to Provision of Care During Pandemic

Across each listening session, birthworkers described how their work was disrupted by the COVID-19 pandemic, specifically detailing ways in which they adjusted to adhere to social distancing guidelines. Participants described shifting to providing virtual doula services and telehealth visits for maternal health care, developing new “creative” ways to conduct community outreach, and creating electronic resources. Several participants still offered limited in-person appointments to collect lab work, to drop off resources to their patients, or restricted virtual appointments to low risk patients. Across each listening session, participants stated that the largest barrier was not being able to physically see patients during their appointments, which impacted their ability to support their clients during labor, to comprehensively assess their well-being, to connect with them, and to “gauge” their home environment. One participant expressed that birthworkers were not able to provide their full scope of work due to the hospital policy restrictions that limit the number of support persons that can be present. She further expressed that this restriction negatively impacts the birthing experience of the birthing individual and the entire family.

Within each listening session, participants expressed how the pandemic hindered patients and providers from establishing a “connection” due to social distancing and virtual appointments. For in-person appointments, physical touch was still limited, and participants questioned their ability to support patients as needed while creating new ways to build rapport and to provide support. To a lesser extent, participants also shared the barriers experienced by birthing people, which included lack of access to medical tools, specifically dopplers as mentioned by one participant, lack of access to internet, or limited access to technology, and a hesitancy to participate in telehealth, as described by one participant.

The quotes below illustrate this theme:

“And then just largely, you know, it’s, evidence-based that any type of support person is invaluable to the birthing person labor experience, and the fact that hospitals are, are using their so-called. I don’t know what, like what kind of authority they think they have over human bodies. And people’s autonomy to not have a support person in the room is just fascinating. You know, because it’s not, evidence-based. None of this is evidence-based and yeah, so it’s, it’s, the challenge is, you know, is that we are, are not able to provide, we’re not able to work in our full scope as birthworkers, and that is harming the, you know, that is negatively impacting the outcome of the birth experience for that expectant and our whole family.”

- Brittany (Listening Session 3)

“Um, for me it’s a, because it’s a home visiting program we’re no longer visiting the home. So, I don’t have the opportunity to walk into the house. Just kind of gauge the environment, see what’s going on, assess what’s happening. It’s more or less of if we’re on the phone, I’m just getting information from the mom. I have to think about who is in that room with her, that I might not be aware of certain, certain questionnaires, certain things that it’s certain conversations that I might have with her. When I know that she has privacy, I may have to hold back on because maybe there’s an abusive partner standing behind her or something like that.”

- Sherrell (Listening Session 2)
Theme 2.

Barriers to Providing Black Maternal Health Care Before Pandemic

Birthworkers described barriers to providing Black maternal health care prior to the COVID-19 pandemic as well. Multiple participants discussed barriers experienced by clients before the pandemic which impacted their ability to access and receive care, including scheduling difficulties and keeping appointments, transportation issues, childcare issues, and financial barriers to hiring a doula. In one listening session, several participants highlighted the lack of awareness about doula services and/or the importance of having a doula as barriers.

Participants also described the challenges they experienced as birthworkers prior to the pandemic. Capacity and time constraints were most commonly mentioned and were described across two of the three listening sessions by multiple participants. Multiple participants further shared experiencing challenges with hospital systems and medical providers. One participant described the “resistance from the hospital around doula support” as a barrier to care prior to the pandemic. Another participant stated that there was a lack of compassion towards “vulnerable populations” shared among hospital executives and other decision makers, which was compounded by a lack of representation. Similarly, another participant stated that the lack of emotional intelligence and cultural humility that exists within Western hospitals was also a barrier to providing Black maternal health care prior to the pandemic.

The quotes below illustrate this theme:

“Um, compassion is not there, um, is strictly about them filling their pockets. And so that’s why I stepped in, um, in the background, gaining all this knowledge from them. And it’s just, uh, I’m just blown away at how they are claiming to serve a vulnerable population, but the compassion isn’t there. So for, for me, I would say the barrier is representation. Um, we need to have more of us serving in these seats and more of us having, um, our hands on that knowledge and passing it down to our communities because we know what we need. And a lot of the clientele, they are, again, that fear factor they’re not”

-LaToya (Listening Session 2)

“I would say my barrier working with lower income families and hard to reach families just trying to get them to understand what a doula is, because a lot of them, they, they just don’t know, or they never heard about it, or if they did hear about it, they can’t afford one. So, they are just trying to get them to stay on board with me. Cause some people are just like, do I really need a wide? Why, what is a doula or why do I need it?”

-Lauren (Listening Session 3)
Theme 3.

Observed inequities and discrimination in Black Maternal Health Care

Across listening sessions, there were several participants that expressed that within western models of care (e.g., hospitals), Black women and birthing individuals experience inadequate health care or a lack of compassion from providers, which is primarily due to racism. In addition, dominant culture discrimination, through restrictive state laws and facility policies, was a barrier to receiving prenatal and postpartum care from birthworkers, while further restricting the autonomy of Black women and birthing individuals to make decisions about their own health care. One participant again noted the lack of compassion amongst decision makers at her employer and shared her belief that they were more concerned with profits than the needs of the patients. Across two listening sessions, several participants noted that the pandemic exacerbated inequities in maternity care experienced by Black women and birthing individuals. A subtheme within this theme is advocacy and empowerment. Participants shared that knowing how and when to advocate for themselves was important for patients to counter inadequate care, including their desire to have in-person versus telehealth appointments.

The quotes below illustrate this theme:

“Because living day in and day out as a Black woman, causes a lot of stress on the individual and the men. And we won’t forget them, but I think that not enough is being done to address those issues and they are serious issues. The COVID virus brought it all out the inequity of the healthcare and also the treatment of how people of color are treated, um, going to these places.”

-Ebony (Listening Session 1)

“I’m an OB GYN provider, but I was also seeing colleagues who cared differently for patients. Um, and, and as we, as we know, those are some of the things why we see disparities or differences, um, in our public health sector, as far as, um, particularly Black women. Um, well, so I feel like those are, those are huge, huge, um, barriers to care that even more so are exemplified now that we have this pandemic happening.”

-Sherrell (Listening Session 2)

“And so I just started attending every Zoom call that I could possibly be on. See what was that missing piece? And that missing piece, that voice was community and trying to get them to understand that Black women don’t want to be in your hospital because they’re afraid they’re not going to come out and you need to give them other options.”

-Rebecca (Listening Session 3)
Theme 4.
Experiences in Providing Telehealth

When birthworkers provided care through telehealth, they used a variety of technologies to connect with clients, including by phone through FaceTime, voice calls, and text messages, as well as using Zoom or other video conferencing platforms. Participants noted that there was not one platform central platform used for telehealth, leading to a variety of methods to implement virtual visits. In one listening session, two participants underscored the importance of using the virtual method that meets the needs and the preferences of the client, with one participant stating that for vulnerable communities, providers cannot rely solely on Zoom and other web-based platforms to implement telehealth. Birthworkers also described how some patients enjoyed receiving maternity care via telehealth because it eliminated the need to arrange childcare and transportation to make their appointments. Birthworkers expressed that some clients did not have pleasant experiences accessing maternity care via telehealth because of technological challenges, rushed visits, inadequate support from providers, and the lack of compassion.

The quotes below illustrate this theme:

“I tend to just meet them where they are, because a lot of people like was like, they were, well, what was said was they don’t know how to use technology. So a lot of times it’s still call or FaceTime call. Isn’t going to help them get the proper care. So they are, they only respond to me via phone call or texting. And that’s what we’ll do. I’ll just call you and I’ll just text you. And I won’t force you to use them. Like we have to see face-to-face. We have to do our prenatals overdue. We have to do it this way. I just simply meet them where they are and make sure they’re getting the proper care.”

-Lisa (Listening Session 3)

“I would say that our patients are definitely pushing back, um, on the services in this way. Um, here in Alabama is a Southern state. And so, they prefer the Southern hospitality. And so even in the medical field, you want that hospitality and then one on one connection and all of that. And so, um, they’re not able to get that.”

-LaToya (Listening Session 2)
Theme 5.
Barriers to and Benefits of Telehealth

Participants described benefits and barriers to providing care through telehealth. Similar to the listening sessions with Black women and birthing individuals, birthworkers stated technology was a barrier to telehealth, specifically having skills to use telehealth platforms, access to the internet, and access to electronics (e.g., cell phones or tablets) to use telehealth. Participants also described barriers to providing support virtually, especially to patients in the hospital during births. In addition, across two listening sessions, several birthworkers expressed concerns about clients who were dealing with intimate partner violence. In addition to barriers, across each listening session, participants expressed their concerns with using telehealth as well. In particular, participants again underscored their fears of not connecting with clients or missing information or cues during the telehealth appointment. To a lesser extent, one participant shared the concern that telehealth may be less effective for non-English speaking clients. Finally, clients experiencing intimate partner violence had limited opportunities for private conversations and birthworkers had to be more cautious about conversations.

The barriers to telehealth are illustrated by the quotes below:

“All of my prenatal and births have been through Zoom or Duo or FaceTime. It’s really hard to do FaceTime, I mean, births through the Zoom or Duo or FaceTime because some, some of my moms, they’re the only ones there. They don’t have any support because we can’t go into the hospitals yet...I’m looking for better ways to be able to assist them in that capacity. During labor, during delivery is a little bit hard for me....”

-Lisa (Listening Session 3)

“Um, and the also is I think about the, what we do with this term, that’s kind of floating around now as the digital red lining, I think, uh, Andrea and some others were talking about that. There’s, you know, there’s, there’s differences in, uh, the ability to have, um, internet services to certain communities.”

-Sherrell (Listening Session 2)

“When we talk about administratively getting folk to understand that sit in places of power that not everyone has access to the internet, not everyone has a cell phone that has the capacity to be able to download and effectively use Zoom. Um, not everybody has an iPhone that can FaceTime, um, and that, yes, there are still people in Baltimore city who, um, get the free phones, um, because they’re eligible for them. So, they actually have to pay for minutes.”

-Cameron (Listening Session 2)
On the other hand, nearly all birthworkers expressed benefits to using telehealth as well. Participants across the three listening sessions described benefits including flexibility, or convenience, afforded by telehealth. Telehealth allowed birthworkers to meet patients “where they are”, eliminated childcare barriers for patients and birthworkers, and also eliminated barriers to transportation or traveling to appointments. Several birthworkers across each listening session also described expanding the reach of their services to reach clients in different counties, states, or regions as another benefit to telehealth. To a lesser extent, having an opportunity to still provide services to clients and earn an income during the pandemic was also mentioned by one participant.

The quotes below illustrate the benefits described by participants:

“One of the things that I appreciate in general is as a birthworker is that, um, before, even before COVID, is that there’s the opportunity to expand reach. We have this opportunity now to reach more families online. So, we’re not limited to our state, you know, we’re not limited to our demographic like our, our, um, our region. Um, you know, we can, we can go so much further with our work and with our, in our reach.”

—Lauren (Listening Session 3)

“For me, it’s exciting to be able to reach people in different places than I am. So, um, to some degree I’m able to reach people that are in other States where I wouldn’t have the opportunity to do that if I didn’t have, um, telehealth that we all love so dearly.”

—Imani (Listening Session 2)
Participants provided a variety of recommendations to improve the telehealth experience of Black women and birthing individuals. Recommendations proposed by birthworkers included providing birthing individuals with technology to adequately participate in health care, including ensuring they had access to Wi-Fi and devices compatible with the telehealth platform that providers employ. Additionally, birthworkers recommended that healthcare practices offer medical equipment (e.g., blood pressure cuffs) to support birthing individuals in assessing their vital signs during the telehealth appointments.

Birthworkers also identified strategies to improve their experiences providing maternity care via telehealth to their clients. These recommendations included providing adequate financial support to allow birthworkers to have sustainable practices with their clients, and to afford the subscriptions for HIPPA-compliant telecommunications platforms (e.g., Zoom). Additionally, birthworkers recommended investing in community-based Black women led organizations to expand access to maternity care services for marginalized populations, including low-income, Black and uninsured birthing individuals. Of note, several participants discussed new funding opportunities released in response to the pandemic, with several receiving funding that they used to further programmatic activities.

The quote below illustrates this theme:

“I think if the organizations aren’t centered around intentionally doing the work around Black lives, Brown lives, if they have agencies that have white leaders, but they’re just throwing their hats in for the funding, because it’s just a general maternal health, um, it’s not equitable. You know, a lot of these groups putting their hats in for funding are already federally funded, state, city, government, major academic institutions and so for a little person like me in my organization, we’re like, we’re out here on the ground. We’re in the community, we’re doing work that a lot of these white-led organizations won’t do, but also don’t have the cultural competency to go into these neighborhoods to actually do the work, to see an increase in outcomes. And again, it goes back down to like what the data is showing. So I would really love to see more of the funding centered around and being intentional in saying Black led, Black woman-led, you know, because it just becomes like a free for all, for everybody to put their name in a hat. Um, and when you start getting down to the root of who’s getting what it’s always our organizations to be able to receive the last, little bit of money that’s left. And, but then all the burden is placed upon us to do the work with little to nothing. So, I would love to see more opportunities present itself so that way Black-led organizations don’t have as many barriers to face.”

-Rebecca (Listening Session 3)
Across listening sessions with both birthworkers and Black women and birthing individuals, participants stated that the following populations would lack access to maternity care delivered via telehealth modalities:

- Low-income populations
- Immigrants
- Black and Brown undocumented individuals
- Non-English-speaking populations
- Transient and homeless populations
- Victims of sex-trafficking
- Populations with limited tech literacy
- Rural communities
Recommendations to Improve the Maternal Health Care and Telehealth Experience of Black Women and Birthing Individuals

Based on the findings from this research study, the research team created the following recommendations to improve the maternity care and telehealth experiences of Black birthworkers, Black women, and Black birthing individuals. The research team framed the recommendations to improve the care provided to Black women and birthing individuals around quality of care, decision-making, and education. These recommendations have implications for providing telehealth during the COVID-19 pandemic and beyond, as institutions continue to adapt to the digital shifts in society (Figure 1).
Figure 1. Recommendations to Improve Maternal Health Care and Telehealth Experiences of Black Women and Birthing Individuals

Quality of Care

✔ Practice Cultural humility and recognize the specific issues Black women and birthing individuals encounter during pregnancy and postpartum

✔ Provide translators during telehealth visits for non-English speaking patients including, but not limited to, French, Swahili, Haitian Creole, and Jamaican Patois

✔ Practice active listening during appointments

✔ Build rapport and exemplify the following characteristics: genuine, empathetic, engaging, open, and honest

✔ Provide individualized care

  Providers should be informed about the patient’s medical history, any existing conditions, or medical concerns

✔ Provide birthing individuals tools to successfully engage in telehealth (Wi-Fi [e.g., hotspots], electronic devices, medical equipment [e.g., blood pressure cuffs, dopplers, scales])

Education

✔ Educate providers about quality and respectful maternity care

✔ Educate providers on the detrimental stereotypes of/assumptions about Black women that contribute to their dehumanization as well as Black women being ignored and disrespected by their providers while receiving care

✔ Provide education to clients so they are empowered to advocate for themselves and to make decisions about their care

✔ Provide education to patients on how to use telehealth equipment and technology

✔ Develop tools to navigate through health care systems and self-advocate for health care needs and desires

✔ Acknowledge how racism (in all its various forms), as well as other intersecting oppressions (e.g., gender, class, citizenship, ability), impacts the care that Black women receive

In addition, the research team developed the following recommendations to improve care provided by Black birthworkers:

1. Invest in Black birthworkers and community-based Black women-led organizations to have the greatest impact and expand the provision of maternity care services to populations lacking access (including low-income, Black and Brown undocumented, limited tech literacy, etc.)

2. Provide birthworkers a livable wage, subscriptions for virtual platforms, and telehealth tools.

3. Integrate telehealth into patient records and automate prompts for direct referrals to social services.
Limitations

This study is not without limitations. Foremost, although the study included populations that identified as Black women and birthing individuals, there was only one participant who identified as non-binary. Therefore, the findings may not be applicable to populations outside of individuals who identify as Black women. Additionally, NBEC advertised and conducted the listening sessions online, therefore limiting our ability to capture the experiences of individuals with low or no access to internet services. Lastly, due to the sample size of the listening sessions, we were unable to determine regional differences in care experiences. Despite these limitations, Black women scholars led the protocol, analysis and synthesis under rigorous research methods established to collect, analyze, and interpret qualitative data.

Conclusions

This report summarizes key themes identified from three listening sessions held with 18 Black birthworkers and three listening sessions held with nine Black women and birthing individuals regarding their experiences receiving and providing maternity care via telehealth during the COVID-19 pandemic. The research team identified several recommendations to improve telehealth delivered maternity care across three domains, quality of care, decision-making and education. It is important to acknowledge that each of these recommendations are not only descriptive of Black peoples’ experiences receiving and providing maternity care via telehealth. The pandemic has only exacerbated inequities and human rights violations in Black communities. The data collected in these listening sessions illustrate that expanding access to and improving maternity care requires educating providers about quality and respectful maternity care and making sustained investments in community-based Black women-led organizations to address gaps in service provision.