Declarative title “Seeing and knowing” as processes to improve care experience-what actions facilitate these experiences and how can health professionals achieve them?

Commentary on: Spurlock EJ, Pickler RH. Birth Experience Among Black Women in the United States: A Qualitative Meta-Synthesis. J Midwifery Womens Health. 2024; https://doi.org/10.1111/jmwh.13628

Implications for practice and research

There is a need to understand and measure how black women can feel known and seen within their healthcare relationships, to improve their experiences of maternity care.

Research around “seeing and knowing” the identities of black women and mothers, from their own perspectives, could inform midwives and obstetricians to achieve racially concordant care.

Context

The World Health Organisation recommendations around intrapartum care aim that a positive experience of childbirth should be the outcome of labour for each woman[1]. Care should be experienced as clinically and psychologically safe[1], and provide emotional as well as practical support[1]. Yet, racist practices can limit this. However amongst staff, black women are perceived differently to white women, with healthcare professionals incorrectly believing they access maternity services inappropriately[2]. Black women are also more commonly dismissed by staff, and not fully included in their own maternity care[2,] reducing autonomy. Thus, current racial disparities mean that black women’s experiences of maternity care support may be less favourable overall, with their needs not fully recognised or met.

Methods

The authors completed a meta-synthesis of qualitative literature on black women’s experiences of childbirth in the United States (US)[3]. Search terms were based on the Cycle to Respectful Care topics[4], as well as key words from an initial literature search. Following title and abstract screening,137 full text articles were screened, and 15 final papers were included in the review. Two reviewers appraised the study quality using the Joanna Briggs Institute critical appraisal tool. Content analysis was used to analyse the qualitative data from final papers. Whilst all final themes originally contained participant quotes, these were not included in the published review findings due to copyright restrictions.

Findings

From synthesising fifteen pieces of qualitative literature, four themes were produced. These were (1) trust: being known and seen; (2) how race influences care; (3) preserving autonomy; and (4) birth as trauma. Notably, the first theme was present in all included studies, referring to women’s satisfaction with care and issues impacting on this. Support varied by profession, with midwives being perceived as making more efforts to know women and support their birth preferences than obstetricians. Most women felt their race impacted on their care.

Commentary

The authors determined that trust, and feeling known and seen within services, was evident in all papers. In addition, 13 of 15 papers mentioned that interpersonal racism was experienced by black women. Therefore, as with wider research, the extent of experienced racist practice interactions and a lack of connection between black women and their healthcare providers are demonstrated in this review. Overall, these distant relationships are a barrier to racial concordance, that is, “a shared identity between a physician and a patient regarding their race”[5].

Uniquely, black women are already affected by stress prenatally, resulting from ongoing racism and mistreatment through their lives[6]. Despite the ideal all women experience positive birth[1], black mothers are more vulnerable to the cumulative effects of maternal mistreatment, and their identities are highly relevant in their experiences of care[6]. This risks their birth experience. Within the first

theme, the experience of being “known and seen” was relevant in all papers. This concept is worthy of further discussion.

The Cycle to Respectful care refers to “valuing the black experience”[4]. Within theme one, cited experiences included good relationships with staff, supporting birth preference, and racial concordance in care[3]. Thus, there are potential measures of whether black mothers feel seen and known. Translation of these into birth planning and staff training has the potential improve care which is not current recognising black women’s lived experiences. Given the professional differences in women’s perceptions of how their providers made efforts to know them, training should be also profession specific.

The US context did somewhat impact on the transferability of findings. For example, different insurance cover did impact on continuity of care, which may not strongly translate to a public funded system elsewhere. However, the inequalities in how black women are treated are not limited to the US, which highlights these study findings as relevant to many health systems and countries overall.

References:

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Competing interests:

The author declares no conflicts of interest.