



Identifying the Key Elements of Racially Concordant Care in a Freestanding Birth Center

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Introduction: There is empirical evidence that the quality of interpersonal care patients receive varies dramatically along racial and ethnic lines, with African American people often reporting much lower quality of care than their white counterparts. Improving the interpersonal relationship between clinicians and patients has been identified as one way to improve quality of care. Specifically, research has identified that patients feel more satisfied with the care that they receive from clinicians with whom they share a racial identity. However, little is known about how clinicians provide racially concordant care. The goal of this analysis was to identify the key components of high-quality care that were most salient for African American birthworkers providing perinatal care to African American patients.

Methods: We conducted semistructured interviews (30 to 90 minutes) with clinicians (N = 10; midwives, student midwives, and doulas) who either worked at or worked closely with an African American-owned birth center in North Minneapolis, Minnesota. We used inductive coding methods to analyze data and to identify key themes.

Results: Providing racially concordant perinatal care to African American birthing individuals required clinicians to acknowledge and center the sociocultural realities and experiences of their patients. Four key themes emerged in our analysis. The first overarching theme identified was the need to acknowledge how cultural identity of patients is fundamental to the clinical encounter. The second theme that emerged was a commitment to racial justice. The third and fourth themes were agency and cultural humility, which highlight the reciprocal nature of the clinician-patient relationship.

Discussion: The most salient aspect of the care that birthworkers of color provide is their culturally centered approach. This approach and all subsequent themes suggest that achieving birth equity for pregnant African American people starts by acknowledging and honoring their sociocultural experiences.

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INTRODUCTION

A growing body of research suggests that the clinician-patient relationship has the potential to influence both clinical outcomes and patients' perception of the quality of care they receive.^{1,2} Patients often report greater satisfaction from clinicians who communicate effectively and form relationships that allow them to feel respected and involved in their care.^{3–5} This research indicates that the clinician-patient relationship can influence both patient understanding of care recommendations and overall patient outcomes; however, the quality of this relationship has been shown to differ for certain groups of patients.^{6,7} Multiple studies have revealed that patient gender and race impact perceived quality of care and overall satisfaction during clinical encounters.^{8–10} Additionally, African

American people often receive a lower quality of care and report not feeling respected by clinicians.^{11,12} Unsurprisingly, pregnant African American individuals, who are often at the intersection of these vulnerable racial and gender identities, are particularly susceptible to lower quality clinician-patient relationships.^{13,14} Birthing people often point to the inability of clinicians to understand their cultural or social backgrounds as a challenge in receiving perinatal care.^{15,16} Expectant African American people frequently voice a desire to have relationships with clinicians in which there are clear communication, opportunities for shared decision making, and high levels of trust.^{14,16} These things are particularly important for those receiving prenatal services.^{13–16}

In its groundbreaking report that identified racial disparities in the quality of health care services African American patients receive, the Institute of Medicine recommends that health care professionals and health services research focus on improving the clinician-patient relationship to address these inequities.¹⁷ Empirical investigations suggest that interventions focusing on communication, partnership, respect, and trust within the clinician-patient relationship could potentially impact patient outcomes.^{13,14,16–21}

Racially concordant clinician-patient relationships, in which the patient and clinician share the same racial background or identity, have been shown to be correlated with increased patient satisfaction, treatment adherence, and improved communication for African American

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Quick Points

- ◆ Acknowledging the cultural identity of patients plays a central role in how African American doulas and midwives provide care to African American patients.
- ◆ Midwives and doulas of color discussed how a commitment to racial justice was needed to provide care to African American patients.
- ◆ Birthworkers note that the importance of acknowledging the agency of patients is an essential part of building trusting relationships.
- ◆ It is important for patients to freely engage in their cultural practices and traditions without judgment.

patients.^{12,22-24} A growing body of evidence also demonstrates the impact that racially concordant doula care can have on birth experiences and outcomes for African American and other birthing individuals of color.²⁵⁻²⁷ A study exploring the motivations of doulas of color found that the doulas saw their racial and cultural identities as a strength that allowed them to better support families during pregnancy and birth.²⁸ These findings and others support long-standing calls for diversification of the health care workforce.²⁹

There is a paucity of literature that specifically explores the elements of the racially concordant clinician-patient interaction that improve satisfaction and outcomes for racial and ethnic minority communities. This exploration is particularly relevant for perinatal care given current empirical evidence and popular media stories about experiences of racial bias in perinatal care delivery among African American families.³⁰⁻³³ Because of the dearth of health care providers of color, most of the empirical evidence related to the birth experiences of African American people focuses almost exclusively on discordant clinician-patient dyads and the distrust that often exists in these relationships. Little attention has been paid to how racially concordant clinician-patient dyads can result in increased trust and improved outcomes. Furthermore, understanding the perspectives of birthworkers (vs the patient) is important for understanding all aspects of the clinician-patient relationship.

Relying on qualitative interviews with African American birthworkers (midwives and doulas) who care for a primarily African American patient population, we sought to understand the key elements of care that birthworkers feel are critical when caring for pregnant people who are African American. Exploring the key elements of racially concordant perinatal care from the perspective of racial and ethnic minority midwives and doulas has the potential to offer insight into the ways prenatal care might be restructured to better serve pregnant people who are African American. This article focuses primarily on one question: How would you in your own words describe culturally centered (culturally focused care) care?

METHODS

Theoretical Framework

Building upon concepts from critical race theory (CRT), we sought to understand viewpoints of those who are racially and ethnically different from the white-dominant narrative.³⁴

CRT is a transdisciplinary, race-equity methodology grounded in social justice³⁵ and is described in more detail in a companion article.³⁶ CRT is a tool that intends to elucidate contemporary racial phenomena, expand the vocabulary with which to discuss complex racial concepts, and challenge racial hierarchies.

This framework attempts to understand and center the experiences of populations who lack social and political power. Eliciting an authentic voice from student midwives, midwives, and doulas of color was a strategic focus in the planning and conviction of this study. We sought to promote race consciousness in this research by *centering at the margins*, shifting from the perspectives of white researchers or the dominant narrative to the perspectives of those who are impacted by the phenomenon being studied.^{35,37}

Community Served

Roots Community Birth Center is located in North Minneapolis, in a neighborhood where over half (52%) of residents have a household income of less than the \$35,000 annually. The majority of residents (61%) in this neighborhood identify as African American.^{38,39} This Minneapolis community has preterm birth, low birth weight, and infant mortality rates that are substantially higher than rates across the rest of the state.⁴⁰

To date, 40 percent of the individuals receiving care at Roots have identified as black or African American, and 75 percent were insured through Medicaid. The birth center serves patients who identify as members of other racial groups as well as from several immigrant communities (eg, Somali, Liberian, and Hmong) and a variety of religious backgrounds (eg, Hebrew Israelites, Muslims, and Quiverfull Christians).

Study Participants

Potential participants were recruited through purposeful sampling methods that began by soliciting participation from the staff at Roots Community Birth Center. To include a diversity of perspectives, the sample included birthworkers with varying affiliations with Roots (see Table 1). Two of our participants did not identify as African American or of a multiracial identity that includes African ancestry, but all participants spoke to the importance of racially concordant care. All key informants were contacted by email to request an interview and agreed to be interviewed by the research team. Written consent was obtained at the time of interview. Participants

Table 1. Study Participant Characteristics		
Type	Racial and Ethnic Identity (n)	Affiliation with Roots Community Birth Center (n)
CPM	African American (1) Middle Eastern (1)	Staff midwife
Student midwife	Latina (1) African American (1)	Student midwife in training at Roots
CNM	African American (2)	Referring or consulting with Roots (1) Accepting transfers to hospital from Roots (1)
Doula	African American (3)	Work with patients receiving care at Roots

Abbreviations: CNM, certified nurse-midwife; CPM, certified professional midwife.

were not compensated for their involvement in this study. The study was approved by the University of Minnesota institutional review board.

Data Sources

Data came from semistructured in-depth key informant interviews lasting 30 to 90 minutes with certified professional midwives, certified nurse-midwives, and doulas. The interviews sought to capture the experiences and perspectives of all birthworkers, not just the experiences of midwives. Interviews were conducted by either the project manager or a trained research assistant. A total of 9 open-ended questions were asked of each participant. This article focuses primarily on one question: “How would you in your own words describe culturally centered (culturally focused care) care?” Each interview was recorded using a hand-held device and professionally transcribed. As key themes emerged in interviews, interviewers took note of themes that described the elements of racially concordant care.

Analysis

A team of 3 researchers trained in qualitative methods coded and analyzed the data. This team consisted of the project manager and 2 graduate research assistants (J.K. and B.B.). Coders used a critical race theoretical framework as well as inductive qualitative approaches. Initial coding was separately and independently validated using an analysis method among the research team. Coding was conducted in a shared spreadsheet. After the initial round of coding, coders met to discuss differences among coders and refine codes and definitions for clarity. Next, a second round of coding was initiated by 2 of the authors (J.A. and J.K.) to group themes and identify which themes emerged across all interviews and in both doula and midwife interviews. A third round of coding was conducted to further group similar themes in interviews. This 3-step process was then used to code all interviews for perspectives on culturally centered care. To establish intercoder reliability and to ensure the validity of the codes, rounds 2 and 3 of coding were conducted in person.

RESULTS

Our sample included midwives, student midwives, and doulas from Roots Community Birth Center, the majority of whom were African American clinicians serving a majority African

American population (see Table 1). The birthworkers (midwives and doulas) in this study identified centering patients’ cultural identities as being a fundamental aspect of providing racially concordant perinatal care to this population. In addition to this overarching theme, participants also cited a commitment to racial justice, the agency of the patient, and cultural humility as important components.

Centering Patients’ Cultural Identity

The overarching theme that emerged from these analyses was a personal and professional commitment to developing relationships that allowed patients to freely and openly share their cultural identity with their clinician. Birthworkers felt that it was necessary for patients to feel respected and acknowledged to allow for meaningful relationships to form. Clinicians noted the importance of allowing patients to share their identities without relying on preconceptions. One participant described this approach by noting how this approach shapes the first encounter with a patient. “I don’t want to stereotype you based on what some book told me...I want to ask you. What do you need? What can I offer you?”

Additionally, participants acknowledged that a diversity of cultural experiences are possible when serving patients who have been racialized as African American and highlighted the importance of responding to each patient’s individual needs. “When I have moms who are here and maybe refugees from Somalia, you know, I ask. Have they found a mosque yet? Have they found [community]?”

Racial Justice

For the birthworkers in our study, providing the best care to their patient population required an acknowledgment of the histories of racism and discrimination impacting every aspect of patients’ lives, not just the prenatal care they receive. Our participants saw providing racially concordant care to pregnant African American people as an essential part of working toward birth equity and racial equity for African American people. Central to this understanding was the belief that it is necessary to acknowledge systems of power and oppression and to be committed to amplifying the voices of patients who have been marginalized.

So many times because you [a patient] had your power stripped away...because you have been broken and torn down so many times, you don’t want to stand because

you're tired of getting knocked back down. Whether it be socially, financially, spiritually, educationally, whatever... We can add them all, but sometimes you're tired of getting knocked down. How important is it to let people know, okay, if you don't want to stand, at least get on your knees but don't lay flat.

Clinical recommendations are presented with the obvious caveat that they cannot solve the systemic injustices affecting a pregnant person. However, these recommendations can often help individuals have safer pregnancies and healthier newborns.

Let's say, you know, it looks like you had preeclampsia in your last pregnancy. We've got some good studies that show that a low dose aspirin can be protective against that... If I had a magic wand to wave over you that didn't make you stressed about the police driving behind you or what you see on TV, I would, but I can't do that. [Aspirin] could be something you could do that helps mitigate that while you have to live in this system that does this [racism] to you.

This quote illustrates that participants believed that it is important to name the broader societal issues that may be causing distress in a patient's life while providing them with practical solutions to mitigate those stresses.

Agency

An essential aspect of building a trusting relationship with patients was the need for birthworkers to be vulnerable and let go of the assumed professional and social hierarchy that often exists during clinical encounters. Midwives and doulas felt it was important to embrace the expertise and self-knowing (agency) of patients in matters regarding their pregnancy. Four participants in the sample acknowledged that this approach to care was powerful because it centers the patients and honors the knowledge that they bring to the encounter from their own lived experiences. Acknowledging and respecting the agency that the patient has over their body and their own life increases trust in the relationship because it “teaches people they're resilient, they have the ability to make choices and make decisions to improve their situation, and they have the power to do that,” explained one study participant. This particular theme is powerful when considering literature that acknowledges women's needs to have control during their pregnancy and labor and how often racially or economically marginalized people report not feeling this level of control during their birth experience. In addition to the sense of resilience that this approach teaches patients, birthworkers also noted how empowering and transformative this approach can be: “I can tell you what I'm observing from the outside, because sometimes you can't see the trees for being in the forest. I can do that but she's the expert even if she doesn't know it. Maybe I have to sometimes help her find her better version of her.”

Cultural Humility

In addition to the agency of each patient, participants noted the importance of displaying cultural humility as a critical

aspect of providing perinatal care to racial and ethnic minority communities. This particular theme was frequently cited by participants and appeared in over half of responses. The definition of cultural humility used by birthworkers appears to be fluid and dynamic, encapsulating multiple aspects of the relationship-centered care. For some participants, cultural humility meant providing care that catered to the individual social and emotional needs of each patient. One participant described this commitment to cultural humility in the following way: “...care that acknowledges and honors your journey that's gotten you to that point of your pregnancy, and then that's going to lead you on in a way from pregnancy and motherhood, basically. It can make or break a birth.”

Another aspect of cultural humility frequently highlighted by participants was a clinician's commitment to allowing patients to engage in their cultural practices and traditions free of judgment. Cultural traditions are not seen as an obstacle to optimal pregnancy care but rather as a necessary component to consider and incorporate for each patient. One midwife practicing at the birth center demonstrated how this openness to cultural expression is embedded within the structure of the practice by explaining the following intake scenario.

At their intake visit they talk about, if they have any spiritual beliefs that we should be aware of so we can respect them... Some people don't want that in their relationship with us at all. Other people are like, “I need you to do praise work.” I'm like, “Okay, let's do it.”

Clinicians also noted that meeting the care needs of their patients sometimes required them to exert their professional authority in ways that reestablished unequal power dynamics within the care relationship. A midwife at the birth center highlighted this tension by explaining one patient's religious objection to a blood draw. Although it is the goal of the birth center to respect the religious and cultural practices of patients, this request could not be met, and the clinician had to explain this limitation in the following manner.

Well, I need to know your blood type. This is a basic safety condition of being here. That's what I say. You don't have to do this, but you can't birth here. These are my minimums that have to be done. How can we talk about this in a way that helps you understand it? If you don't and if you disagree that is fine, but you cannot birth here.

This acknowledges the patient's cultural practices while making it clear that in order to provide appropriate care, the birth center needed to complete the procedure. Space was created for the patient to receive additional information about the procedure in order to make a more informed decision.

DISCUSSION

This analysis highlights ways in which African American birthworkers conceptualize, create, and nurture relationships with pregnant African American patients. Existing literature tells us that these relationships can improve patient trust and adherence, but until now, little was known about how clinicians create these relationships. Although clinicians are only one part of the relationship equation, this study chose to focus

on clinician experiences because to date, there is a paucity of inquiry that seeks to explore the experiences of African American birthworkers and how racially concordant clinicians working with pregnant African American individuals attempt to meet the care needs of their patients. Birthworkers also acknowledge that meeting the care needs of their patients sometimes requires them to exert their professional authority. These decisions are often challenging for both the clinician and the patient because they reestablish an unequal power dynamic. However, because of the nurturing relationships that are developed throughout pregnancy, patients often trust that their clinician is acting in their best interest and the best interest of their fetus and newborn.

Among the participants we interviewed, there was acknowledgment of the importance of culturally centered care in providing support to African American people during pregnancy and childbirth, and fundamental to this care was an understanding and engagement with racial justice. These birthworkers of color often pointed to historical and contemporary racial inequities that affect the African American people they serve both during health care encounters and in their everyday lives. This recognition is consistent with data showing the effects of structural and interpersonal racism on the health and lives of African American families.^{41,42}

The insights provided by birthworkers suggest that relationship-centered care cannot be successful if clinicians only address the biomedical or clinical needs of their patients. Instead, they advocate for a relationship that is not exclusively curative but rather affirming of identity, culture, and the sociocultural realities of that patient. The strength of this relationship relies on the clinician's familiarity with the lived experiences and social realities of the population they serve.

In addition to acknowledging cultural identity and various forms of systemic oppression, participants also highlighted the need to respect and honor the agency of patients and cultural humility. These 2 themes represent a paradigm shift and suggest that African American birthing people know what is best for themselves and their offspring. By acknowledging the agency of their patients and honoring the cultural practices that each patient brings into the clinical encounter, these clinicians suggest that the best way to care for African American birthing individuals is to acknowledge that when it comes to their bodies and their fetuses and newborns, they are the experts.

Findings from a complementary yet distinct investigation with the same study participants suggest that midwives are committed to eliminating racial inequities in perinatal outcomes and that these midwives believe that recruiting and training more midwives of color is necessary in order to overcome documented inequities in the state.³⁶

Although many of the birthworkers in our sample have the unique advantage of sharing a racial identity with the individuals they serve, the information they shared is potentially generalizable. Achieving birth equity for African American families is not and cannot be solely the mission of African American birthworkers. Although workforce diversity would improve African American families' abilities to have intimate connections with clinicians, creating supportive environments should be the focus of all birthworkers. Creating and nurturing pregnancy experiences wherein African Amer-

ican patients feel that their racial and ethnic identity is being centered and celebrated is a goal that all clinicians, regardless of racial identity, can strive toward.

Limitations

This study offers useful insights but also has important limitations. First, it draws from a relatively small sample size ($N = 10$). This sample also focused on individuals working at a birth center that explicitly aims to amplify the voices of birthworkers of color. To that end, the data presented centers the experiences of birthworkers of color who work with diverse racial, ethnic, and cultural communities. Participants identified mainly structural factors as being central to this type of care, but because of aforementioned limitations, this study does not establish a causal pathway between providing culturally centered care as described by participants and improved birth outcomes, as this was beyond the scope of this analysis.

CONCLUSION

The themes identified by the birthworkers in this study present valuable insight into the nature of racially concordant clinician-patient relationships. These themes, and their explicit focus on racial and cultural identity, suggest a need to investigate the importance of race and culture in health care encounters. The birthworkers in our study felt that honoring the sociocultural experiences of their patients was the only way to establish honest, trusting, and reciprocal relationships with pregnant African American people. Given the evidence linking strong clinician-patient relationships to improved patient outcomes, it is important to understand how African American birthworkers create these relationships with their patients and how these approaches can be used throughout the health care system.

CONFLICT OF INTEREST

The authors have no conflicts of interest to disclose.

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