

Cherished Futures for Black Moms & Babies



ENGAGING COMMUNITY MEMBERS AND KEY STAKEHOLDERS IN THE DEVELOPMENT OF A BIRTH EQUITY HOSPITAL DESIGNATION

DECEMBER 2022

Cherished Futures is a joint initiative of Communities Lifting Communities, the Public Health Alliance of Southern California, and the Hospital Association of Southern California.



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EXECUTIVE SUMMARY



Safe births are becoming an increasingly rare privilege. While statistics on the disproportionately high rates of Black woman's maternal morbidity and mortality are widely cited, conversations often stop short of acknowledging the legacy of institutional racism that persist to this day. Hospitals have a role in redressing these inequities to create avenues for safer births for the communities they serve.

The purpose of this report is to identify and inform next steps in the creation of a birth equity hospital designation in California. We first conducted a comparative analysis of 10 industry-leading hospital evaluation systems to identify gaps in existing evaluation methodologies. We found that there is a lack of standardization in the way hospital care is evaluated in the US, with the greatest deficit seen in the realm of equitable data collection and analysis. These deficits can be remedied by adopting institutional practices that center Black women and birthing people, as they are most impacted by these disparities.

We then developed an online survey for community members to share thoughts on the feasibility of a birth equity hospital designation. The majority of the 31 respondents stated that a designation of this kind would be useful to them. We conducted 12 key informant interviews and 3 focus group discussions over the course of a year, engaging with 30 people including clinicians, researchers, birth justice advocates, and community members to explore their perspectives on a birth equity hospital designation. In addition to sharing their general feelings about hospital designations, interviewees also shared specific recommendations for an improved birth equity hospital designation methodology.

This report details the findings from our comparative analysis and highlights key themes from interviews and focus groups with experts from the field. This report provides a foundation for the development of a birth equity designation framework for hospitals, and these findings give insight into the need for stronger, intentional, non-hierarchical partnerships between hospitals and the communities they serve.

INTRODUCTION



There are [over 4,000 hospitals](#) in operation in the US, where an estimated [98.4% of women give birth](#). Research shows that [maternal mortality rates increased](#) during the COVID-19 pandemic, with Black women having the highest rates of maternal mortality, including severely high rates of COVID-related maternal deaths. Despite the higher rates of perinatal complications for Black women receiving hospital care, hospitals remain popular access points that many women and birthing people turn to for essential services.

In Los Angeles County, there are 46 delivery hospitals where an average of 114,000 births take place each year. Research shows that Black women are [more likely](#) to experience severe pregnancy complications when compared to white women, and that a Black woman with a college degree is [nearly twice as likely](#) to experience pregnancy complications compared to a white woman that has not completed high school. Furthermore, the rates of pregnancy-related death for Black and American Indian/Alaska Native women over the age of thirty are [4 to 5 times higher](#) than their white peers.

Research also shows that women of color report experiencing [issues](#) like discrimination when navigating the health care system during pregnancy, birth, and postpartum. This toxic stress is linked to adverse birth outcomes. The following statement, from recent research exploring Black women's perspectives on [reducing preterm birth](#) provides context for why Black women are affected by the systemic issues they encounter in hospitals:

“There is a lack of safety felt by Black women in the healthcare system. Black women’s stress is exacerbated by having to navigate a system that is unfamiliar, and at times hostile to them”

Smith KL, Shipchandler F, Kudumu M, Davies-Balch S, Leonard SA. Maternal Child Health Journal. 2022

Systems-level change is needed in order to address the structural inequities that cause disparate perinatal health outcomes, and the high rate of hospital-based deliveries make hospitals an optimal site for systems-level interventions. To improve perinatal health outcomes, we must reform the way hospitals are evaluated. Sustainable improvements in clinical care requires systems-level interventions.

Improving Hospital Evaluation to Support Institutional Transformation

Hospital evaluation systems have traditionally focused on clinical and organizational efficiency, but there is growing awareness to incorporate metrics for health and racial equity. A growing number of hospital designation systems have been developed to address maternal and infant health disparities, including the World Health Organization's [Baby Friendly hospital designation](#), which is awarded to hospitals that support breastfeeding initiation. In December 2021 the Centers for Medicare and Medicaid Services (CMS) announced the [Birthing Friendly hospital designation](#), which is still under development and is intended to designate hospitals that self-report participation in a federal or state perinatal quality collaborative. CMS considers this the first step in assessing how hospitals are progressing in their perinatal quality improvement initiatives.

While the CMS Birthing Friendly hospital designation provides initial steps to evaluate perinatal quality improvement, there is no widespread hospital evaluation methodology that operationalizes birth equity. There is currently no methodology that assesses how perinatal care addresses individual needs as well as racial and social inequities present in the greater community. With this lack of institutional accountability, there is a need to create a hospital evaluation process that is rooted in birth justice, where hospitals are expected to provide holistic perinatal care that upholds the dignity of patients, advances racial justice, and addresses the unique needs of the communities being served. It is our hope that this birth equity designation project will help inform a more comprehensive birth equity designation for hospitals throughout the county, state, and beyond.

Defining a Birth Equity Hospital Designation

In the context of this work, birth equity is defined as the provision of holistic perinatal care that addresses the needs of the individual as well as racial and social inequities present in the greater community. Hospital designations refer to a classification awarded to hospitals with labor and delivery (L&D) departments (also known as birthing hospitals) that have demonstrated progress in improving patient care. As such, a birth equity hospital designation is awarded to hospitals that are committed to improving Black birth outcomes across the four domains of systems-level change: data, clinical, institutional, and community.

About Cherished Futures for Black Moms & Babies and the Birth Equity Hospital Designation Project

[Cherished Futures for Black Moms & Babies](#) (Cherished Futures) is a multi-sector collaborative effort to reduce Black infant and maternal inequities and improve patient experiences for Black birthing people in Los Angeles County. Cherished Futures leads a collaborative between hospitals, public health, health plans, and community members to improve care delivery and experiences by centering Black mothers and birthing people. It is a joint initiative of the Public Health Alliance of Southern California, Communities Lifting Communities, and the Hospital Association of Southern California. Cherished Futures is one of the few maternal health initiatives bridging the gap between local hospitals and Black community leaders in LA County.

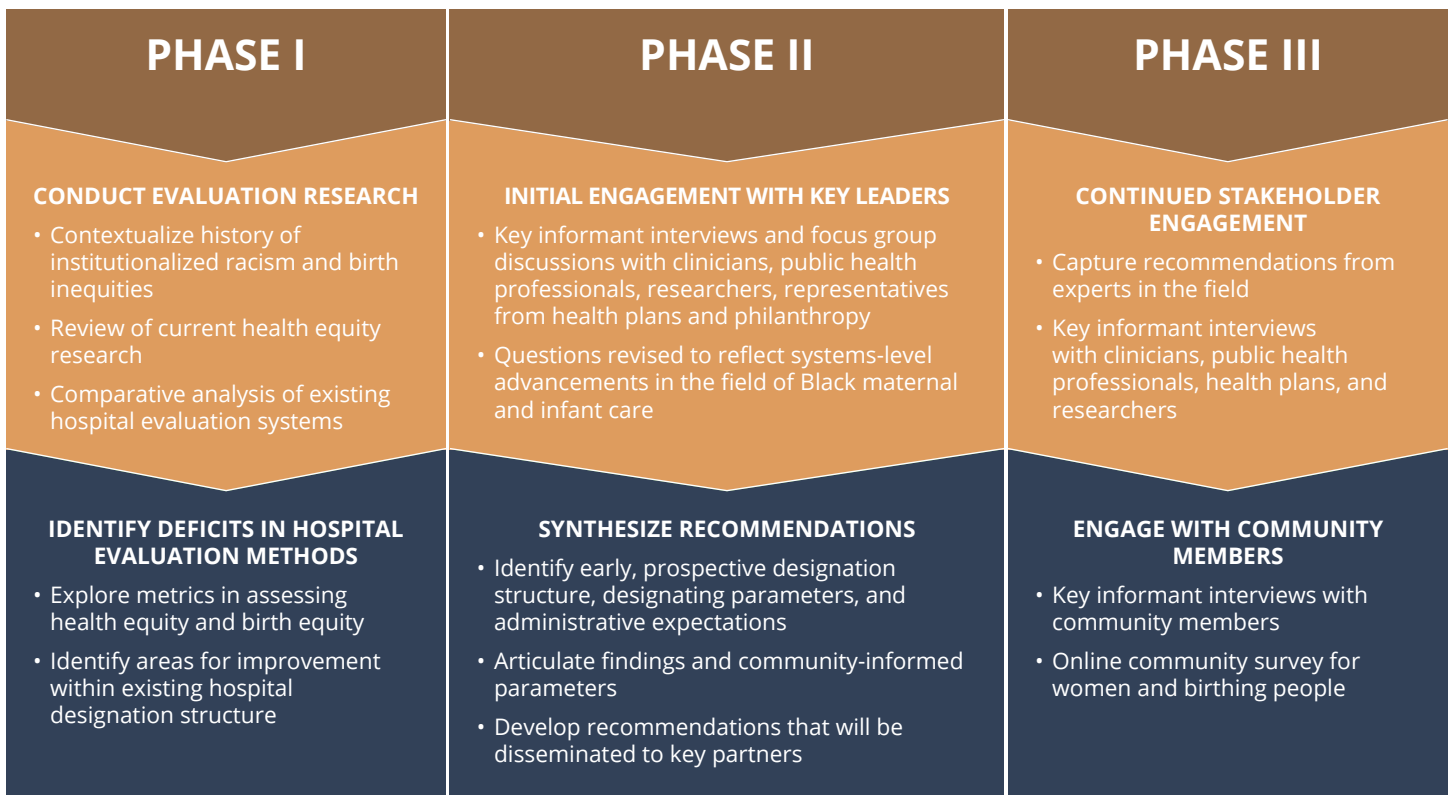
In addition to uniting clinical and community leaders in the 2nd Cherished Futures hospital cohort, Cherished Futures is leading the charge to explore perspectives on a birth equity hospital designation. Funded by the Centene Foundation for Quality Healthcare and Health Net, this birth equity hospital designation project explores the feasibility of a statewide, birth equity hospital designation as a vehicle to encourage institutional accountability and make rapid improvements in Black maternal infant health outcomes.

We organized the project into multiple phases, as outlined below•

- **Phase I: Evaluation Research** (June 2021)
 - » We conducted a landscape analysis of current hospital evaluation metrics (including a review of 10 hospital evaluation systems that are considered the industry standard); a comparative analysis of hospital evaluation systems and emerging modalities centering Black maternal and infant health in hospital settings; and identified deficits in current evaluation methods, including which hospital evaluation systems fail to address perinatal care across the domains of data, clinical, institutional, and community. These findings were outlined in the Matrix of Hospital Evaluation Systems and Black Maternal Health Modalities.
- **Phase II: Preliminary Engagement of Key Stakeholders** (July – August 2021)
 - » We conducted a mixed method, community-centered research project to gauge community members’ perceptions

regarding a birth equity hospital designation. This project involved a qualitative arm, where data was collected through key informant interviews, and a quantitative arm, where data was collected through an online survey.

- **Phase III: Continued Engagement with Key Stakeholders** (May – July 2022)
 - » With the Centers for Medicare and Medicaid Services (CMS) announcing the development of a [Birthing Friendly hospital designation](#)* in December 2021, the launch of Cherished Futures’ 2nd hospital cohort in February 2022, and the release of the Biden-Harris Administration’s [Blueprint for Addressing the Maternal Health Crisis](#) in June 2022, we were excited to engage with more experts about how hospital care can be improved.
 - » We facilitated key informant interviews and focus group discussions, asking participants questions that were revised to reflect the advancements we are seeing in the field.



About This Report

This report details the findings from our comparative analysis and highlights key themes from interviews and focus groups with experts from the field. The purpose of this report is to identify and inform next steps in the potential creation of a birth equity hospital designation in California.

The report includes three parts:

- I. Findings From Initial Comparative Analysis of Existing Evaluation Systems & Initial Impressions from Black Women
- II. Understanding Perspectives of Birth Equity Designation from Stakeholders
- III. Key Takeaways & Next Steps

	HEALTH CARE EVALUATION SYSTEMS										MODALITIES CENTERING BLACK MATERNAL HEALTH			
	ASSESSING GENERAL CLINICAL CARE								ASSESSING PERINATAL CARE					
	Fortune/IBM Watson Health Equity Index	Lown Hospitals Index	US News and World Report	HRC's Healthcare Equity Index	Leapfrog Rating	The Joint Commission	Foster McGaw Prize	CMS Hospital Quality Star Rating	Healthgrades Women's Care Rating	The Baby-Friendly Hospital Initiative (Baby Friendly USA)	PTBI's Person-Centered Prenatal Care Scale	California Maternal Quality Care Collaborative Birth Equity Initiative	PREM-OB Scale™	NAAABB Black Birthing Bill of Rights
TYPE	Hospital Ranking		Hospital Rating and Designation		Hospital Accreditation	Hospital Recognition	Hospital Rating	Hospital Rating and Designation	Hospital Designation	Research Tool		Best Practices		
Evaluates Hospitals?	YES										NO			
Addresses Racial Equity?	✓	✓	X	X	X	✓	X	X	X	X	✓	✓	✓	✓
Addresses Birth Equity?	✓	X	X	X	X	X	X	X	X	X	✓	✓	✓	✓
Aligns With CF's Data Goals?	X	X	X	X	X	✓	X	X	X	X	✓	✓	✓	X
Aligns With CF's Clinical Goals?	✓	✓	✓	✓	✓	✓	X	✓	✓	✓	✓	✓	✓	✓
Aligns With CF's Institutional Goals?	✓	✓	X	✓	X	✓	X	X	X	✓	X	✓	✓	✓
Aligns With CF's Community Goals?	✓	✓	X	✓	X	✓	✓	X	X	X	✓	✓	✓	✓

I. FINDINGS

From Initial Comparative Analysis of Existing Evaluation Systems & Initial Impressions From Black Women



Comparative Analysis Findings from Phase I (Evaluation Research)

In order to assess which clinical and non-clinical metrics are being used to evaluate hospital care, we analyzed 10 of the country's leading evaluation systems and compared their metrics against Cherished Futures' domains of systems-level change: clinical, data, institutional, and community. (Cherished Futures hospital teams use these four domains to inform the interventions they implement during their two-year cohort experience)

Of the 10 hospital evaluation systems analyzed, this comparative analysis identified the following trends:

- 7 of 10 do not explicitly address racial equity
- 9 out of 10 do not explicitly address birth equity

- 9 of 10 do not evaluate data collection and analysis with regards to racial justice or birth equity
- 5 of 10 do not evaluate institutional policies with regards to racial justice or birth equity
- 5 of 10 do not evaluate community partnerships with regards to racial justice or birth equity

This comparative analysis reflects [current research](#) in the field: standardized measures are lacking across hospital evaluation systems in the US, and few have standalone indicators to measure health disparities. The greatest deficit seen in hospital evaluation systems is regarding data collection and analysis, which is expected considering the persistent [issue](#) of disparate, uncoordinated data in hospital systems across the country.

Fortunately, Black women scholars have been hard at work to remedy this issue. Each of the Black maternal health modalities included in this comparative analysis were created by Black women scholars and address the knowledge gaps many hospital evaluation systems have regarding data collection, institutional practices, and community partnerships.

Few of the well-known, industry-leading hospital evaluation frameworks are directly informed by the communities that hospitals serve. For this reason, it is important to understand the perceptions community members have around a birth equity hospital designation, as it is the individuals that we hope to equip with information to make informed decisions about their perinatal care.

How Do Black Community Members Feel About a Birth Equity Hospital Designation?

Quantitative Findings from Phase II (Stakeholder Engagement)

The quantitative arm of Phase II of this project included a short online survey for community members who have been pregnant, are currently pregnant, or desire pregnancy in the future. The survey was created using Typeform, an online survey builder, and consisted of 15 questions. The survey consisted of brief questions about the survey-taker's demographics, perinatal experiences, and opinions on how hospitals can promote birth equity. The survey was open to the public for 1.5 weeks. The survey was shared with Black maternal health advocacy groups and the public via emails and social media posts.

There was a total of 32 responses to the survey, with a response rate of approximately 20%. Questions with missing data were not included in this analysis. Of all the respondents, 100% are female and 84.4% currently reside in California (see Appendix). 43.8% of respondents are between the ages of 24 and 30 years old and 50% identify as Black or African American. 68.7% of respondents had previously given birth, 18.8% had never given birth, and 12.5% were pregnant. 75% of respondents reported receiving perinatal care in a hospital or supporting someone who did.

When asked if they had ever considered delivering a baby in a location other than a hospital, 75% of respondents reported “yes”, with the majority citing their desire for a less medicalized birth as the reason for this (Fig. 7). Other reasons respondents were interested in experiencing labor and delivery in a location other than a hospital included the poor reputation hospitals have in their community, the high cost of hospital care and/or limited health insurance coverage, and negative experiences in hospitals (Fig. 8).

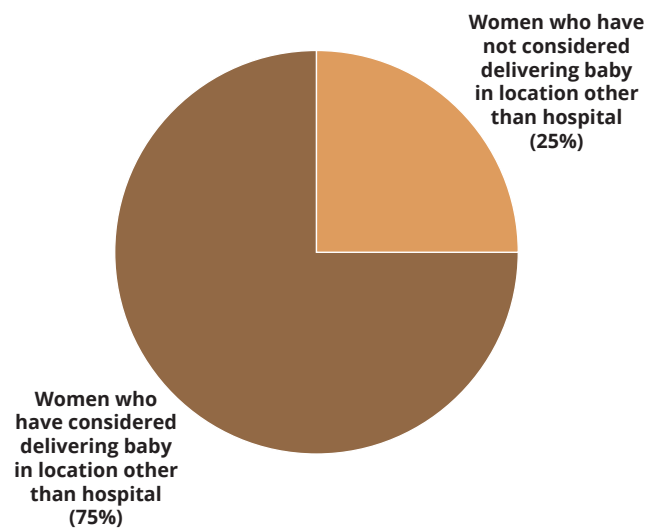


FIGURE 7. Preferred labor and delivery location

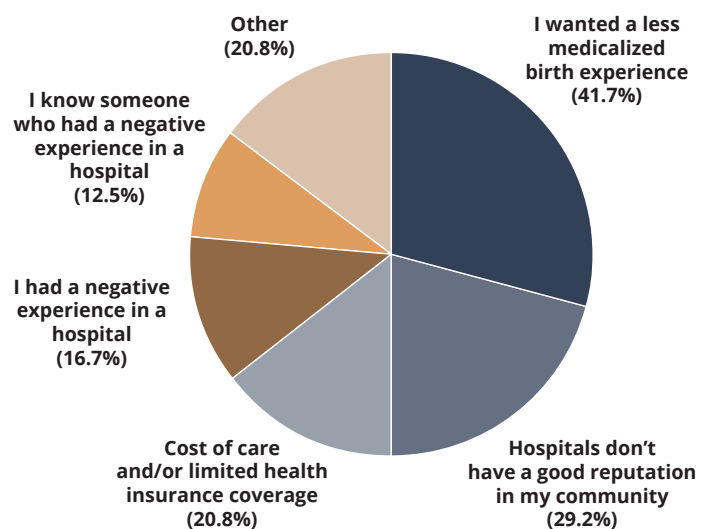


FIGURE 8. Reasons for wanting to experience labor and birth in non-hospital location

The large percentage of respondents reporting their disinterest in experiencing labor and delivery in a hospital reflects shifting trends in birthing options for the current generation of women of reproductive age.

This mixed methods study served to explore the perceptions that Black women specifically (and women of color more broadly) have regarding a birth equity hospital designation. This study was designed with the intention to offer Black women and birthing people a platform to share their thoughts, concerns, and recommendations freely as they draw from their lived experiences. Findings from both the quantitative and qualitative arms show that community members' mistrust of hospitals render them hesitant to believe a birth equity hospital designation could right institutional wrongs.

Community members expressed that they would be more receptive to a birth equity hospital designation if hospitals were sustainably committed to the following:

- improving hospital policies and practices in accordance with birth justice values
- training hospital staff to provide culturally congruent care, and
- partnering with community-based organizations

From the community-informed recommendations to the perinatal health trends identified to the personal anecdotes shared, the results from this mixed methods project provide highly valuable information. Community needs that have been present for generations were identified (i.e., the desire for community-based, holistic care), all within the context of the equity-based transformations taking place in the field of clinical medicine (i.e., community-hospital partnerships). The experiences shared by women of color more broadly provides an invaluable look into the reproductive health landscape of today, illustrating that all people have a space in this ecosystem, especially in the journey for safer births.

Qualitative Findings from Phase II (Stakeholder Engagement)

The qualitative arm of Phase II of the project includes key informant interviews with five women, each representing different personal and professional backgrounds, who were approached for involvement: a Black midwife and professor, a Black doula, a Black lawyer and policy analyst, a South Asian OBGYN physician, and a Black/biracial pregnant woman (see Appendix). These semi-structured interviews were held virtually on the Zoom web conferencing platform from July 2021 to August 2021. Interviews were conducted using an interview guide of 6 open-ended questions (see Appendix). Interviews were transcribed manually and a thematic analysis was conducted, which involved identifying recurring and emerging themes.

All interviewees expressed that members of their communities would initially respond critically to a birth equity hospital designation. Interviewees shared a range of emotions that community members were likely to feel: apathy, hesitation, fear, and mistrust. All interviewees expressed that a slow reception would be more than warranted:

“It depends on where [the birth equity designation] comes from and what the parameters are. The community is used to being bamboozled so a healthy amount of skepticism is fair.”

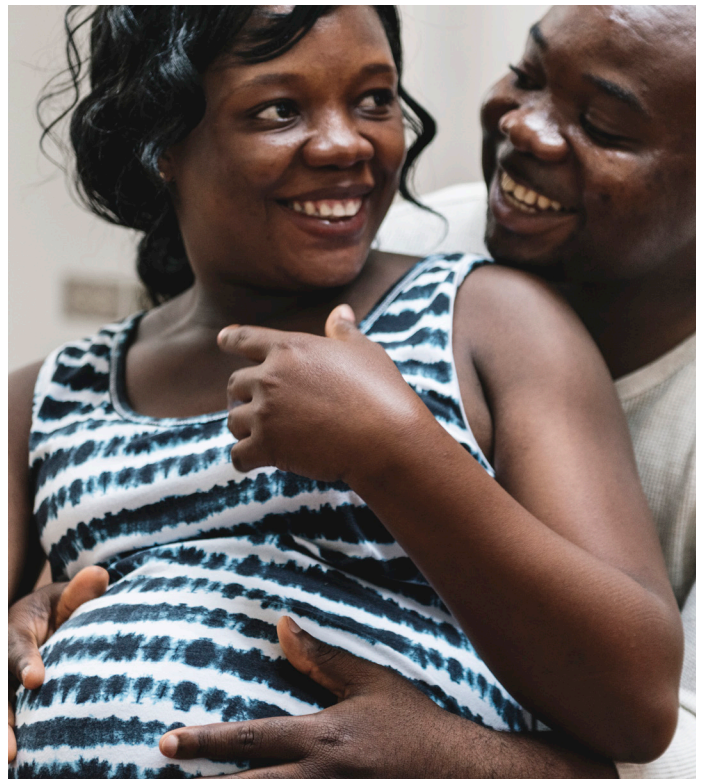
— Black doula

“People come to care with their lived experiences and are hyperaware of the egregious abuses that the healthcare system has inflicted on various communities.”

— Black lawyer and policy analyst

“Ultimately, the ones who [perpetuated] the dysfunction are still the ones who are leading [these hospitals]. They could still be unintentionally making the same mistakes.”

— Black pregnant woman



The doula interviewee noted that once community members know that a birth equity designation was created by women of color, people will be more receptive to this new hospital designation. Thus, Black woman-led teams like Cherished Futures could gain community support by educating people on the benefits and sustainable impact of a birth equity designation. Similarly, hospital leadership and staff should be educated on the mission and vision of a birth equity designation in order to establish trust with their patient population and the greater community.

Implementation of this designation therefore requires a concerted effort to educate the public on the need for and benefits of a birth equity designation in order to address gaps in knowledge that may exist among people. When the pregnant interviewee was asked how she would react if her hospital announced that they had recently received a designation for advancing birth equity, she said she would respond with, “Dang, y’all weren’t already doing that?”

“A designation, once communities recognize it as a marker for equitable health providers, may function as a tool to manage or assuage initial fears or apprehension.”

— Black lawyer and policy analyst

II. UNDERSTANDING

PERSPECTIVES OF BIRTH EQUITY DESIGNATION FROM STAKEHOLDERS



How Do Stakeholders Feel About a Birth Equity Hospital Designation?

As we moved into Phase III of this project, we wanted to engage additional experts in the field of maternal and infant health, supplementing the preliminary interviews we conducted with the five women in Phase II to get a broader sense of community interest. We held key informant interviews with the following 25 participants:

- 1 Black woman pediatrician and epidemiologist with over 30 years of clinical experience
- 5 Black woman birth justice advocates, each with over 20 years of community organizing, advocacy, and research experience
- 1 Black woman healthcare administrator for a high-volume LA hospital

Additionally, we held focus group discussions with the following participants:

- 8 Black women physicians, each with over 20 years of clinical experience and research
- 2 non-Black women representing an LA-based maternal and infant health agency
- 1 Black woman representing an LA-based philanthropic foundation
- 7 pregnant women receiving prenatal care at an LA clinic

These semi-structured interviews were held virtually on the Zoom web conferencing platform from June 2022 to July 2022. Interviews were conducted using an interview guide of 5 open-ended questions (see Appendix). Interviews were transcribed manually and a thematic analysis was conducted, which involved identifying recurring and emerging themes.

Pregnant Women

We facilitated a focus group discussion with pregnant women in a [Centering Pregnancy](#) group prenatal care appointment. Approximately 10 women of different ethnic backgrounds

participated and all women were at different stages of their pregnancy, ranging from first trimester to third trimester. When asked how they would feel about a birth equity hospital designation, participants shared the following:

“I think it would be really important to me that [hospitals] took the steps to get this recognition.”

— Pregnant woman

“Hospitals would be putting people before profits.”

— Pregnant woman

Birth Justice Advocates

All of the birth justice advocates interviewed also serve as Community Advisors with Cherished Futures, meaning they have experience working closely with clinicians and hospital decisionmakers to improve the quality of care in LA hospitals.

All of the birth justice advocates reported having some familiarity with hospital evaluation systems, with many adding that the World Health Organization’s [Baby Friendly hospital designation](#) is the most well-known designation in their personal and professional circles. All advocates who were familiar with the WHO’s Baby Friendly hospital designation mentioned that its [flawed implementation](#) has made them wary of hospital designations.

One advocate mentioned that none of the existing hospital designations were created with a [reproductive justice](#) framework, and another advocate mentioned that current designations focus solely on patient outcomes (i.e., morbidity and mortality rates, breastfeeding rates) but a comprehensive designation should also prioritize patient experiences. Similar to findings from Phase II of this project, advocates reiterated that a birth equity designation cannot impact clinical

outcomes on its own, but hospital transparency and accountability is a necessity as we close gaps in birth outcomes.

None of the birth justice advocates were familiar with the CMS Birthing Friendly hospital designation, but were briefed on the parameters of the designation during the discussion. Advocates were asked if they had any recommendations to improve the CMS Birthing Friendly hospital designation, and some of their responses are outlined on the following page.

Clinicians

We conducted a focus group with eight Black women physicians who collectively have decades of experience across various clinical specialties, including obstetrics, gynecology, perinatology, and pediatrics. One physician, a retired pediatrician, mentioned that historically, pregnant women were assigned to one provider and received the majority of their perinatal care from that one provider. With changes to physician contracts and the increase of restrictive health insurance plans, patients now see different providers throughout their pregnancy. This means it’s more important for hospitals to present themselves as a trustworthy institution with competent clinical staff.

When asked how their colleagues would react to a birth equity hospital designation, the physicians responded that getting physician buy-in will be an important step, as the physician community is typically more resistant to having additional oversight. “Prepare for lots of pushback,” one physician said during the focus group discussion. Another physician added that her colleagues would benefit from knowing exactly what they need to do to earn the designation.

None of the physicians were familiar with the CMS Birthing Friendly hospital designation, but they were briefed on the parameters of the designation during the discussion. Physicians were asked if they had any recommendations to improve the CMS Birthing Friendly hospital designation, and some of their responses are outlined on the following page.

“Hospitals are always rewarding themselves before doing the work and solidifying their track record.”

— Black birth justice advocate

“A birth equity designation will help create friendly competition among hospitals, especially if the metrics are realistic and achievable. Black women are often researching institutions to know that we will be treated well.”

— Black birth justice advocate

“All perinatal quality collaboratives (PQCs) are not created equal. Being a part of a PQC is not enough.”

— Black birth justice advocate

“I don’t care about the hoorah; I care about what you produce. You need to do something before getting a designation.”

— Black birth justice advocate

“I don’t even believe in a collaborative that doesn’t center the communities most impacted.”

— Black birth justice advocate

“PQCs are concerned with quality, not equity. It seems like they are giving hospitals an easy out.”

— Black birth justice advocate

“I think my colleagues in hospitals would be happy that a hospital designation is being used to improve birth outcomes.”

— Black woman physician

“Responses from my physician colleagues could range from ‘How dare you [evaluate] me’ to ‘How can I get a better score’.”

— Black woman physician

“[The CMS Birthing Friendly hospital designation] can be a good first step!”

— Black woman physician

“[The CMS Birthing Friendly hospital designation] might not address any of the issues we’ve raised today.”

— Black woman physician

“If you educate public, they will have direct impact on hospital designation. [The CMS Birthing Friendly hospital designation] will have an impact on the community and put pressure on insurers and government agencies.”

— Black woman physician

Healthcare Administrators

In order to explore the perspectives of non-clinical hospital staff, we interviewed a Black woman healthcare administrator who works in a high-volume LA hospital with older adult patients. This healthcare administrator recently gave birth to her child. During her pregnancy, the COVID-19 pandemic was at its height and she was experiencing gestational hypertension. She was very intentional about where she received care, stating that she “picked a health plan based on the hospital I wanted to deliver in”.

This healthcare administrator noted that she works with uninsured and underinsured hospital patients, most of whom are assigned to a hospital in their network and do not have the financial means to pay for care at an out-of-network hospital.

The healthcare administrator did add that a birth equity designation could be a benefit for underfunded community hospitals, allowing both clinicians and patients to know what the benchmarks for quality perinatal care look like. The healthcare administrator was not familiar with the CMS Birthing Friendly hospital designation but was briefed on the parameters of the designation during the discussion. When asked if she had any recommendations to improve the CMS Birthing Friendly hospital designation, she stated:

“For some of my uninsured clients, hospital designations mean very little. Uninsured patients get assigned to hospitals, even if the hospital is unreliable.”

— Black healthcare administrator

“Hospitals will adopt [a birth equity hospital designation] as long as it fits in their business model.”

— Black healthcare administrator



Philanthropy

We interviewed three non-Black women representing two philanthropic organizations based in LA. These women are public health professionals who work to fund Black maternal and infant health initiatives across LA County. As these public health professionals engage with community members often in their work, they all mentioned the importance of having community oversight as a key component of a birth equity hospital designation.

One participant mentioned that it makes her excited to know that hospitals are making a concerted effort to improve their data evaluation and incorporate doulas into patients’ care teams. Another participant added that it is a major public health benefit to be able to recommend hospitals directly to patients.

When asked how philanthropy can help advance birth equity, one participant mentioned that there is a growing movement to fund community power-building, especially as it relates to forging partnerships with institutions. These participants were not familiar with the CMS Birthing Friendly hospital designation but were briefed on the parameters of the designation

during the discussion. When asked if they had any recommendations to improve the CMS Birthing Friendly hospital designation, one participant shared the following thoughts:

“I love the idea of a birth equity hospital designation. I plan to have another baby soon, and knowing the hospital has a birth equity designation would make me feel much safer.”

— Public health professional

“Some [of my colleagues] would be excited about a birth equity designation, and some would see it as too much work. It will be good to see who the early adopters will be.”

— Public health professional

“There’s a growing public awareness that there are unique risks [that Black patients face], so knowing that hospitals are putting in place unique mitigation strategies absolutely creates peace of mind.”

— Public health professional

“‘Birthing friendly’ doesn’t sound like it’s particularly focused on birth equity. The name itself doesn’t convey that there’s been a deep dive on disparities.”

— Public health professional



Stakeholder-Informed Recommendations

All participants were asked what metrics would be on their birth equity designation “wishlist”. This question was asked in order to capture the concerns experts have as they strive to advance birth equity in their respective professional circles. This question was also posed to participants in order to explore the creative, interdisciplinary recommendations that designating bodies can consider as they develop a birth equity hospital designation.

	BIRTH JUSTICE ADVOCATES	CLINICIANS	HEALTHCARE ADMINISTRATORS	PHILANTHROPY
DATA (all metrics disaggregated by race and ethnicity)	<ul style="list-style-type: none"> • Maternal morbidity and mortality rates • Preterm birth rates • Cesarean section rates • Breastfeeding rates (including for infants in NICU) • Hospital readmission rates • Vaginal birth after cesarean (VBAC) rates 	<ul style="list-style-type: none"> • Maternal morbidity and mortality rates • Cesarean section rates • Data protection technology to protect patient data as it is shared 		
CLINICAL		<ul style="list-style-type: none"> • Labor pain management protocols and options • Use of equitable clinical algorithms that don't perpetuate stereotypes • Midwife-based care 		
INSTITUTIONAL	<ul style="list-style-type: none"> • Implicit bias training completion status • Continued training in cultural humility • Race and ethnicity breakdown of L&D clinicians • Diversity, equity, and inclusion (DEI) policies that address accountability measures • Accepted health insurance plans 	<ul style="list-style-type: none"> • Implicit bias training completion status • Gender, race, and ethnicity breakdown of L&D clinicians • Information about L&D facilities, labor options, and comfort measures 	<ul style="list-style-type: none"> • Accepted health insurance plans 	<ul style="list-style-type: none"> • Training in metrics that specifically impact Black women, birthing people, and families • Race and ethnicity breakdown of L&D clinicians
COMMUNITY	<ul style="list-style-type: none"> • Doula-friendly policies • Data-sharing with community organizations • Physician involvement in marketing the designation to community members 	<ul style="list-style-type: none"> • Physician involvement in marketing the designation to community members 	<ul style="list-style-type: none"> • Strong community referrals system 	<ul style="list-style-type: none"> • Doula-friendly policies • Sustainable community partnerships • Strong community referrals system

III. KEY TAKEAWAYS

& NEXT STEPS



There are many approaches hospitals can take to foster institutional accountability and trust within their community. According to the stakeholders who were interviewed during Phase II and III of this project, an ideal birth equity hospital designation should be rooted in the principles of reproductive justice. This means that, at the outset, the designation must be developed with intention and with input from community members. A designation developed with a reproductive justice lens requires that:

- data is disaggregated by race and ethnicity in order to identify racial disparities;
- clinical protocols are updated to mitigate existing racial disparities;
- institutional policies are created to foster cultural humility (internally and externally); and
- clinicians are involved in community power-building to foster trust-building.

A birth equity designation can give hospitals

the opportunity to improve practices within the domains of data evaluation, clinical protocols, institutional policies, and community partnerships. However, a birth equity designation should not be upheld as the only approach a hospital can undertake in order to advance birth equity. As participants have mentioned, hospital executive leadership, clinical staff, and administrative staff must be committed to long-term changes within their departments in order for these improvements to last (i.e., sustaining staff turnover and/or fluctuations in funding).

Next Steps

At the recommendation of physician champions, Cherished Futures is considering developing an internal task force comprised of clinicians, public health experts, and policymakers, and pregnant or parenting Black people. This birth equity task force will convene to review developments in the implementation of a birth

equity hospital designation, including identifying promising practices in this field. The [Louisiana Perinatal Quality Collaborative \(LaPQC\)](#), housed within the Louisiana Department of Public Health, has developed a two-tiered [Birth Ready](#) designation system for Louisiana hospitals. LaPQC has a rigorous application process for this designation and many of the designated hospitals were working with LaPQC for years prior to receiving the designation. A birth equity task force could work with LaPQC to ensure proper implementation of a birth equity designation in hospitals statewide.

Cherished Futures also plans to continue engaging and mobilizing community members. This is achieved through the annual Cherished Futures Sister Circle, where Black women, birthing people, and birth justice leaders come together to discuss their thoughts, concerns, and hopes in the field of Black maternal and infant health. Future sister circles could be expanded to include people who would most be impacted by a new hospital designation, like lactation consultants, quality improvement researchers, and representatives from health plans.



APPENDICES

Appendix I

I. Phase II Community Survey Questions

1. **Where do you reside?***
 - Southern California
 - Central California
 - Northern California
 - Outside of California
2. **What is your age?***
 - 18-20
 - 20-24
 - 24-30
 - 31-3
 - 35-40
 - 40-45
 - 45+
3. **What is your ethnicity? (choose all that apply)***
 - Black or African American
 - Asian or Pacific Islander
 - Hispanic or Latino/a/x
 - Native American or Alaskan Native
 - White
 - Multiracial or Biracial
 - A race/ethnicity not listed here
4. **What is your gender?***
 - Female
 - Male
 - Non-binary
 - I prefer not to say
 - A gender not listed here
5. **Which of the following best describes you?***
 - I have never given birth and I desire pregnancy in the future
 - I have given birth and I desire pregnancy in the future
 - I have given birth and I do not desire pregnancy in the future
 - I am currently pregnant
6. **I have received perinatal care in a hospital and/or supported someone who received perinatal care in a hospital (perinatal care includes labor/delivery)***
 - Yes *conditional logic to #7*
 - No *conditional logic to #8*
7. **What was your experience like with the perinatal hospital staff? (perinatal staff includes doctors, nurses, anesthesiologists, specialists, etc)***
 - Likert 1←→5 (Very negative, Neutral, Very positive)
8. **Have you considered delivering your baby in a location other than a hospital?***
 - Yes *conditional logic to #9*
 - No *conditional logic to #10*

9. What are some of the reasons for this decision? *(choose all that apply)**

- I had a negative experience in a hospital
- I know someone who had a negative experience in a hospital
- Hospitals don't have a good reputation in my community
- Cost of care and/or limited health insurance coverage
- I wanted a less medicalized birth experience
- Other

10. How do you typically get information about hospitals and/or doctors? *(choose all that apply)**

- Hospital websites
- Word of mouth (Friends, family, etc)
- Review sites (Google, Healthgrades, US News, Zocdoc, etc)
- I don't typically research hospitals before I receive care
- Other

11. How important is it for hospitals to collaborate with community organizations? *(community organizations could include doula collectives, public health organizations, and other non-profit organizations.)**

- Likert 1←→5 (Not at all important, Moderately important, Extremely important)

12. How important is it for hospital staff to receive training to meet the specific needs of their patient population? *(training could include implicit bias training, cultural sensitivity seminars, etc.)**

- Likert 1←→5 (Not at all important, Moderately important, Extremely important)

13. How important is it for hospitals to promote birth equity? *(birth equity = providing the resources for safe births for all patients)* [Omitted from analysis due to missing data]*

- Likert 1←→5 (Not at all important, Moderately important, Extremely important)

14. Is it important to you to know which hospitals promote birth equity?* *[Omitted from analysis due to missing data]*

- Yes
- No

15. What is one thing hospitals could do to best meet the needs of their patient population?*

16. Is there any additional information that you would like to share?

II. Phase II Community Survey Select Open-Ended Responses

Q: What is one thing hospitals could do to best meet the needs of their patient population?

Theme I: Listen to Patients

- “Assistance [should] not look like persuasion, pathologizing, or anything else that does not center the mother and child-in that order”
- “Allowing the Mama to labor as she deems fit - unless it’s medically impossible”
- “Listening to patients and investigating their concerns.”
- “They need to stop giving advice based on the assumption all pregnancies should be the same I.e. regarding weight gain, symptoms, labor”
- “Allowing the women’s body to run its natural course in labor/deliver. I feel like often times women are offered drugs to speed up the process or highly encourage epidurals as opposed to encouraging the use of more natural methods and creating a space so that women can comfortably use those methods. For example if I’m hooked up to a bunch of monitors from the time I checked in and everything looks good with me and the baby, that would prohibit me from getting up and walking around, squatting, using a birthing ball or getting in a shower.”

Theme II: Embrace Transparency

- “Easily accessible hospital data on their websites”
- “Display c section rates”
- Providing more info regarding Doulas and alternative birthing options and alternative pain management”

Theme III: Culturally Congruent Care & Staffing

- “Clear info, on staff doulas and welcoming doulas from community, supportive staff”
- “Ensure accessible language for all patients, diverse doctors that reflect patient populations, doctors/staff trained in racism and bias”
- “Having enough staff available to support excellent care provided”
- “Hire staff who is from the community. Have staff that is reflective of the community receiving services.”

Theme III: Community Partnership

- “Partner with doula organizations, research more natural path methods, help with breathing techniques, etc.”
- “Hospitals should be open to community/ patient feedback and reevaluating community-centered practices”

III. Phase II Interview Questions

- What role do you believe hospitals currently have in the community?
- To what extent should hospitals be held accountable in advancing health and birth equity?
- How do you feel about hospital evaluation systems and designations?
- What would it look like if a hospital had a birth equity designation?
- How do you think community members would respond to a birth equity hospital designation?
- Do you have any recommendations or solutions to address the health inequities we see in maternal and infant health in California broadly (or LA County specifically)?

IV. Phase III Interview Questions

- How do you feel about hospital evaluation systems and designations? Why or why don't you feel they are effective in improving birth outcomes on an institutional level?
- If hospital designations serve as a way for the public to evaluate hospital care, what would be on your "designation wishlist"? What aspects of hospital care do you think should be evaluated for a designation?
- How do you think your colleagues would respond to a birth equity hospital designation of this kind? How do you think community members/your clients/your patients would respond?
- What would you recommend to improve the CMS Birthing Friendly hospital designation?

Appendix II. Hospital Evaluation Systems

NAME	DESCRIPTION	NUMBER OF HOSPITALS INVOLVED	HOSPITALS SELF-SELECT EVALUATION?	HOSPITALS SELF-REPORT DATA?	HOSPITALS PAY FEE FOR INCLUSION?
Fortune/IBM Watson Health Equity Index	Fortune and IBM Watson meet at the intersection of health, tech, and business. The Fortune/IBM Watson Health Top 100 Hospitals Program that measures the impact of hospitals on community health with a focus on equity. This index was developed by The Bloomberg American Health Initiative and the Johns Hopkins Center for Health Equity. ⁴⁸	~ 2,600 hospitals evaluated each year	NO	NO	NO
Lown Hospitals Index	The Lown Institute is a nonpartisan think tank for health care reform. The Lown Hospitals Index evaluates hospitals on inclusivity, low-value care, and community benefit. ^{49,50}	~ 3,300 hospitals evaluated each year	NO	NO	NO
US News and World Report Best Hospitals	US News and World Report seeks to help patients identify sources of especially skilled inpatient care. The Best Hospitals rankings evaluates hospitals on the quality of the care provided (structure, process, and outcomes measures), based on 10 common inpatient procedures. ⁵¹	~ 4,500 hospitals evaluated each year	NO	NO	NO
Human Rights Campaign Healthcare Equity Index	The Human Rights Campaign is an organization that strives to end discrimination against LGBTQ+ people. The Healthcare Equality Index evaluates healthcare facilities' policies and practices related to promoting LGBTQ patient-centered care. ⁵²	~ 765 facilities, including hospitals, participating to date	YES	YES	NO
Leapfrog Rating Maternity Care Measure	The Leapfrog Group is a nonprofit watchdog group that advocates for transparency in healthcare. The Leapfrog Rating Maternity Care measure is one of 9 measures used to evaluate hospital safety, quality, and efficiency. ⁵³	~ 2,700 hospitals evaluated each year	YES	YES	NO
The Joint Commission Accreditation	The Joint Commission is the nation's oldest accrediting body in health care. Hospitals are evaluated on 250+ standards (including clinical performance and quality improvement measures) and an audit of facilities. Accreditation expires after 3 years. ⁵⁴	~ 4,500 hospitals participating to date	YES	YES	YES
The American Hospital Association's Foster McGaw Prize	The American Hospital Association is a national organization that represents and serves hospitals throughout the US. The Foster McGaw Prize recognizes hospitals that improve community health through exceptional efforts. ⁵⁵	~ 100 hospitals evaluated each year	YES	YES	NO
CMS Hospital Quality Star Rating	The Centers for Medicare and Medicaid Services (CMS) is a federal agency that administers many public insurance programs. The Hospital Quality Star Rating evaluates the quality of hospital care (structure, process, and outcomes measures). ⁵⁶	~ 4,000 hospitals evaluated each year	NO	NO	NO
Healthgrades Women's Care Rating	Healthgrades is a company that provides consumers with information about hospitals and doctors. The Women's Care Rating evaluates the quality of hospital care for the most common gynecologic procedures, including labor and delivery. ⁵⁷	~ 1,200 hospitals evaluated each year	NO	NO	NO
The Baby-Friendly Hospital Initiative's Baby Friendly USA Designation	The Baby Friendly Hospital Initiative is a global and national initiative to encourage breastfeeding initiation at birth. Baby Friendly USA evaluates hospitals on the implementation of breastfeeding practices. Designation expires after 5 years. ⁵⁸	~ 500 hospitals participating to date	YES	YES	YES

Appendix III. Black maternal health modalities

NAME	DESCRIPTION	CLOSING THE KNOWLEDGE GAP
California Preterm Birth Initiative's Person-Centered Prenatal Care Scale	The California Preterm Birth Initiative (PTBi) is a research collective at the University of California, San Francisco (UCSF). The Person-Centered Prenatal Care (PCPC) Scale is a validated scale that centers the perinatal care experience of people of color, with particular regard to Black people. The PCPC Scale includes subscales for dignity and respect, communication and autonomy, and responsive and supportive care. ⁵⁹	As a research tool the PCPC Scale addresses the gaps in data Knowledge that exist for many hospital evaluation systems.
California Maternal Quality Care Collaborative's Birth Equity Initiative	The California Maternal Quality Care Collaborative (CMQCC) is a research collective at Stanford University School of Medicine. The Birth Equity Initiative is a quality improvement initiative between hospitals and community-based organizations to improve birthing outcomes for Black mothers and birthing people. Hospitals are expected to implement evidence-based initiatives like deploying a patient-reported experience metric and promoting doula care. ⁶⁰	The Birth Equity Initiative serves as a best practice for hospital-community partnerships and hospital quality improvement initiatives. It addresses the knowledge gaps that many existing hospital evaluation systems have around data collection, institutional practices, and community partnerships.
NAABB Black Birthing Bill of Rights	The National Association to Advance Black Birth (NAABB) is a nonprofit organization that advocates for Black maternal health. The Black Birthing Bill of Rights (BBBoR) is a resource for Black women and birthing people in clinical spaces. The BBBoR includes the following rights: the right to be seen and heard; to have my humanity recognized; to be respected; to be believed; to be informed of pain relief options; to make decisions for baby feeding; to have early prenatal care; to restorative justice; to choose a support system; and to be fully informed. ⁶¹	The Black Birthing Bill of Rights serves as an explicit agreement between patient and clinician regarding the rights of the patient. This removes the hierarchy that previously defined clinicians' relationships with their patients, allowing for sustainable relationships to be built between hospitals and the communities they serve.

ABOUT CHERISHED FUTURES

Cherished Futures is a multi-sector collaborative effort to reduce Black infant deaths and improve patient experience and safety for Black mothers and birthing people in Los Angeles County by driving systems change at the clinical, institutional and community levels.

Cherished Futures is a joint initiative of Communities Lifting Communities, the Public Health Alliance of Southern California, and the Hospital Association of Southern California. Click the logos below to learn more about each organization.

Cherished Futures
for Black Moms & Babies



For more information, please visit www.cherishedfutures.org