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A Systematic Qualitative Review: Improving Perinatal Health Outcomes in Communities of
Color

A thesis presented by:

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In partial fulfillment of the requirements for the degree of
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Seattle University
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Abstract

This systematic qualitative review explored existing literature to understand the strategies community-based perinatal organizations employ to address perinatal morbidity and maternal mortality within communities of color and how cultural congruence healthcare workers may improve the perinatal health outcomes of these communities. This study explored 20 studies published within the United States between 2014 and 2024 focused on strategies employed by perinatal organizations serving marginalized communities and how leveraging cultural congruence may be instrumental in reducing perinatal healthcare inequalities within communities of color.

After a thorough review of these 20 studies, it was determined that key strategies exist for addressing perinatal and maternal mortality in communities of color. These include investing in doulas and midwives of color, investing in cultural-congruence and anti-discrimination training for healthcare professionals, recognizing doulas as healthcare professionals, and ensuring collaboration and continuity of care between community-based perinatal organizations, healthcare practitioners, and the clientele they serve within communities of color.

Keywords: Community-based perinatal organizations (CBPO), improving perinatal health outcomes, cultural congruence, perinatal morbidity and maternal mortality, collaboration and care coordination, community-based leadership, communities of color, systematic qualitative review.

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Dedication

This dissertation is dedicated to my late mother, a South Sudanese woman who served as a midwife during times of civil war, assisting mothers during childbirth. It was her passion and selflessness that inspired my career path. In remembrance of her, I wish to continue her legacy of serving her community by contributing to solutions that address the global issue of perinatal morbidity and maternal mortality. Additionally, I dedicate this dissertation to the women and children worldwide who have suffered or lost their lives due to inadequate and insufficient access to appropriate prenatal healthcare services.

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CHAPTER 1

Introduction

On May 6, 2021, the U.S. House Oversight and Reform Committee held a hearing on racism in Black maternal health care, emphasizing the elevated risks Black individuals face with life-threatening complications during childbirth (Committee, 2021). Congresswoman Cori Bush gave a passionate speech recounting her own traumatic pregnancy experiences as a Black woman, stating, “Every day, Black women die because the system denies our humanity.” (Craven, 2021, para. 12).

Testimonies from various sources have highlighted that racism and the legacy of slavery contribute to poor health outcomes for Black women, while midwives and doulas provide a protective role against medical racism and stressed that racism affects Black individuals regardless of socio-economic status (Committee, 2021).

Research indicates that Black, Indigenous, and people of color disproportionately experience adverse perinatal complications and maternal mortality compared to their white counterparts, regardless of educational or socio-economic background (Conradt & Crowell, 2020; Saldanha, 2023). Factors historically contributing to the national rise in maternal mortality rates tend to be intersectional, multilayered, complex, overlapping, and systemic (Alang, Haile, Hardeman, & Judson, 2023), with race playing a significant role in determining access to quality perinatal healthcare services.

In March 2022, President Biden unveiled a strategic plan aimed at addressing the nation's perinatal healthcare crisis, focusing on improving perinatal health outcomes in communities of color through five targeted goals. The plan, developed with input from impacted communities,

emphasizes the importance of acknowledging and addressing the concerns and pain of Black women. The White House Blueprint (2022) underscores the intersectional, complex, and systemic factors contributing to disparities in access to maternal healthcare, with race being a significant determinant in accessing quality perinatal services. It highlights the disproportionate impact of preventable maternal and newborn deaths on communities of color and the ongoing discrimination Black women face in obstetric care, as evidenced by a recent news article (Smyth, AP News, 2023).

A Black Ohio woman faced legal charges after experiencing a miscarriage in September 2023. At about 5 months pregnant, she began to miscarry and was told her pregnancy was not viable, then sent to Mercy Health-St. Joseph Warren Hospital. Staff reported her use of the word "abortion" during her care. After multiple visits to the hospital, the miscarriage finally ended in her home bathroom, and she was arrested on charges of abusing a corpse. It is believed that race played a role in her treatment (Bellamy, NBC News, 2024).

While the abuse-of-a-corpse charges lodged against the young woman were subsequently dropped, the anticipation of this type of discrimination may breed mistrust and a tendency to avoid seeking early obstetric healthcare services (Haque & Malebranche, 2020; Crear-Perry, Correa-de-Araujo, Lewis Johnson, McLemore, Neilson & Wallace, 2021).

House (2022) suggested that disproportional discrimination in the delivery of healthcare services to women of color is fueled by a constellation of systemic factors that weave their way across a socio-cultural and economic landscape of beliefs, ideologies, practices, and values occurring within the general population. These social-cultural and economic determinants influence the occurrence of limited access to perinatal healthcare coverage, discrimination in the delivery of healthcare services, limited or nonexistent community-based perinatal organizations

(CBPOs) that serve communities of color, and a lack of cross-cultural congruence training among healthcare professionals. These factors have been suggested by researchers as leading contributing determinants to increased perinatal morbidity and maternal mortality within communities of color (Kimmel & Ferber, 2017; Van Eijk, Guenther & Skillman, 2022).

The Washington State Maternal Mortality Review Panel (WSMMRP, 2023) legislates for and reinforces the importance of collecting diverse perspectives from individuals within affected populations as a strategy to investigate determinants contributing to elevated perinatal morbidities, obstetric complications, and maternal mortality. Researchers also voiced the need for more community-based perinatal organizations (CBPOs) that serve marginalized communities, coupled with enhancement of collaboration amongst all actors, and the inclusion of diverse perspectives as pivotal to reducing healthcare inequities (Baiden, Parry, Nerenberg, Hillan, and Dogba, 2022; Van Eijk et al., 2022).

Further, to educate readers on how Washington state maternal mortalities mirror those on a global scale, we must first admit that a lot of the causes are very similar. A major issue that comes to mind is a lack of collaboration between leaders and impacted communities (WHO, 2023). Another major issue is disproportional perinatal outcomes between developed and developing countries, where developing countries' perinatal morbidity and maternal mortality are higher compared to developed countries (Saleem and McClure (2023). Similarly, as illustrated within this document, in Washington State, in communities of color, adverse perinatal health outcomes are higher compared to their White counterparts (WSMMRP, 2023). Like the global leader's behavior of ignoring populations that are the most impacted by a severe lack of infrastructure, civil conflict, and related social atrocities that exacerbate perinatal morbidities and elevate maternal mortality rates, leaders in Washington state exhibit similar characteristics that

lead them to fail in seeing the importance of engaging and communicating with impacted populations so that they can truly understand the experiences of those affected by social problems such as elevated maternal mortality rates (Fehling, et al., (WSMMRP, 2023). Without including the voices and experiences of those most affected by a problem, coupled with increasing the number of community-based perinatal organizations (CBPO), perinatal leaders trying to implement solutions may not have all the details needed to exhibit sound decisions and policy-making that effectively address these high rates of mortality among birthing individuals of color (WSMMRP, 2023).

Multiple works of the literature have echoed the idea that CBPOs and cross-cultural congruence healthcare professionals are vital in addressing elevated perinatal morbidity and maternal mortality within communities of color (Van Eijk et al., 2022; Kukura, 2022). CBPOs provide various support to frontline providers, systems, and users and advocate for equitable perinatal health for all.

This study investigates (1) CBPO strategies for reducing perinatal morbidity and maternal mortality within communities of color, considering ways to transfer these strategies to other systems; (2) how mandating cultural congruence and anti-discrimination training for healthcare providers may improve pregnancy outcomes.

A necessary first step is perceiving affected populations as part of the solution to the problem being studied as a strategy to create policy and deliver healthcare services and for a better understanding of variables that increase perinatal morbidities and maternal mortality within communities of color (Herr & Anderson, 2014; Kimmel & Ferber, 2017; Van Eijk et al., 2022). Identifying and working with healthcare advocates and CBPOs within affected populations may be instrumental approaches for improving the delivery of obstetric healthcare

services and the reduction of maternal morbidities, obstetric complications, and maternal mortality rates (Van Eijk, et al., 2022).

Statement of the Problem

Elevated perinatal morbidities and maternal mortality within communities of color is a problem that points in the direction of systemic social and structural conditions that undermine the health and well-being of disadvantaged populations (Crear-Perry, Correa-de-Araujo, Johnson, McLemore, Nelson, & Wallace, 2021). Root causes for perinatal healthcare inequities and “disparate health outcomes” are potentially rooted in racism (Baiden et al.2022; Crear-Perry et al., 2021, p. 230; WSMMRP, 2023).

Healthcare inequities and elevated rates of perinatal morbidities and maternal mortality are directly linked to inadequate access to perinatal healthcare services (Haque & Malebranche, 2020; House, 2022). For example, Medicaid may not cover doula services and perinatal care beyond 42 days of giving birth (WSMMRP, 2023, pg. 10). It is also the case that few CBPOs offer free services for underserved communities of color (Van et al., 2022; Alang et al., 2023).

The Washington State Maternal Mortality Review Panel: Maternal Deaths (WSMMRP, 2023, p. 10) indicated that 80% of pregnancy-related deaths were preventable, with contributing determinants being related to systemic social and structural factors such as structural racism and discrimination. Another study by Hunte, Klawetter & Paul (2022) suggested that Black Americans are about twice as likely to give birth to low-weight or premature babies, and they experience more than double the rate of infant mortality compared to non-Hispanic whites (Hunte et al., 2023, p. 2).

Failure to implement system-level change, based on the perspective of impacted individuals and the healthcare system that serves them, sustains the persistence of maternal and

infant health disparities and elevated perinatal morbidities within communities of color (Alang et al., 2023; Hunte et al., 2023, p. 2). This systematic qualitative review will investigate the strategies in use by CBPOs who serve communities of color and how cultural congruence healthcare workers may reduce perinatal morbidities and maternal mortality within communities of color in Washington state. This orientation is an important strategy for identifying important themes from extant literature and for conceptualizing core concepts and theories that may be operationalized by organizational leadership, policymakers, and healthcare practitioners to address perinatal health inequities (Wright & Wallis, 2019; Hunte et al., 2023).

Purpose of Study

Van Eijk et al. (2022, pg. 102) stated that mainstream organizations and community-based organizations (CBOs) have called for training that meets the needs of diverse populations. Their recommendations propose three areas of systems-level change to enhance doula services while equitably serving communities: (1) Acknowledge racism as causing pregnancy-related health inequities; (2) change the balance of power across organizations, and; (3) approach Medicaid reimbursement expansion with caution (Van Eijk, et al., 2022, pg. 102).

The main purpose of this study is to investigate strategies employed by CBPOs for responding to disproportional perinatal morbidity and maternal mortality within impacted populations. There is a particular interest in investigating how mandating cross-cultural congruence and anti-discrimination training for healthcare professionals may help reduce disproportional perinatal complications and deaths within communities of color in the State of Washington.

This systematic qualitative review also intends to explore concepts and theories using existing literature based on the perspectives of communities of color. To develop and create

theories and methods to address problems based on the experiences of populations most impacted by elevated rates of perinatal complications and maternal mortality (Buckley, McGinnis, Fagnan, Mardon, Johnson and Dymekl, 2013; Lewrick, Thommen & Leifer, 2020). This approach enhances consideration of all perspectives as a pathway towards a transformational method to learn and unlearn, and as a strategy to continuously improve ways to address the world's complicated and challenging problems based on each community's traditions and cultural beliefs (Lewrick, Thommen & Leifer, 2020).

Research Questions

Question one: How have community-based perinatal organizations responded to perinatal morbidity and maternal mortality within communities of color?

Question Two: How might the delivery of culturally congruent perinatal healthcare services reduce disproportional perinatal morbidity and maternal mortality rates within communities of color?

Theoretical Framework

Research conducted by the Washington State Maternal Mortality Review Panel (WSMMRP, 2023, p. 9-10) suggested that determinants contributing to elevated perinatal morbidity and maternal mortality within disadvantaged communities included: (1) A lack of care coordination or continuity of care; (2) a lack of access to perinatal healthcare and behavioral health treatment; (3) issues of bias and discrimination affecting referrals and use of clinical standard procedures; (4) a need for expanded cultural congruence and anti-discrimination training across the continuum of perinatal healthcare providers and services, and; (5) a need to

address social and structural determinants of health such as housing instability and systemic racism.

Social and structural inequities, for example, mass incarceration among people of color, coupled with racial and ethnic disparities, have also been linked to elevated rates of maternal morbidity (Kimmel & Ferber, 2017; Hunte et al., 2023). Failure to address these and other social and structural factors that undermine perinatal health may lead to persistent, elevated perinatal morbidities and maternal mortality within communities of color.

This study will leverage the Clinical-Community Relationships Evaluation Roadmap (CCR-Roadmap) to draw linkages between clinic and community-based resources for delivering clinical preventive services for communities of color. The clinical-community resource relationships is the central emphasis of the CCR-Roadmap, as access to a web of resources to pay for or subsidize healthcare services are animated through transactional exchanges between clinicians, clinics, patients and a myriad of other agencies and organizations. As explained by Buckley, McGinnis, Fagnan, Mardon, Johnson, and Dymekl (2013), as a guide for investigating strategies used by community-based perinatal organizations (CBPOs) to overcome social and structural determinants that undermine the perinatal health and well-being of people of color.

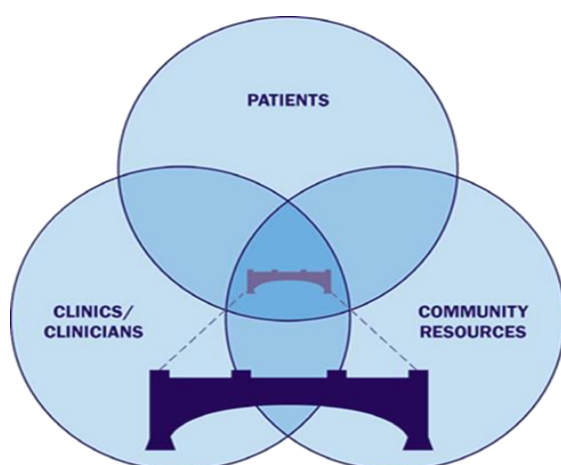
Figure one, below, represents the Clinical-Community Relationships Evaluation Roadmap, which describes six interrelated components that may influence the effectiveness of efforts to link patients to community-based clinical resources and services (Buckley, et al., 2013).

The conceptual roadmap produced by Buckley et al., (2013), was developed by a team of researchers on behalf of the Agency for Healthcare Research and Quality, U.S. Department of Health and Human Services. While Buckley et al's., (2013) Clinical-Community Relationships

Evaluation Roadmap, referred to as the CCR Roadmap, focuses on the delivery of preventative healthcare resources or services, Buckley et al. emphasize that it can also be applied to other clinical or non-clinical services (Buckley, 2013, p. 2).

Buckley et al. (2013) view the CCR Roadmap as a starting point for studying health-based phenomena, which makes it useful as a malleable conceptual framework that can be used in conjunction with the Preferred Reporting Items for Systematic Review and Meta-Analyses (PRISMA, 2024).

Figure 1. Clinical-Community Relationships Evaluation Roadmap



(Buckley et al., 2013. P. 24).

Buckley et al., (2013) Clinical-Community Relationships Evaluation Roadmap (CCR Roadmap) represents a conceptual roadmap of linkages between the clinic and community-based resources for delivering clinical preventive services. The CCR Roadmap considers three basic elements and three dyadic relationships between these three basic elements. The three basic elements include: (1) Clinic/clinician; (2) patient, and; (3) community resource. The three dyadic relationships between these three basic elements include: (1) Clinician-patient relationship; (2) clinical-community resource relationship, and; (3) the patient-community resource relationship.

These linkages emerge when “combined interactive influences of six interrelated components. The CCR-Roadmap describes six interrelated components that may influence the effectiveness of a clinic's effort to connect a patient with a community-based resource or service successfully (Buckley et al., 2013, p. 2). The larger bridge within the CCR Roadmap represents connections between “primary care practices and community services, while the smaller bridge at the center of the roadmap represents connecting patients to community-based resources and services.

While visualizing linkages is important, Buckley, et al. (2013) noted the importance of understanding local contexts and circumstances for “tailoring interventions based on local needs” (2013, p. 12). This comports with the position adopted by the Washington States Review Panel (2023), and the White House BluePrint (2022), which advocate for adopting a transformative approach by allowing the voices of affected populations to join an effort to lead change, foster inclusiveness, and to generate universal collaboration, while developing a shared mission across all stakeholders. It was also noted that there is a need for “robust qualitative methods” (Buckley et al., 2013, p. 13) to develop a deeper understanding of how to discern the effectiveness of existing medical interventions. The CCR Roadmap proposed by Buckley et al. (2013) guided this study.

Overview of Methodology

This study utilized the PICOS framework to design the research questions and to determine the study's eligibility criteria for selecting studies to include in the systematic review.

This study’s Population of interest was limited to communities of color. The intervention represented the organizational development of cultural congruence for community-based healthcare professionals. The comparison element was not applicable using a qualitative meta-

synthesis systematic review, which is the orientation of this study. The outcome element of the PICOS framework focuses on improving perinatal healthcare services and perinatal health outcomes within communities of color.

The Eligibility criteria for the Studies included in this systematic, qualitative review were restricted to population, publication date, study quality, and their connection to communities of color within the United States. However, this systematic, qualitative review was designed to open to learning and unlearning from the findings. The goal is to prototype practical outcomes that may be operationalized to improve strategies and communication approaches while working with impacted communities to conceptualize solutions collectively.

The study utilized the primary databases of EBSCO, JSTOR, ProQuest Dissertation & Theses Global, and Google Scholar. Additionally, this analyst conducted a hand search to include sources beyond the school's standard databases, such as gray literature emerging from state and federal publications and websites related to the delivery of perinatal healthcare services.

Zotero was used to arrange and sort articles, remove duplicates and ineligible articles, and create citations and documentation. Data was collected qualitatively, and eligible articles were organized using a set template and matrix.

Data analysis was informed by the work of Glaser and Strauss's classic grounded theory, which is also referred to within extant literature as traditional grounded theory (Glaser & Strauss, 2017; Ivey, 2017; Turner & Astin, 2021). This framework was used to analyze data, identify core categories, and develop primary theories regarding CBPO strategies. Utilization of memo writing at the same time as data collection and reviewing and reflection on emerging themes and concepts from the data was also employed. To seek a deep-seated understanding of ways that cultural congruence across perinatal healthcare workers may reduce elevated perinatal

morbidities and maternal mortality within communities of color and improve perinatal health overall (Ivey, 2017; Turner & Astin, 2021; WSMMRP, 2023).

Significance of the Study

Elevated perinatal morbidities and maternal mortality within communities of color are problems that point in the direction of symptoms related to much larger, systemic social and structural conditions. Historically, Washington State has experienced a decrease in maternal mortality rates (MMRs), and yet current data shows that Washington State maternal mortality rates are statistically higher than rates in other states (Saldanha, 2023).

This study is significant because it may help increase awareness and advocacy among consumers of perinatal healthcare services, public health professionals, obstetricians, gynecologists, nonprofit organizations delivering perinatal healthcare services, policymakers, and community-based leadership.

Significant outcomes of this study may also include identifying community-based perinatal organizations' strategies in use for improving perinatal health outcomes within communities of color. At the same time, this study intends to inform perinatal healthcare providers on strategies they may use to leverage and improve Buckley et al's. (2013) CCR Roadmap, as they work to operationalize this study's findings.

Increasing awareness about existing strategies in use by community-based perinatal healthcare organizations and researchers may help perinatal healthcare providers to more effectively respond to poor perinatal health outcomes, for example, elevated perinatal morbidities and maternal mortality within communities of color.

Significant outcomes may include identifying and implementing strategies in use by CBPOs to build trust and a sense of cultural sensitivity between perinatal healthcare service

providers and their clientele, while also responding to social and structural determinants that undermine perinatal health outcomes within communities of color.

Background of the Researcher

It is worth noting that the researcher for this study was born in South Sudan and came of age during widespread population displacement related to civil war, enduring poverty, and various forms of extreme hardship. Relocating to the United States from South Sudan has provided this researcher with opportunities for self-improvement and the acquisition of skills that are out-of-reach for the majority of women in South Sudan.

As a woman of color and a researcher, this analyst plays the role of both insider and outsider, which uniquely shapes the contours of her positionality and the personal recognition of her social status related to her educational prowess, power, and privilege (Her & Anderson, 2014; Stringer & Aragón, 2020).

Over the course of this study, this researcher will strive to maintain awareness about her epistemological and ideological stances, healthcare professional background, and positionality as a researcher, and how these various elements of being may influence data interpretation and findings.

Delimitations and Limitations

Study delimitations include focusing on individuals of childbearing age within communities of color in the United States, and restricting selection criteria for eligible studies to a ten-year time frame between 2014-2024.

Limitations may include a lack of generalizability (Wright & Wallis, 2019) due to an exclusive focus on communities of color and using a qualitative stance to explore experiences

and perceptions of individuals, rather than quantitative data, which can limit making statistical inferences from research findings (Stringer & Aragon, 2020). There may also be concerns related to the reliability or validity of findings, which may be related to potential researcher bias, as bias may influence interpretations of data and the articulation of research findings (Stringer & Aragon, 2020).

Definition of Terms

A working definition of a **Community-Based Perinatal Organization (CBPO)** is a non-profit organization staffed by administrative personnel who draw upon community-based leadership styles while retaining a system-based focus. CBPOs are also staffed by midwives, doulas, researchers, advocates, social workers, and grant writers. They are embedded within communities, providing access to perinatal healthcare services for low-income populations and people of color. A CBPO serves as a hub for accessing a range of community-based resources for their patients.

Cultural Congruence: Cultural congruence is respecting other cultures in cross-cultural dynamics, such as providing perinatal care that aligns with the cultural beliefs, values, and practices of the birthing person and their community (Rashed, 2013).

Cross-cultural congruence training is a structured education program designed to improve an individual's understanding and sensitivity toward diverse cultures. The main objective is to equip learners with the knowledge to interact with people from diverse cultural backgrounds empathetically and respectfully. This training aims to tackle unconscious biases, discrimination, stereotypes, and misunderstandings, resulting in a more inclusive, respectful, and safe environment (Schim & Doorenbos, 2010).

Maternal Mortality: The maternal mortality rate is the number of deaths out of 100,000 live births in a certain period and within a specific population (WMMRP, 2023).

Perinatal: WSMMRP (2023) defined perinatal as the period during birth and after pregnancy, and it is preferable because of gender identity and inclusion. It also refers to situations beyond birth and for individuals who do not identify as a parent.

Perinatal Health: In this study, perinatal health refers to the health and well-being of birthing individuals and their infants during pregnancy, childbirth, and after childbirth for up to a year (De la Rocha, 2022).

Systemic Structural Determinants: Includes systemic racism, the social and structural determinants of health (WSMMRP, 2023), and health inequities that disproportionately impact disadvantaged communities of color.

Structural Determinants of Health: The structural determinants of health are more broadly rooted in systemic inequities that are culturally canonized “within social and political structures and policies (Crear-Perry, 2021., p. 230). Systemic inequities manifest as barriers that impede, or limit access to diverse resources that affect quality-of-life outcomes.

Theoretical sensitivity: This is defined by Glaser and Holton (2007) as a researcher’s ability to control bias and generate concepts from the coding process. The researcher focuses on identifying themes and core categories by analyzing and comparing concepts and the relationships between concepts through theoretical coding (Glaser, 2007; Glaser, 2016; Glaser & Strauss, 2017).

Summary

Historically, Washington State has experienced a decrease in maternal mortality rates, yet current data shows that Washington State's maternal mortality rates are slightly higher than other

states (Saldanha, 2023). While this study focuses on improving perinatal health outcomes in communities of color within Washington state by studying strategies in use by community-based perinatal organizations (CBPOs) and doulas, it will also consider extant literature relevant to this study's aim at the national and international levels.

Researchers echoed the urgent need for more CBPOs and doulas as one way to decrease perinatal healthcare inequalities (Van Eijk et al., 2022). This suggested seeking understanding regarding CBPO strategies for addressing elevated perinatal morbidities and maternal mortality rates and how having access to cultural congruence among healthcare professionals may help improve perinatal health outcomes among affected populations.

Also important is collecting data from affected populations as a necessary first step in better understanding variables that undermine perinatal health, for example, elevated rates of perinatal morbidities and maternal mortality within communities of color (Herr & Anderson, 2014; Kimmel & Ferber, 2017; Van Eijk et al., 2022). Elevated perinatal morbidities and maternal mortality within communities of color are problems that point in the direction of symptoms related to much larger, systemic social and structural conditions (WSMMRP, 2023).

CHAPTER 2

LITERATURE REVIEW

Introduction

This review of extant literature investigates perinatal healthcare outcomes for communities of color from four standpoints: (1) Globally, (2) in the United States, (3) in Washington state, and (4) in the Pacific Northwest region of Washington state. The review also looks at access to cultural congruence among doulas and midwives who deliver perinatal healthcare services to communities of color.

Global Overview of Perinatal Health Outcomes

In attempting to address phenomena that undermine quality of life indicators, the United Nations implemented the millennium development goals in September 2000. There were eight millennium development goals (MDGs), with goal four focusing on the reduction of child mortality, and goal five aiming to reduce maternal mortality (United Nations, 2023).

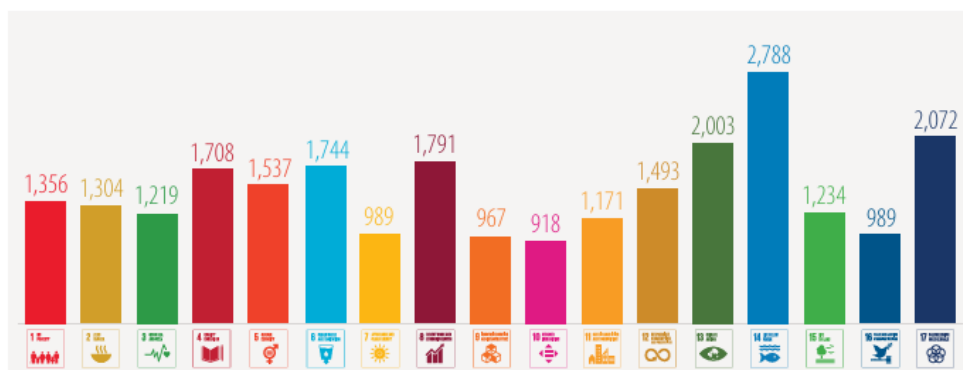
In September 2015, the eight MDGs were superseded by 17 sustainable development goals (SDGs), which are part of the 2030 agenda as an agreement by the United Nations to improve global sustainability by 2030 (Fleming, Wise, Hansen & Sams, 2017). The seventeen SDG goals cover all aspects of sustainability and are an ambitious step toward actionable targets for sustainable development within all sectors of society (Fleming et al., 2017). Organizations may utilize the SDGs by strategically planning and strategizing ways to embed and implement the SDGs throughout their organizations, which purportedly would enable organizations to deliver consistent and ongoing SDG impact (Grainger-Brown & Malekpour, 2019).

This study focuses primarily on SDG 3.1, which concentrates on improving perinatal health and wellbeing in order to reduce preventable perinatal morbidities and maternal mortality

to less than 70 per 100,000 live births by 2030 (WHO, 2019, 2023, p. 2). The World Health Organization (WHO) turned their collective attention towards achieving goal three by establishing a universal initiative for ending preventable maternal mortality (WHO, 2019, 2023). This universal initiative was supported by the United Nations Children’s Fund, the United Nations Population Fund, the World Bank Group, and the United States Agency for International Development, including other international professional organizations and maternal health programs (WHO, 2019). According to WHO (2019), the SDGs require nations to cooperate and participate in the development and achievement of universal initiatives based upon collective action (WHO, 2019, 2023). Figure two is a snapshot of partnerships formed per each SDG goal (United Nations, 2023).

Figure 2. Partnerships formed per each SDGs

NUMBER OF PARTNERSHIPS REGISTERED BY SUSTAINABLE DEVELOPMENT GOAL



Source: United Nations Department of Economic and Social Affairs, 2022h. Some partnerships involve more than 1 Goal.

(United Nations, 2023, pg. 31).

A significant challenge is that many countries have continued to work independently on improving perinatal morbidity and maternal mortality rates (WHO, 2019) rather than cooperatively, and this has led to an overall lack of comprehensive data forged from collective input via the perspectives, experiences, and voices of those disproportionately impacted by perinatal health outcomes (Hammond, 1998; Murray, 2007; Cresswell & World Health

Organization, 2023). A lack of progress toward including the perspectives and stories about lived experiences from disproportionately impacted individuals is noted in the United Nations (2023) report on progress toward achieving SDG goals. Figure three is a snapshot of native and local-knowledge research infrastructure.

Figure 3. Local knowledge research infrastructure

BOX 5-1

INDIGENOUS AND LOCAL KNOWLEDGE RESEARCH INFRASTRUCTURE

Indigenous and local knowledge, acquired through lived experience about a region or environment goes beyond conventional scientific studies to incorporate a cultural element. The Secretary-General's Our Common Agenda recognizes the importance of meaningful participation in public affairs by groups traditionally marginalized,⁶⁴⁹ but their full recognition and participation is not yet realized.

(United Nations, 2023, p. 91).

World Health Organization indicators suggest that perinatal deaths are increasing globally (WHO, 2023), particularly within indigenous populations that are disproportionately impacted by poverty, hunger, conflict, disease, a lack of infrastructure, and access to healthcare services. Research suggests that it is critically important to use the perspectives and experiences of impacted populations as waypoints for understanding and addressing complex socio-economic disparities that sustain elevated rates of perinatal morbidities and maternal mortality within marginalized communities (Hammond, 1998; Caligiuri, 2012; WHO, 2023).

It has been argued that socio-economic disparities are pervasive contributing factors in sustaining stubbornly elevated rates of perinatal morbidity and maternal mortality in developing nations, particularly when compared to high-income countries, which have lower maternal mortality Saleem and McClure (2023). Examples of disparities that have hindered progress towards realizing many of the United Nations sustainable development goals (SDGs) include focusing primarily on accessible geographical areas, ignoring underlying conditions that

exacerbate several pervasive social problems, for example, communicable diseases, and lack of access to medicine and basic medical care (Fehling et al., 2013; UNFPA, 2014).

A contributing determinant to making meaningful headway towards the universal reduction of perinatal morbidity and maternal mortality may be related to inadequate transparency with and inclusion of lower and middle-income countries in key global initiatives, and decision-making processes. Western nations tend to exclude developing countries or limit the number of governments that may participate in decision-making (Fehling et al., 2013; Daft, 2015).

Aside from failing to include voices from lower and middle-income countries, there is also a tendency not to include the voices of those living with and experiencing inequalities, inequities, and barriers that are exacerbated by a widespread social problem or state of being (Fehling et al., 2013). When conducting research and searching for solutions, a failure to include the voices of those most affected by a problem tends to promote a sense of exclusion, which may lead impacted populations to lack a sense of collective ownership for seeking and applying solutions that align with the vision and goals of the United Nations SDGs (Fehling et al., 2013; Daft, 2015).

Research suggests numerous barriers impede access to resources that may improve health and well-being. Significant barriers include: (1) Ignoring difficult-to-reach rural areas when formulating strategies and initiatives to address a social problem; (2) a severe lack of key infrastructure (e.g. roads, hospitals, stores, schools); (3) elevated civil conflict and related social atrocities, and; (4) an over-reliance on using quick fixes (Fehling et al., 2013; Alang et al., 2023).

By ignoring difficult-to-reach rural areas, key actors are ignoring populations that are the most impacted by a severe lack of infrastructure, civil conflict, and related social atrocities that

exacerbate perinatal morbidities and elevate maternal mortality rates. An over-reliance on quick fixes does not factor in the perspectives and experiences of those affected by a social problem and may introduce the possibility of unintended consequences. For example, quick fixes do not include the diverse voices and experiences of those most impacted by environmental factors that elevate maternal morbidity and maternal mortality (Fehling, et al., 2013; Mugo, Zwi, Botfield, & Steiner, 2015). Without including the voices and experiences of those most affected by a problem, those trying to implement solutions may not have all the details instrumental to sound decision making.

Fehling, et al., (2013) and Wright & Wallis, (2019) asserted that there are inadequate levels of diversity, equity, and inclusion in SDG strategy making amongst and between nations that are attempting to significantly reduce preventable perinatal morbidity and maternal mortality (FUNFPA, 2014; WHO, 2019, 2023). Including the voices of an impacted group may create a more accurate bank of maternal-mortality measurements. This remains a significant challenge because some countries do not have accurate measuring systems, such as civil registration and vital statistics, or a culturally appropriate system for conducting surveys (Dorn & Dickman, 2022; WHO, 2023). Failure to develop a culturally sensitive way to understand and respond to complex social-cultural issues and disparities that sustain or exacerbate perinatal health outcomes may also complicate efforts to reduce perinatal healthcare disparities (Malebranche, 2020; Langnel & Buracom, 2020; WHO, 2023).

The World Health Organization (WHO, 2023) states that there are 4.5 million maternal deaths, stillbirths, and newborn deaths globally, with a breakdown of Maternal deaths of 0.29 million, stillbirths of 1.9 million, and infant deaths of 2.3 million (WHO, 2023, p. 3). Sub-

Saharan Africa and Central and South Asia have the most significant percentage of perinatal deaths (WHO, 2023), with ten countries accounting for 60% of global deaths (WHO, 2023, p. 3).

In a report generated by Cresswell and the World Health Organization (Cresswell & World Health Organization, 2023, p. 15), it was estimated that, globally, 287,000 women died from perinatal health-related factors. For instance, due to lack of skilled birth attendants during birthing, and not receiving postnatal care within the first two days after birth, there were about 800 maternal deaths daily, or one every two minutes (Cresswell & World Health Organization, 2023, p. 15). A universalized system of initiatives, measurement and data analytics, in concert with collective action, is required within nations affected by elevated rates of perinatal morbidity and maternal mortality as they move towards achieving the United Nations 2030 SDG for universal health and wellbeing (WHO, 2023, p. 10). Figure five illustrates 2020 perinatal mortality and morbidity statistics for the ten most affected developing nations.

Figure 4. Countries with the larger deaths in 2020

Country	Total maternal deaths, stillbirths and neonatal deaths (thousands)	Share of total maternal deaths, stillbirths and neonatal deaths	Share of total live births	Maternal deaths (thousands)	Stillbirths (thousands)	Neonatal deaths (thousands)
India	788	17%	17%	24	297	468
Nigeria	540	12%	6%	82	181	277
Pakistan	474	10%	5%	10	207	257
Democratic Republic of the Congo	241	5%	3%	22	113	106
Ethiopia	196	4%	3%	10	83	104
Bangladesh	121	3%	2%	4	66	51
China	108	2%	9%	3	63	42
Indonesia	103	2%	3%	8	42	53
Afghanistan	95	2%	1%	9	38	49
United Republic of Tanzania	94	2%	2%	5	43	46

(WHO, 2023, p.3).

Figure four may be pointing in the direction of a substantial lack of universal initiatives and collective action between key actors as contributing determinants for failing to lower

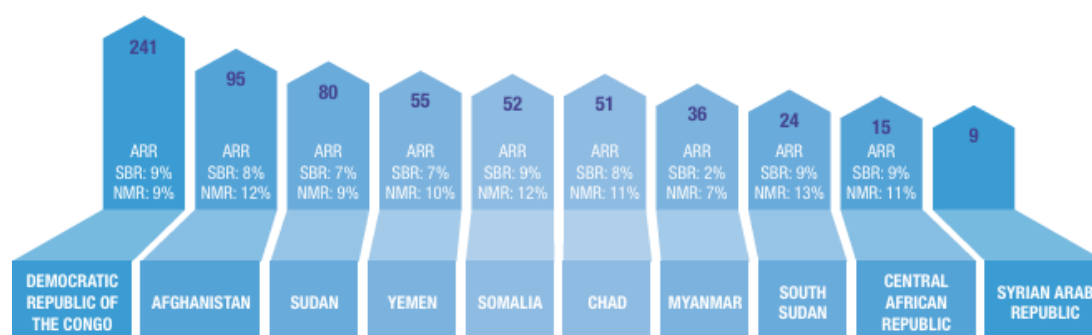
perinatal morbidity and maternal mortality (Fehling, et al., 2013; WHO, 2023). Of particular interest would be ascertaining the level of sustained interaction between and within low, middle and high-income governments and government leadership, and their interactions with a universalized nonprofit sector, and major international funding sources (Hammond, 1998; Nohria & Khurana, 2010; Fehling, et al., 2013; Bains, et al., 2023). How these key actors and sectors work collectively may be linked to how successful they are at meeting the challenge set by sustainable development (SDG) goal three, which aims to improve universal perinatal health and wellbeing.

Meeting the SDGs targeted annual rate for reduction of perinatal mortality by 2030, the stillbirth rate must reach 5%, and the neonatal mortality rate must reach 7% (WHO, 2023, p.3). Data indicated that between 2000 to 2010, strides were made towards ending preventable maternal mortality, with slowed progress between 2010 to 2020 (WHO, 2023).

To understand these changes, it has been suggested that increases in several social problems, including the COVID-19 pandemic, environmental issues, war-related atrocities, lack of cross-cultural-competency training for health professionals, malnutrition and poverty are correlated to increases in global perinatal morbidity and maternal mortality (Langnel & Buracom, 2020; Conradt et al., 2020; White-House blueprint, 2022). Struggling governments (e.g. South Sudan, Sudan, Somalia) have found it challenging to foster a sense of belonging and ownership to take collective action to operationalize the United Nations 2030 universal SDGs (Fehling et al., 2013; Mugo et al., 2015). Failure to create a participatory approach, coupled with a range of socio-economic inequities within developing nations, makes it challenging to achieve collective action towards operationalizing and implementing the global SDG-2030 targets (Fehling et al., 2013; Mugo et al., 2015; Bhatia Krieger & Subramanian, 2019). Figure five

below lists global maternal mortality ratio, the rate of stillbirths, and neonatal mortality rates, and targets to reduce these phenomena between 2000 to 2030 (World Health Organization, 2023).

Figure 5. Figure 5. Reducing globally elevated maternal mortality ratios, stillbirths, and neonatal deaths, 2000 to 2030.



(WHO, 2023, p.4)

While most of the foregoing discussion focuses on developing nations that are affected by elevated rates of perinatal morbidity and maternal mortality, the United States has the dubious distinction of having one of the most elevated rates among high-income nations.

Perinatal Health Outcomes in the United States

The Washington Maternal Mortality Review Panel report (WMMRP, 2023) characterizes the United States as having one of the highest maternal mortality rates among high-income nations. This may be partially due to complex problems related to a lack of leadership, or the right type of leadership within the perinatal healthcare providers, and a failure to develop a sustainable and inclusive universalized healthcare system to improve healthcare accessibility (Alang et al., 2023; WMMRP, 2023; Daft, 2018).

The Centers for Disease Control Pregnancy Mortality Surveillance System (CDC, 2022), which assesses system-wide pregnancy-related deaths from birth up to a year revealed that, even though perinatal deaths have been on the rise since the 1980s, in recent years maternal and infant mortality and perinatal morbidity has been the highest ever recorded in the United States (WMMRP, 2023).

Achieving system-wide change requires us to systematically change our collective consciousness, and how we communicate with one another about change processes (Heifetz and Linsky, 2017). Data indicates that, in order to achieve sustainable solutions to complex problems, “the people with the problem” go through a process together to become “the people with the solution” (Heifetz & Linsky, 2017, p. 83). Numerous studies show that the current communication approach to sustainably decrease elevated maternal morbidities and maternal mortalities, within communities of color in the United States, is ineffective (Fehling, et al., 2013; Dorn & Dickman, 2022). Research suggests that government legislators and community-based healthcare leadership must leverage distributed and shared leadership as part of an overall strategy to bridge system-wide gaps that fuel disparities and inequities that sustain elevated rates of perinatal morbidity and maternal mortality (Schein, 2010; Burke, 2018; WSMMRP, 2023).

It is important to implement a system-wide change orientation that focuses on improving leadership and management capabilities and communication strategies, including the enhancement of an organizational culture that leverages transparency and inclusion for diverse perspectives rooted in the impacted community's unique needs, traditions, and cultural values (Hodges, 2021). This orientation may motivate and increase a community's awareness about ownership, for instance, a community-based healthcare problem. An increased sense of awareness and ownership may in turn, for instance, enhance a community's sense of urgency

toward introducing new solutions and strategies to improve access to culturally sensitive and competent healthcare practitioners and services (Hickman, 1998; Alang et al., 2023).

Horning in on the need to reduce elevated perinatal morbidity, maternal mortality, and neonatal death within communities of color, a recent news article highlights the need for elevated efforts to implement system-wide improvements to the quality of care for women of color. In the CNN article “Parents seek justice for a baby who was decapitated during delivery at a Georgia hospital” CNN (2024) reported that the baby died when the delivery team decapitated the baby during delivery. This occurred when hospital staff failed to perform a cesarean section when it was clearly indicated. The hospital then attempted to cover up what happened by limiting the family’s access to their deceased baby. CNN’s (2024) coverage of this story reinforces the need to address systemic health inequities and unequal access to quality care that contributes to elevated perinatal morbidities and maternal and infant mortality.

Statistics reveal an increase in 2020 maternal mortality rates, with 861 birthing deaths within 42 days after giving birth, compared to previously recorded deaths of 754 in 2019 and 658 in 2018 (WMMRP, 2023, p. 14). While perinatal deaths from 2018 to 2020 were approximately 2.5 to three times higher for Black people, this was three times higher when compared to non-Hispanic white people or Hispanic people of any race (WMMRP, 2023, p.14). Data indicated that Black mothers in the United States are more likely to experience intersectional racism, which may pave the way to stressed-induced morbidities (WMMRP, 2023).

It is also important to note that stress-induced perinatal morbidities may impact fetal development, and lead to complications during and after birth for both the baby and the mother (Hunte, Klawetter & Paul, 2022; Shklarski L, Kalogridis L., (2022). The chance that a Black American woman will give birth to a low-weight or premature baby is double compared to their

White counterparts (WSMMRP, 2023, p.14). This may be related to an elevated exposure to the intersectionality of discrimination (Kimmel & Ferber, 2017).

The intersectionality of discrimination may lead to an increased experience of perinatal morbidity and maternal mortality among Black women, at a rate double that of those belonging to a non-Hispanic race (Hunte, Klawetter & Paul, 2022). In the United States, communities of color regularly experience an intersectionality of discrimination based on race, ethnicity, gender, religion, sexual orientation, gender identity, disability, immigration status, socioeconomic, educational level, and age (Kimmel & Ferber, 2017; Bains et al., 2023). Systemic racism and discrimination, coupled with unequal access to resources that are linked to the social determinants of health, potentially undermine progress toward the United Nations SDG goal three, which focuses on universal health and well-being of all (Mugo et al., 2015).

It is worth noting that many researchers cite systemic racism in the United States as a major contributing factor for the presence of disproportional maternal and infant mortality and morbidity within communities of color (Harrison, 2018; Haque & Malebranche, 2020; Shullman, 2020; Hunte et al., 2022). These researchers cite systemic social inequalities and ongoing exposure of Black mothers to trauma and reactive stress. Research also indicates that ongoing exposure to structural racism significantly impacts Black women's perinatal health, regardless of their education and socioeconomic background (Hunte, Klawetter & Paul, 2022).

At facility levels, Black American mothers experience distrust, disconnection, and disrespect when receiving services at predominately White healthcare facilities (Plaza, et al., 2014; Hunte, et al., 2022). Going through emergency c-sections and experiencing elevated rates of pre-eclampsia, hypertensive disorders, preterm birth, stillbirth, and gestational diabetes are

considered to be key determinants contributing to elevated perinatal mortality rates among women of color in the United States (Hunte, et al., 2022).

Many of these health-related determinants may lead to the development of mental health challenges (Kimmel & Ferber, 2017). Black American mothers may feel a sense of reluctance in sharing their mental health status due to fear of being discriminated against, or seen as unfit mothers, which may lead to child protection services investigating and questioning their parenting ability (Hunte, et al., 2022).

Perinatal Health Outcomes in Washington State

According to the Department of Health, rural areas within the state of Washington reported a 40% higher death rate during pregnancy or within a year after delivery (Saldanha, 2023, para. 4). The severity of maternal mortality in Washington State may be linked to several causes, including COVID-19, and inadequate collaboration amongst perinatal healthcare providers, and inadequate coordination between CBPOs and clinicians in patient care (Bucley et al., 2013; Bains et al., 2023).

It is also important to consider that unequal access to quality healthcare, and a pervasive lack of access to cross-culturally trained doulas, may play a part in sustaining elevated infant and maternal mortality rates within populations of color (Burke, 2018; Hunte, et al., 2022). Because social prejudices, discrimination and racism may act as barriers to achieving good health and well-being among communities of color, having culturally sensitive healthcare professionals is integral to achieving a sustainable solution to elevated perinatal morbidity and maternal mortality within communities of color (Burke, 2018; Hunte, et al., 2022). This is particularly salient when we stop to reflect upon the roles that intersectionality and inequality play in compounding

determinants that sustain elevated rates of perinatal morbidities and maternal mortality within communities of color: globally, nationally, and locally within the state of Washington.

Perinatal health inequality in the State of Washington is multilayered and intersectional. For instance, LGBTQ (Lesbian, Gay, Bisexual, Transgender, and Queer or Questioning) pregnant individuals may experience an intersectionality of discrimination due to their sex and sexual orientation, social and economic status, age, race, and gender (Kimmel & Ferber, 2017). These intersectional determinants may tend to cause communities of color to experience elevated levels of reactive stress and social stigma, leading to avoidance of seeking perinatal services, which in turn may lead to an increase in their chances of developing perinatal complications and maternal mortality (WSMMRP, 2023; Kimmel & Ferber, 2017).

Perinatal Health Outcomes in the Pacific Northwest

Disadvantaged pregnant individuals and their infants are disproportionately affected by reactive stress, which is related to intersectional oppressions like interpersonal racism, and discrimination (Williams, Lawrence, Davis, & Vu, 2017; Sheehy, Palmer, Albert, Cozier, & Rosenberg, 2024), various forms of structural violence and oppressions (Heifetz & Linsky, 2017; Kimmel & Ferber, 2017), and other prejudices (e.g., a preconceived, negative orientation towards others). Prejudices and oppressions may tend to impede access to quality healthcare (Conradt, et al., 2020). Experiencing prejudice, discrimination, racism and chronic stress during the perinatal period may also negatively impact fetal development (Kolk & Rakic, 2021). Negatively-impacted fetal development may in turn trigger infant psychological problems across the lifespan (Conradt, et al., 2020). Reactive stress (William & Vu, 2017), may also lead to perinatal morbidities (e.g. hypertension, diabetes, preeclampsia) (Conradt, et al., 2020).

By way of an example, a black birthing woman, aged 40 years or older, may experience reactive stress relative to being black, female, and hailing from a lower socio-economic status, increasing the risk of dying at birth or developing perinatal complications (WSMMRP, 2023). Immigrant and refugee birthing women may experience racism, sexism, classicism and an inability to fully communicate with perinatal healthcare service providers. They may also encounter structural barriers impeding access to health coverage, housing and transportation, which puts them at greater risk of developing perinatal complications (WSMMRP, 2023; Kimmel & Ferber, 2017).

Access to Cross-Culturally Congruent Doulas in the Pacific Northwest

Cultural congruence in the context of doula care refers to providing respectful care and support that aligns with the cultural beliefs, values, and practices of the birthing person and their community (Mallick, Thoma & Shenassa, 2022, p. 823). Studies show that having access to cross-culturally congruent doulas increases positive birth experiences and decreases perinatal deaths and complications (Anand, 2019; Alang et al., 2023; Saldanha, 2023). However, communities of color struggle to: (1) Find doulas who have received cross-cultural congruence training; (2) find insurance that will cover the cost of a doula's services, and; (3) find a community-based perinatal organization that helps with doula-based services.

A lack of cross-culturally congruent doulas and inadequate diversity, equity, and inclusion in the perinatal healthcare system, has created resentment and a sense of exclusion to seeking prenatal, perinatal, and postpartum care (McKinney et al., 2018) amongst communities of color (Saldanha, 2023). Elevated rates of perinatal morbidities and maternal mortality within communities of color, and English-as-a-second-language clients, may also be related to inadequate access to cross-culturally competent health professionals (Saldanha, 2023).

Effects of Social and Structural Determinants

Prejudice, discrimination and racism related to police violence, the War on Drugs, housing discrimination, mass incarceration, occupational inequities, xenophobic immigration policies, and inadequate representation coming from impacted communities of color, may be viewed as intersectional social and structural determinants that undermine perinatal health outcomes within communities of color (Busse et al., 2017; Kapadia & Borrell, 2023). These exacerbating social and structural determinants potentially fuel resentment and a sense of exclusion when seeking perinatal healthcare and postpartum healthcare services (McKinney et al., 2018; Haque & Malebranche, 2020; Van et al., 2022).

Examples of structural determinants that undermine perinatal health outcomes in communities of color are lack of equal access to housing, education, jobs, and insurance that cover doula services (Van et al., 2022). For example, Medicaid may not cover doula services and perinatal healthcare beyond 42 days of giving birth (Ely & Driscoll, 2023; WMMRP, 2023, p. 14). It is also the case that few community-based perinatal organizations offer free services for communities of color (Van et al., 2022; Alang et al., 2023).

Communities of color tend to experience various forms of bias, and the experience of bias may be exacerbated by coming from a lower or Indigenous socioeconomic background, being uneducated or undereducated, being an immigrant or refugee, being of African descent or African American, being unemployed, or having subsidized government insurance rather than private insurance (Kimmel & Ferber, 2017; Van et al., 2022). Experiencing bias may lead to a sense of mistrust in perinatal healthcare-seeking behavior that could provide early detection of perinatal health morbidities. Examples of perinatal health morbidities include but are not limited

to, elevated blood pressure, gestational diabetes, hemorrhages, preeclampsia or eclampsia, and birth complications that jeopardize the life of the unborn child and its mother (Haque & Malebranche, 2020; Van et al., 2022).

Improving Perinatal Healthcare Outcomes in Communities of Color

To meaningfully reduce preventable perinatal morbidities and maternal deaths within communities of color in the Pacific Northwest, data suggests that healthcare professionals must have access to credentialed, education-based organizations that are capable of delivering cross-cultural congruence and anti-discrimination training as part of their educational services, and that healthcare professionals are trained to detect and respond to structural racism (Bradberry & Greaves, 2009; Haque & Malebranche, 2020; Van, et al., 2022).

Data suggested leveraging reproductive justice through policymaking as an integral strategy for responding to systemic racism and disparity within the delivery of healthcare services and the delivery of perinatal healthcare services more specifically (Malebranche, 2020; Van et al., 2022). More broadly, there is a need to advocate for system-level change that leads to the growth of equitable access to quality healthcare services for communities of color, and Native populations statewide (Burke, 2018; Haque & Malebranche, 2020).

Research suggests that while there have been improvements in perinatal healthcare outcome rates in the past few decades, there is still a lack of awareness, trust, and advocacy that exposes Pacific Northwest Native populations to elevated maternal mortality rates (Lee, 2020; Lee et al., 2022; Alang et al., 2023). Studies suggest that due to feeling judged, Native American mothers are less likely to seek care from medical professionals (Kimmel & Ferber, 2017; Lee, 2020; Lee et al., 2022). This leaves an opening for a variety of complications when giving birth.

There is a severe lack of cross-culturally congruent doulas who are able to advocate for and support Native American mothers in a way that is sensitive to Native cultural values (Lee, 2020). American Indian and Alaska Native perinatal morbidity and maternal mortality remain high (Gaudino, 2008), even with an improvement in adopting positive maternal behavior during pregnancy, such as not drinking and smoking while pregnant.

Institutional discrimination, class oppression, gender discrimination, and exploitation at micro, mezzo, and macro levels are implicated as leading causes of elevated perinatal morbidity and maternal mortality within communities of color (Kimmel & Ferber, 2017; Lee et al., 2022; Alang et al., 2023; Sheehy et al., 2024). Discrimination in access to housing, discrimination and racism in the educational system, and lack of access to social safety nets have a negative effect on the overall perinatal health and well-being within communities of color (Kimmel & Ferber, 2017; Lee et al., 2022; Alang et al., 2023). Many studies resurfaced the need to be adaptive and transformational to proactively address complex problems with solutions based on the perspective of those affected by the problem.

Summary

Chapter two provided an overview of disproportionate global, national, and local perinatal health outcomes within communities of color. Inadequate numbers of doulas, midwives and researchers of color, coupled with community-based leadership failure to officially recognize the impact of social and structural determinants that undermine perinatal health outcomes sustain poor perinatal health outcomes within communities of color. Social and structural determinants include structural racism, white supremacy, systemic discrimination, bias, and social stigmas that

may undermine the delivery of perinatal healthcare services within communities of color (Nohria & Khurana, 2010; Burke, 2018).

A lack of access to adequately trained, cross-culturally congruent healthcare professionals, coupled with a lack of transparency and inclusion during perinatal healthcare initiatives, has exacerbated perinatal morbidity and maternal mortality rates within many communities of color (Nohria & Khurana, 2010; Burke, 2018).

To respond to the complex milieu of social, cultural, economic, environmental, and political factors that problematize making strides towards universal good health and wellbeing, leadership must engage with and enhance universal collaboration to address complex problems more effectively (Braberry & Greaves, 2009; Caligiuri, 2012; Gish, 2020).

Main concepts and theories can be operationalized through policymaking, securing funding, including the voices of affected populations, and by designing initiatives and diverse strategies that target elevated rates of perinatal morbidity and maternal mortality rates, and poor perinatal health outcomes within Washington state's communities of color (Van et al., 2022; Alang, et al., 2023; WSMRP, 2023).

CHAPTER 3

METHODOLOGY

Introduction

This chapter will review the methodology and research questions guiding this study, the eligibility criteria of studies to be included in the systematic review, the PICOS framework, outcomes for the study, information sources, procedures, search strategies, study selection, data collection processes, risk of bias, instrumentation, timing, credibility, and a summary.

As previously discussed in chapters one and two, a systematic qualitative review stance, in conjunction with the CCR Roadmap, viewed by Buckley et al. (2013) as a starting point for studying health-based phenomena. This study will use the CCR Roadmap in conjunction with the PICOS procedure to gain a deeper understanding of how community-based perinatal organizations (CBPOs) respond to elevated rates of perinatal morbidity and maternal mortality within communities of color and to assess how culturally congruent healthcare workers reduce perinatal health disparities.

Coupling a systematic qualitative review with a PICOS procedure may be an appropriate methodology for discovering key determinants related to a phenomenon or problem being studied. The PICOS methodology aligns with a systematic review approach where the researcher draws upon both a miner and a traveler mindset (Wright & Wallis, 2019; Meltzer, Watkins, Vieira, Zelikoff & Boden-Albala, 2020).

It allows the researcher to search for, mine, and extract qualitative data based on the lived experiences and perspectives of each study's research participants (Wright & Wallis, 2019; Meltzer, Watkins, et al., 2020).

A systematic qualitative review stance focuses on creating an understanding from the perspective of the impacted populations, experiences, and knowledge about the phenomena being studied (Stringer & Aragón, 2020). This stance is best suited to this study because it facilitates the production of theoretical sensitivity as the researcher carefully mines existing data for relevant insights to the social problem being studied.

While the researcher's qualitative stance frames the research process as a journey where the researcher operates as both a traveler and a miner of information, the journey is searching for relevant data guided by the keywords designed using the PICOS procedure (Wright & Wallis, 2019; Meltzer et al., 2020).

The researcher-as-miner approach seeks information as a buried treasure that exists and needs to be discovered, while the researcher-as-a-traveler approach searches for new stories and knowledge to bring back home (Wright & Wallis, 2019).

Using the PICOS framework to explore this researcher's questions may provide information that reveals systemic social and structural conditions that contribute to and sustain elevated perinatal morbidities and maternal mortality rates within communities of color (WHO, 2023; Saldanha, 2023).

As a reminder, this study will utilize the research questions below to seek an understanding of strategies employed by CBPOs and the necessity of cultural congruence as a strategy to reduce elevated perinatal morbidity and maternal mortality rates within communities of color. (1) How have community-based perinatal organizations within Washington State responded to adverse perinatal morbidity and maternal mortality within communities of color? And (2) How might the delivery of culturally congruent perinatal healthcare services reduce disproportional perinatal morbidity and maternal mortality rates within communities of color?

Research Studies Eligibility Criteria

This study leveraged the PICOS framework to define and structure this study's research questions. The PICOS framework represents (1) Population, (2) Intervention, (3) Comparison, (4) Outcomes and; (5) Studies included. A PICOS framework is deemed appropriate when conducting a systematic qualitative review as it focuses on seeking deep-seated understanding based on the impacted population, and the PICOS framework functions well when time and resources are limited (Methley, Campbell, Chew-Graham, McNally & Cheraghi-Sohi, 2014).

The PICOS framework streamlined the process by enabling the researcher to identify appropriate systematic search criteria and terms and the time spent identifying articles that were germane to the research questions guiding this study (Methley et al., 2014). The PICOS procedure operates based upon the following criteria.

Population

This study seeks to generate a comprehensive understanding rooted in the traditions and cultural beliefs of communities of color and the perspectives of groups impacted by elevated rates of perinatal health outcomes. Investigating contributing determinants, based on the perspective of impacted communities, may generate innovative theories and concepts that can then be operationalized to bridge perinatal healthcare gaps and reduce perinatal health disparities within communities of color in Washington State (Stringer & Aragón, 2020). However, it is worth noticing that even though this study focuses on communities of color in Washington States, it also reviews qualitative studies conducted between 2014 and 2024 within the United States that were relevant to this study.

The terms engine search used were communities of color, black, indigenous, people of color (BIPOC), marginalized, immigrants, refugees, USA, and Washington State. One research question was used, “How have community-based perinatal organizations responded to perinatal morbidity and maternal mortality within communities of color?” using a hand search and Google Scholar to locate qualitative studies that applied to this research topic.

This investigation prioritized studies conducted within Washington State based on communities of color; however, qualitative studies conducted within the United States that mentioned perinatal health and the role/ need of community-based perinatal organizations (CBPOs) in addressing perinatal healthcare disparities were included. Studies conducted outside the United States and did not apply to communities of color within the United States were excluded regardless of whether they met this study's terms. Quantitative studies were excluded even though they met this study's requirement for search terms.

The eligible studies were limited to qualitative and were based on Black, Indigenous, and communities of color within the United States. Qualitative studies based on general populations that failed to address disparities in the perinatal health system were excluded. However, qualitative studies that addressed reproductive health and social justice from a global perspective and considered the role of community engagement in reducing perinatal disparities within marginalized populations were included for further review to determine how they apply to communities of color within Washington State.

Intervention Types

Keeping in mind that communities of color include immigrants and refugees and people of color from other international locations, another goal is to gain a better understanding about

how specific interventions, for example, increasing access to culturally-congruent healthcare practitioners and interventions, may help reduce elevated perinatal morbidities and maternal mortality within Washington state. Also important is determining how community-based perinatal organizations (CBPOs) may work with people of color to tailor interventions based upon their traditional and cultural values.

These intervention strategies comport with the position adopted by the Washington States Review Panel (2023) and the White House BluePrint (2022), which advocate for adopting a transformative approach by allowing the voices of the many to join an effort to lead change, foster inclusiveness, generate universal collaboration while developing a shared mission across all stakeholders.

Comparison

This study aims to seek a comprehensive understanding of the benefits of perinatal healthcare services delivered by doulas and CBPOs, and how these services may improve the perinatal health within communities of color (Methley et al., 2014). While both quantitative and qualitative studies are vital in understanding elevated rates of perinatal health outcomes within communities of color in Washington State, this study relied upon a qualitative systematic review to investigate how community-based perinatal organizational leadership responds to elevated rates of perinatal complications and deaths.

Outcomes

Significant outcomes of this study include identifying and implementing strategies to reduce healthcare disparities within communities of color by identifying strategies that build trust

and a sense of cultural sensitivity between healthcare service providers and healthcare recipients (WSMMRP, 2023), using data to improve perinatal healthcare advocacy and community-based organizational leadership. One way to pave the way to a timely and successful study is to use conceptual frameworks that guide research efforts.

A PICOS framework facilitated the process of data collection and analysis, and the production of theory related to the phenomena being discussed within published articles, master's theses, and conventional publications. Collected data was based upon an affected populations' lived experiences including government reports and reviews that are based in communities of color perspectives and cultural values.

Timing

The timing was crucial in this study because it helped limit the time spent reviewing ineligible studies, ensured studies deemed eligible were current, and addressed the issue of increasing perinatal morbidity and mortality within communities of color in the United States. For example, search engines were restricted to studies from 2014 to 2024 to help reduce the amount of time spent determining inclusion and exclusion criteria and framing research questions during the review process.

Credibility

Research suggests that enhancing adaptiveness and willingness to learn and unlearn improves trust in cross-cultural dynamics, enhancing collaboration and conceptualization of ideas for sustainable and collective solutions (Stringer & Aragon, 2020). This, coupled with the embracement of transparency and inclusion of data based on diverse perspectives within communities of color, was leveraged. Unpublished articles, master's theses, conventional publications, and private foundation studies were deemed ineligible.

Information Sources

This study leveraged various information databases, such as EBSCO, JSTOR, ProQuest, ProQuest Dissertation & Theses Global, and Google Scholar. Hand-searching was employed to collect studies beyond database standards, for example, searching CBPO websites and annual reports relevant to this study.

Procedures

Preferred Reporting Items guided the reference selection for Systematic Reviews and Meta-Analyses (PRISMA). This retrieval procedure consisted of four strategies: (1) identification, (2) searching, (3) eligibility, and (4) inclusion.

Search Strategies

The research questions guided research efforts during the identification stage of this study. Four primary databases were utilized: EBSCO, JSTOR, Google Scholar, and ProQuest, including ProQuest Dissertation & Theses Global. The study employed three main categories to answer research questions guiding this study. The first category was the setting: Community-based perinatal organizations within Washington State. The second category included peer-reviewed articles that addressed the role of CBPOs in responding to perinatal morbidity and maternal mortality within communities of color in the United States and relevant to communities of color within Washington state. The third category applied various keywords such as cross-cultural congruence, anti-discrimination training, and community-based perinatal organizations. Keywords were entered for each category utilizing a ten-year filtering parameter. The filtering criterion for language was set to English, and article sources were set to peer-reviewed. The

terms perinatal healthcare, communities of color, cultural congruence, disparities, and organizational leadership were used to maintain consistency across online searching.

Study Selection

During the first stage, studies from the search were uploaded to the Zotero project management database using a Digital Object Identifier (DOI) in a folder with the search engine terms and the database from which they were retrieved.

After locating and uploading all the articles, all duplicates were deleted from Zotero. During the stage-two screening phase, I reviewed each reference abstract to meet PRISMA requirements. Quantitative studies were disqualified and placed in an ineligible folder. After the abstract and a review of eligibility criteria, studies were placed in folders marked eligible and ineligible. During the third stage of selecting studies, I retrieved the full text for each study from search databases and uploaded them to Zotero.

In the fourth stage of the selection process, I read the full text of each article's abstract to ensure that it met the study's research criteria. In this final stage, I confirmed that all included studies were qualitative, were conducted within the United States in the past ten years, and were based on health disparities within communities of color.

Data Collection Process

The primary data collection sources leveraged in this study were ZoteroBib and Better Notes. The ZoteroBib helped store and generate citations automatically, generating a bibliography while drafting chapters of this study. Better Notes helped during a quick read-on study to determine the eligibility criteria of journal articles by using the note feature next to each

article to help determine data saturation. A synthesis matrix was also utilized using a table to document emerging themes and their relation to the research questions guiding this study.

Risk of Bias

As a public health professional, coming from a disadvantaged background, and as an executive director for an international perinatal-health oriented organization focused on the gestational health of women in South Sudan, introduces the possibility of personal and professional bias.

Maintaining awareness of personal and professional bias may help control bias and allow the production of theoretical sensitivity, and the generation of salient concepts and theories while analyzing data (Sebastian, 2019; Linden & Palmieri, 2023).

Bias is more likely to occur during the “think phase” (Stringer & Aragon, 2020, pg 8) of this project, where analysis, interpretation and explication of key concepts, the development of core categories, and theory production occur. A theoretical-sensitivity model will be employed to reduce bias.

Instruments

Before data collection, a matrix for organizing the included studies was created (see Appendix A). This helped organize all eligible studies and their descriptions, as well as group themes and concepts emerging from the data. The matrix was formed following a standard format, including components often found in social and behavioral science research. Ineligible components were excluded from the box.

Qualitative Data Analysis

This systematic qualitative review used classical grounded theory across three stages of coding: (1) Open coding, (2) selective coding, and (3) theoretical coding. These coding strategies were utilized to find substantive codes emerging from N = 20 studies reviewed, including themes, patterns, and core concepts or categories (Glaser & Holton, 2007).

Glaser and Holton (2007) define open coding in grounded theory as a procedure used to identify concepts and core categories in data. In this study, open coding was employed through reflection, asking questions such as what the aims of each N = 20 articles that were reviewed, category, and incident each study indicated (Glaser & Holton, 2007). What was happening in each reviewed 20 articles was also assessed, including the phenomena being studied to determine if they were based on the perspective of communities of color in the United States and to consider what accounts for the continual resolution of the problems being studied (Glaser & Holton, 2007).

Answering these questions enabled this analyst to develop theoretical sensitivity as a strategy to discover emerging concerns and develop core categories (Glaser & Holton, 2007; Ho, 2021). Theoretical sensitivity refers to the process of identifying and assigning meaning to data during the analysis phase, with the development of theoretical sensitivity facilitating the development of theory (Glaser & Holton, 2007). Theoretical coding was employed to encourage iterative data collection and constant comparison of data-to-data and concepts-with-data to generate new perspectives and core theories (Glaser & Holton, 2007; Stringer & Aragón, 2020).

Selective coding of data is a procedure of comparing main categories and theories to saturate data and generate core theories and concepts that emerge from the leading theory (Glaser

& Holton, 2007). Through this coding process, this study achieved data saturation, developing six major themes grounded in the N = 20 articles reviewed.

While this study uses research questions, the PICOS framework, and the PRISMA guideline to guide the research process, reflection and memo writing were used to ensure that prior knowledge and concepts did not influence or introduce bias into the research process (Sebastian, 2019; Linden & Palmieri, 2023). This analysis leveraged the use of manual coding to increase the researcher's and the study's bank of theoretical sensitivity.

Citing Konecki (2018), Holton and Wash (2018, pp. 95, 109) emphasized that classic grounded theorists should do whatever they can to stimulate hand-eye-brain cognitive and preconscious processing through manual coding, memoing, and sorting procedures. It was suggested that "The physical act of hand sorting memos further facilitates the preconscious processing of matured ideas and guides the organization and integration of overall theory (Konecki, 2018, pp. 95, 109).

Summary

Chapter three discussed the methodology of this systematic review, describing the PICOS procedure, and PRISMA guidelines for drafting content, and utilization of search engines and tools to gather appropriate studies and data relevant to this study's objectives.

CHAPTER 4

FINDINGS

Introduction

As discussed in previous chapters, this study aims to understand strategies that community-based perinatal organizations (CBPO) employ to address elevated perinatal morbidity and maternal mortality and how culturally congruent healthcare professionals reduce perinatal healthcare disparities within populations of color. This study leveraged Clinical-Community Relationships Evaluation Roadmap (CCR-Roadmap) to draw linkages between clinic and community-based resources for delivering clinical preventive services for communities of color. Research questions guiding this systematic review were:

1. How have community-based perinatal organizations within Washington State responded to perinatal morbidity and maternal mortality within communities of color?
2. How might the delivery of culturally congruent perinatal healthcare services reduce disproportional perinatal morbidity and maternal mortality rates within communities of color?

Study Retrieval Process

Figure 6 below highlights this study's procedure to meet the Preferred Reporting Items for the Systematic Review and Meta-Analysis (PRISMA) reference retrieval strategy. The PRISMA procedure consists of four stages: (1) Identification, (2) screening, (3) eligibility, and (4) inclusion.

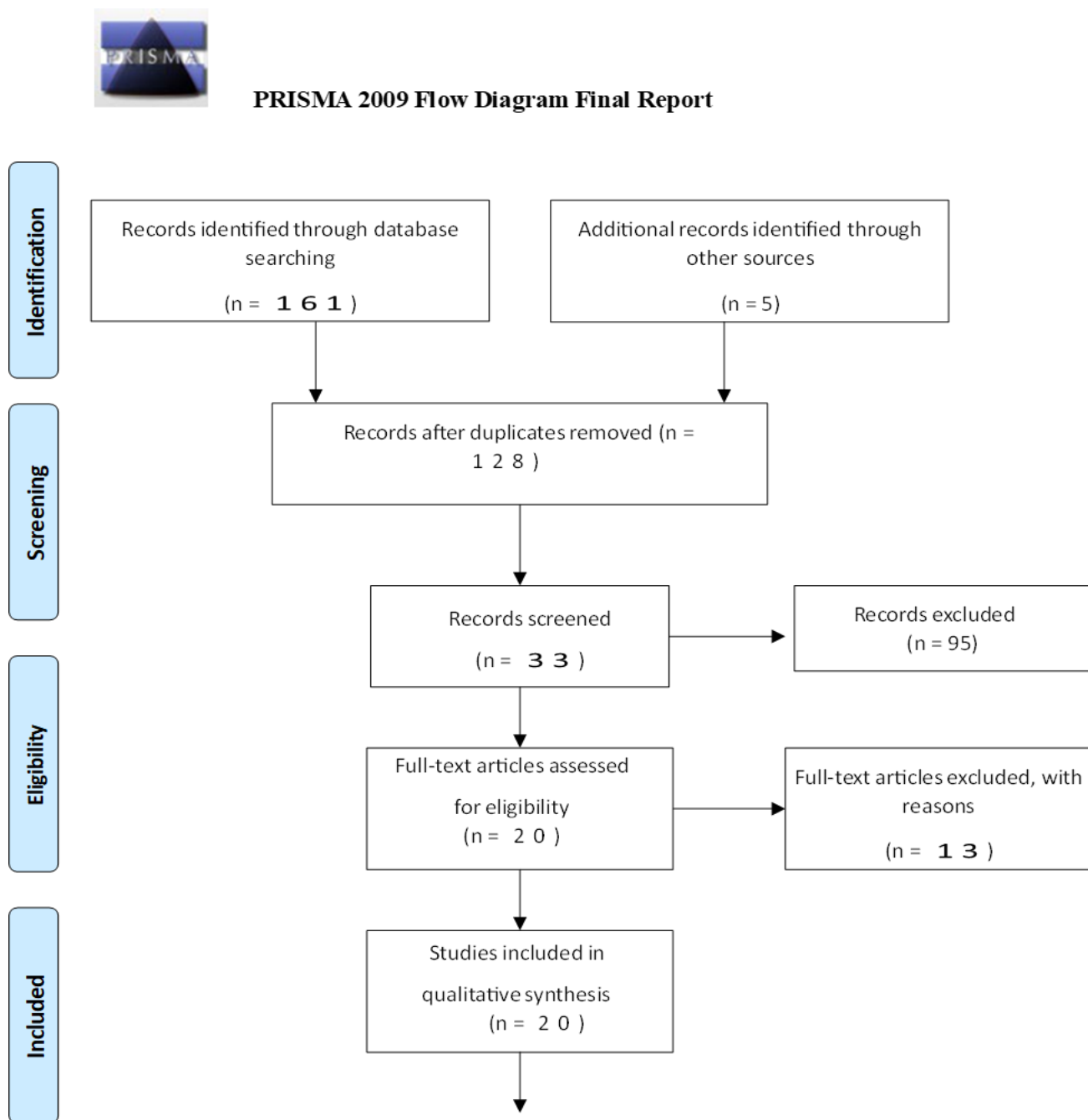
During the identification process, database searches were conducted via EBSCO, JSTOR, Google Scholar, ProQuest, ProQuest Dissertation, and Theses Global. A manual search was also

conducted within the American Journal of Public Health, the Perinatal Journal, and Social Work in Public Health. This resulted in the identification of 166 studies.

During the screening phase of the search process, thirty-eight duplicate references were removed, leaving 128 studies. The abstracts of all 128 studies were thoroughly reviewed, which resulted in the exclusion of an additional 95 studies as they were either quantitative or did not apply to communities of color in the United States or Washington state. This left (n=33) studies.

During the eligibility phase, the full text of the remaining 33 studies were thoroughly read and assessed to determine how they apply to this study's research questions, and to the study's methodology and framework. Of the 33 remaining journal articles, 13 studies were disqualified, leaving 20 studies deemed to be eligible for inclusion (see Figure six).

Figure 6. PRISMA 2009 Flow Diagram of Study Eligibility



Inclusion Characteristic

The 20 qualitative studies included in this systematic review explored systemic social issues related to deleterious perinatal health outcomes within communities of color, nationally and locally. While this study investigates CBPO strategies for responding to elevated perinatal health outcomes, and the essentials of culturally congruent perinatal healthcare professionals within Washington state, some out-of-state studies were included based on the perceptions and experiences of communities of color in those states.

Characteristics of Individual Studies

This section summarizes each of the 20 studies included in this qualitative, systematic review, providing a brief overview of salient themes for each study (See Appendix B). Across the 20 journal articles reviewed, the primary characteristics reflected that CBPOs significantly reduce perinatal health disparities and how CBPOs respond to elevated perinatal morbidity and maternal mortality rates within communities of color through doula programs and midwifery as a strategy to close perinatal outcomes between populations of color and their White counterparts. This includes how enhancing cross-cultural congruence training coupled with anti-racism training reduces perinatal health outcomes within communities of color in the United States. The 20 studies reviewed were the result of collaborative processes involving perinatal health organizations, midwives, doulas, scholars of color, and non-profit or governmental perinatal health organizations serving communities of color in the United States.

Kang's (2014) qualitative study aims to understand the influence of cultural and community-based perceptions about birth and perinatal care of immigrant women, based on the perspective of doulas in Washington State. The participants in this comprehensive and inclusive study were professional doulas from diverse cultures and backgrounds. The study indicated that

40% of these doula's clients were immigrants and women of color, and 45.5% were non-immigrant White women (Kang, 2014, p. 27).

Kang's (2014) study highlighted major themes and concepts regarding each doula's perception of cultural and community influence on birth and perinatal care, and they determined that doulas are advocates, cultural brokers, and support providers. Kang (2014) also ascertained that being culturally self-aware helps doulas to hold aside their own cultural beliefs and values as they work with clients from diverse backgrounds. Kang's study also suggested that culture, language, and socio-economic status tend to act as barriers that prevent immigrant women from seeking perinatal care. This indicated that having culturally congruent healthcare professionals, more community-based perinatal organizations, and integration of doula services in healthcare settings may improve care for immigrant families (Kang, 2014).

Ani (2015) studied the disproportionate rate of C-sections among Black women, using a qualitative orientation that incorporated historical analysis, literature review, and critical analysis of existing research. Ani's (2015) study drew upon data from various sources, including medical texts, historical documents, statistical data, and scholarly articles, to support the arguments and provide evidence for the claims, including the authors' perspective and reflection.

Findings from Ani's (2015) study suggested that Black women in the USA have the highest C-section rate, reaching nearly 36%, even among low-risk pregnancies (Ani, 2015, p. 344). The study revealed that racism plays a role in the higher rate of C-sections among Black women.

Ani's (2015) study suggested a need to address the disproportionate rate of C-sections among Black women and the role of racism in healthcare practices, emphasizing the importance

of a historical and cultural understanding of C-sections to promote childbirth that prioritizes the well-being of women and babies (Ani, 2015).

Lee's (2020) research explored community-based doula perceptions, focusing on: (1) Motives for serving low-income, marginalized families; (2) experiences as non-clinical members of women's healthcare teams; (3) barriers encountered, and; (4) the support professional doulas receive to sustain their long-term career in community-based work.

This study utilized a qualitative and semi-structured interview protocol to collect data from nine participants who were community-based doulas working with Open Arms Perinatal Services in Seattle, Washington. Findings indicate that doulas serving marginalized communities are driven by their own disadvantaged backgrounds and a desire to advocate in their communities as a voice for those who go unheard. Despite facing discrimination and mental health challenges in their work (Lee, 2020), especially for doulas of color, they believe that it is critical to address social issues to reduce rates of perinatal morbidity and maternal mortality.

The study also argued that government officials must mandate policies to fund community-based perinatal organizations and require healthcare professionals to seek culturally congruent training (Lee, 2020). The study emphasized the urgent need to recognize the importance of doulas as a strategy to reduce perinatal morbidity and maternal mortality. It calls for a greater value to be placed on the doula role, which should be reflected through increased salary. It also calls for funding for community-based perinatal organizations and mandatory cross-cultural congruence and anti-racism training for all healthcare workers to reduce negative birth experiences between patients and doulas of color (Lee, 2020).

The study by Ogunwole, Bennett, Williams, and Bower (2020) aimed to investigate and address maternal health disparity within Black communities during the COVID-19 pandemic,

including understanding the contributing factors to higher rates of perinatal complications and mortality among Black pregnant and postpartum individuals compared to their white counterparts (Ogunwole et al., 2020). Findings from the (2020) study shine a light on the experiences and perspectives of doulas and their impact on maternal health equity, with a focus on outcomes during the COVID-19 pandemic (Ogunwole et al., 2020), with data demonstrating that the COVID-19 pandemic increased pre-existing racial disparities in birth outcomes, particularly for Black and Hispanic pregnant individuals.

The Ogunwole et al., (2020) study analyzed a range of existing data, literature, and observations, including information from racially and ethnically diverse populations, community-based doulas, and midwives. The analysis provided insights into racial disparities in perinatal health, the influence of COVID-19 on birth outcomes, the effectiveness of community-based doula programs, and the advocacy role of doulas for Black birthing individuals. Study findings revealed that racial disparities exist in rates of perinatal morbidity and maternal mortality, with Black individuals experiencing significantly higher rates of perinatal complications and maternal deaths.

Elevated perinatal health morbidities and mortality are often due to various factors such as pre-existing chronic diseases, racial discrimination, disrespectful care, delayed medical intervention, chronic stress, and lower-quality healthcare (Ogunwole et al., 2020). This study revealed that community-based doula support improves childbirth experiences, reduces rates of cesarean section, leads to shortened periods of labor, improves infant Apgar scores, and positively impacts breastfeeding rates among Black and Hispanic mothers (Ogunwole et al., 2020).

The Ogunwole et al., (2020) study also established that community-based doula services are especially beneficial for enhancing birthing experiences among marginalized racial and ethnic populations, and within low-income and disadvantaged communities.

Recommendations from the Ogunwole et al., (2020) study included government policy changes to: (1) Formally recognize doulas as essential healthcare providers; (2) promote inclusion and collaboration; (3) increase investment in community-based initiatives, and; (4) revise hospital care policy to include doulas in the delivery of perinatal healthcare services.

Suarez's (2020) study examined four salient themes relating to historical and contemporary social and systemic problems impacting Black mothers in the United States: (1) How historical shifts in perinatal care intersect with race in the care of Black pregnant and birthing women; (2) The marginalization of Black midwives and the impact of medicalization on perinatal morbidity and maternal mortality; (3) The positive impact of radical Black perinatal organizations on improving pregnancy outcomes for marginalized communities, and; (4) The need for future research to compare birthing outcomes of Black mothers assisted by midwives at home versus hospital settings.

Suarez used qualitative data analysis to examine elevated rates of infant and maternal mortality, noting the increased risk encountered by Black infants compared to other demographics. The study compared the medicalized birth approach in the United States with the midwifery-care model commonly practiced in European countries. Observations regarding positive birth outcomes from home births, reported by the Midwives Alliance of North America, however, it was established that these outcomes were occurring primarily among white, middle-class, college-educated, and married mothers, pointing to a limitation in the study's focus on Black mothers who experienced home births.

Findings from the Suarez (2020) study showed positive birthing outcomes during at-home births in European countries, where home-based birthing services are allowed for low-risk pregnancies (Suarez, 2020). The study highlighted how historical shifts in perinatal care for Black women, when coupled with structural racism and other systemic social problems, contribute to the persistence of elevated rates of perinatal complications and maternal mortality within communities of color. This finding reinforces the need for midwifery care for low-risk pregnancies and advocates for minimizing medicalized interventions in lower-risk cases to improve physical and emotional outcomes while reducing reliance on medical interventions (Suarez, 2020).

The study also revealed the impact of historical and systemic social issues in the United States has resulted in the highest rates of perinatal morbidity and maternal mortality among wealthy countries (Suarez, 2020). The study suggested that potential remedies may be found by looking at states that utilize midwives, with Suarez (2020) recommending elevated access to Medicaid coverage for at-home births, especially in states with large Black populations to improve pregnancy outcomes within populations of color (Suarez, 2020).

Nijagal, Patel, Lyles, Liao, Chehab, Williams, and Sammann (2021) study aimed to understand the lived experiences, challenges and barriers encountered by pregnant Medicaid insurance beneficiaries and other marginalized communities in accessing perinatal care. The study sought to collaborate with key leaders and stakeholders to design interventions that address the specific needs of marginalized individuals and develop innovative solutions to enhance perinatal care (Nijagal et al., 2021).

This qualitative study used interviews and focus groups with key stakeholders, including pregnant individuals, healthcare providers, and community members (Nijagal et al., 2021). The

study revealed that inadequate transparency and the exclusion of marginalized communities in care plans creates an unequal power dynamic, potentially fueling a general lack of trust between pregnant individuals and their healthcare providers. The study highlighted structural and interpersonal racism as barriers impeding access to quality perinatal care. This study designed prototypes and interventions to improve perinatal care experience and achieve health equity, with changes at individual, institutional, and systemic levels (Nijagal et al., 2021). The study recommends respectful and empathetic engagement to address the issues and observed that when clients repeat their stories multiple times it can lead to shame and reluctance to disclose valuable information (Nijagal et al., 2021).

Alhalel, Patterson, Francone, Danner, Osei, O'Brian, Tom, Masinter, Adetoro, Lazar, Ekong, and Simon (2022) investigated racial disparities in perinatal care for Black individuals in Chicago to better understand their experiences and perceptions as a strategy to design and deliver interventions. The study examined the importance of trust in the patient-provider relationship, social determinants of health, patient navigators, and the need for culturally responsive care.

The qualitative research design used semi-structured interviews with a small sample size recruited through community partners. Participants were selected through purposive sampling, focusing on individuals with specific characteristics or relevant experiences, including Black birthing individuals and healthcare providers in a community health setting.

Findings revealed several key themes concerning perinatal care for Black birthing individuals, including: (1) The significance of trust in the patient-provider relationship; (2) the importance of establishing trust through open communication and addressing biases; (3) the value of patient education; (4) barriers to accessing care; (5) the influence of social determinants

of health on perinatal care, and; (6) the necessity for comprehensive perinatal care practices (Alhalel et al., 2022).

Their findings suggested that: (a) Building trust; (b) addressing disparities in access to prenatal healthcare; (c) providing patient education, and; (d) addressing social determinants of health are necessary for enhancing perinatal care outcomes for Black birthing individuals. Alhalal et al., (2022) emphasized the role of structural racism, and the importance of cross-cultural competence among healthcare providers.

Alio, Dillion, Hartman, Johnson, Turner, Bullock, and Dozier (2022) aimed to understand the perspectives of Black women who had given birth in the last five years by identifying determinants that may be contributing to disparities in maternal morbidity and mortality between Black and White women. The study focused on understanding the experiences of Black women with perinatal service providers during pregnancy and delivery. The authors aimed to center the voices and experiences of Black parents, identifying key factors influencing their experiences with perinatal care, and inform future interventions to address racial disparities in maternal outcomes (Alio et al., 2022).

Utilizing a community-based participatory research (CBPR) approach, these researchers collaborated with key stakeholders to build a consortium to end Black maternal mortality through Listening Sessions (LS) with Black women who had given birth in the last five years. LS was facilitated by trained Black women and focused on gathering data about participants' experiences during pregnancy and delivery (Alio et al., 2022).

Findings reveal several key themes and interpretations about the experiences of Black mothers and fathers during perinatal care (Alio et al., 2022). Some of the key findings and

interpretations include: (1) Communication and trust; (2) discrimination and bias; (3) socioeconomic factors; (4) shared decision-making, and; (5) community engagement.

These findings highlight the importance of: (a) Effective communication; (b) addressing discrimination and bias; (c) addressing socioeconomic factors; (d) promoting shared decision-making, and; (e) engaging with the community to reduce racial disparities in perinatal care outcomes for Black mothers and fathers (Alio et al., 2022).

De la Rocha, Sudhinaraset, Jones, Kim, Cabral, and Amani's (2022) study aimed to achieve several goals: (1) The impact of the COVID-19 pandemic on community-based health systems, particularly in sexual and reproductive health; (2) explore the influence of historical systemic racism on sexual and reproductive health (SRH) outcomes, challenge oppressive systems, and reshape readers' perspectives by prioritizing knowledge from lived experiences of the target communities; (3) analyze health issues across the reproductive lifespan, focusing on themes related to reproductive health and equity, to highlight the obstacles individuals face when accessing high-quality reproductive care, including the impact of structural factors such as racism, policing, and digital redlining on sexual and reproductive mental health, and; (4) identify strategies and opportunities to improve access to the full spectrum of sexual and reproductive health (SRH) care needs across the lifespan for BIPOC populations.

Researchers identified housing, education, healthcare, and internet services as community-based solutions and practices to promote well-being and resilience for Black, Indigenous, and People of Color (BIPOC) during the COVID-19 pandemic in the United States.

Findings reveal several core themes that negatively impact BIPOC communities, including: (a) Supremacy of birth; (b) police violence; (c) inadequate access to sexual and

reproductive mental health services; (d) digital redlining, and; (e) lack of quality of care and joy, liberation, and humanity (de la Rocha et al., 2022, p. 368).

These five themes indicate the challenges populations of color encounter in accessing care, including reproductive health care, and why having a sense of ownership and belonging is essential. These findings also revealed the COVID-19 pandemic added barriers to BIPOC communities in accessing SRH care, which aligned with existing literature on the need for systemic change, accountability, and partnerships to improve SRH outcome for communities of color.

Kett, van Eijk, Guenther, and Skillman (2022) focused on exploring community-based birth doulas' work-related conditions and experiences in the United States, particularly those working in underserved communities. The team of researchers aimed to understand the challenges doulas encounter in addressing perinatal inequities, improving birth outcomes, and the strategies doulas employ to mitigate stress and sustain their work.

This study conducted 18 semi-structured qualitative interviews with individuals who identified as community-based doulas working in underserved communities in the United States. Interviewees were identified through a previous national study, relationships with doula organizations, and national association directories. Interviews covered three domains of inquiry. (1) How doulas entered the profession, their approach to serving communities, their training and certification, and their employment history. (2) work experience in different healthcare settings, reimbursement methods, and challenges of providing services to underserved communities. (3) Broader aspects of the American healthcare system, and the doulas' recommendations for better support.

The study identified several key findings: (1) Establishing a deep connection with clients; (2) facilitating culturally specific birthing practices; (3) empowering clients to advocate for themselves, and; (4) addressing additional health and social needs beyond birthing support. Their findings also revealed that doulas witnessed and experienced discrimination, struggled with financial challenges, and employed strategies to mitigate work-related stressors (Kett et al., 2022).

Research interpretations highlight the essential role of doulas in addressing perinatal inequities, improving birth outcomes, and underscore the systemic challenges and inequities doulas encounter. Key findings indicate a need for: (a) Policy changes to increase compensation for doulas; (b) improve collaboration among healthcare professionals, and; (c) the design and implementation of policy-driven initiatives to address service gaps in access to perinatal care (Kett et al., 2022).

Lacombe-Duncan, Andalibi, Roosevelt, and Weinstein-Levey (2022) explored stigma and resilience among Lesbian, Gay, Bisexual, Transgender, and Queer or Questioning (LGBTQ) + individuals people concerning conception, pregnancy, and pregnancy loss. The study aimed to understand the multi-level stigma faced by LGBTQ+ individuals during pregnancy and identify both individual and collective resilience strategies employed by LGBTQ+ individuals when coping with pregnancy loss.

The Lacombe-Duncan et al., (2022) study also sought to determine LGBTQ+ peoples' disclosure patterns, social support needs, challenges, and social technology use in relation to pregnancy loss to offer insights that could contribute to more inclusive and affirming approaches to reproductive healthcare for LGBTQ+ individuals.

Seventeen research participants completed the study's interview process, focusing on diverse experiences within the LGBTQ+ community related to conception, pregnancy, and pregnancy loss. The study found that LGBTQ+ individuals experience multiple levels of stigma during conception, pregnancy, and during pregnancy loss, with these stigmas manifested at intrapersonal, interpersonal, and structural levels (Lacombe-Duncan et al., 2022). It also found that LGBTQ+ individuals show resilience across these levels in their ability to manage emotions, set boundaries, and purposeful disclosure; engage online LGBTQ+ support groups, connect with others who have experienced pregnancy loss, partner interactions, and positive healthcare provider interactions.

Lacombe-Duncan et al., (2022) suggested the need for strengths-based and affirming approaches to reproductive healthcare for LGBTQ+ individuals, emphasizing provider-level training to reduce bias and increase cultural sensitivity. This finding also highlighted the value of online LGBTQ+ support groups to alleviate some of the challenges faced due to stigma, and their resilience in navigating these experiences.

The overarching aim of the Rodriguez de Lisenko, Gray, and Bohn (2022) study was to develop innovative strategies to address health disparities impacting Black/African American (B/AA) women with substance use disorder (SUD). The study aimed to identify the psychosocial, environmental, and systemic risk factors that: (1) Perpetuate these health disparities; (2) act as barriers to healthy food behavior and resources for this population, and; (3) elevate the need for trauma-informed nutrition education intervention for perinatal B/AA women in SUD treatment facilities as a strategy to improve maternal and infant health outcomes. Furthermore, the study examined the impact of trauma, toxic stress, race, and ethnicity, food

issues, culture, history, access to healthy food, and food sovereignty on the health and well-being of perinatal B/AA women.

The Rodriguez de Lisenko, et al. (2022) study conducted a scoping, systematic review of existing literature, using available data. Study participants included Black and African American women with SUD within the United States (de Lisenko et al., 2022). Several themes and patterns were identified, which researchers used to create a conceptual framework designed to address specific needs and health disparities within B/AA with SUD (Rodriguez de Lisenko, et al., 2022).

Based on their scoping, systematic review, and the conceptual framework developed by Rodriguez de Lisenko., (2020) team of researchers, B/AA individuals with SUD may benefit from tailored interventions and strategies to respond to their specific needs, and the health disparities that exist within these populations.

One recommended approach would involve revealing and deconstructing hidden psychosocial, environmental, and systemic risk factors in order to generate a comprehensive strategy and holistic support services. The conceptual framework suggested the use of trauma-informed nutrition education programs as a potential intervention to reduce the impact of trauma and toxic stress on physical health (Rodriguez de Lisenko et al., 2022).

Verbiest, Cené, Chambers, Pearsall, Tully & Urrutia's (2022) study aimed to specifically explore and improve the current state of reproductive health care for Black and Native American women living with chronic conditions. The overarching goal was to understand their experiences within the healthcare system in order to identify strategies to enhance the quality, accessibility, and patient-centeredness of reproductive health care for these populations. The Verbiest et al., 2020 study employed a collaborative and qualitative methodology, organizing virtual focus

groups with Black and Native American women suffering from chronic conditions. Participant inclusion criteria focused on women between the ages of 18 and 42 who self-identified as English-speaking, Black and/or Native American, who were living with at least one chronic health condition.

Findings from the Verbiest et al., (2022) study revealed several key insights regarding the condition of reproductive health care for Black and Native American women with chronic conditions. Emergent insights and themes included: (1) Distrust in healthcare providers and institutions; (2) inadequate provider knowledge in addressing reproductive health concerns; (3) uncoordinated care; (4) the necessity for self-advocacy; (5) provider biases, and; (6) mental health strains associated with coping.

Based on these findings, the researchers offered recommendations to enhance reproductive health care, including: (a) The establishment of comprehensive coordinated care clinics; (b) providing training for healthcare providers emphasizing competence and empathy; (c) enhancing reproductive health information and education, and; (d) actively involving patients in the design and execution of interventions and research. These findings highlight the importance of patient-centered care, fostering trust, and addressing the unique needs and experiences of specific populations within reproductive health care environments.

Williams, Lopez, Tung, Olds & Allison's (2022) study was significant for its exploration of the collaborative activities occurring between primary care providers (PCPs) and home-based, nursing care in the context of the Nurse-Family Partnership (NFP) program. The study not only sought to understand how PCPs collaborate with home-visit nurses to support families experiencing social and economic adversities, but also examined the potential of improved collaboration between NFP and PCPs as a strategy for improving the health outcomes of families

with high needs. The study aimed to review the referral process, the characteristics of patients referred to NFP, and the collaboration efforts beyond referrals, including care coordination and collaboration challenges (Williams et al., 2022).

The investigation applied Yin's case study research framework, which involves gathering multiple perspectives to reconcile individual differences and understand collaborative relationships within the community context (Williams et al., 2022). The research participant sampling strategy aimed to explore the experiences of seven unique data sources: (1) nurse supervisors; (2) obstetricians; (3) midwives; (4) pediatricians; (5) family medicine practitioners; (6) clinical social workers; (7) clinical nurses, and; (8) non-direct care professionals.

Findings from the Williams et al., (2022) study elevates the importance of collaboration between primary care providers and NFP to address the needs of families experiencing social and economic adversities, emphasizing the value of warm handoffs, ongoing communication, and care coordination to provide comprehensive and integrated care. Findings also shed light on the challenges and recommendations for improving collaboration between primary care physicians and NFP nurses to enhance the effectiveness of the NFP program in supporting vulnerable families (Williams et al., 2022).

Adlington, Vasquez, Pearce, Wilson, Nowland, Taylor, Spring, and Johnson's (2023) investigated loneliness in women with perinatal depression and identified factors contributing to both exacerbation and alleviation. The research aimed to understand the impact of loneliness on the population of color and inform interventions and support strategies through an intersectional lens, considering the experiences of different sociocultural settings and contexts.

The authors conducted a qualitative meta-synthesis using qualitative literature and synthesized findings from primary qualitative research studies that met inclusion criteria. Fifty

percent of women included in the Adlington et al., (2023) study had formal diagnostic criteria for depression, received high-risk scores on depression scales, or self-reported a diagnosis of perinatal depression (Adlington et al., 2023, p. 3). The study included data from women who had experienced depression during pregnancy, live birth, miscarriage, or stillbirth. The study considered the geographical and cultural contexts of the studies and only included those published in English.

The Adlington et al. (2023) study used a systematic and rigorous approach to thematic analysis, identifying four themes related to loneliness in women with perinatal depression. These themes include: (1) Self-isolation; (2) emotional disconnection after birth; (3) a mismatch between expected and actual support, and; (4) the double burden for disadvantaged communities. The researchers emphasized the importance of several strategies to alleviate loneliness in women with perinatal depression (Adlington et al., 2023): (a) Validation and understanding from healthcare professionals; (b) peer support; (c) practical and emotional family support; (d) addressing stigma; (e) providing culturally appropriate support, and; (f) implementing social and psychological interventions.

Amutah, Abrams, Stewart, Black, Rhone, Kheyfets, Nicholson, Jeanty & McCloskey (2023) conducted a qualitative study focusing on the challenges faced by Black women in the field of maternal health and the need for more support, mentorship, and training programs as a strategy to respond to deleterious perinatal health disparities within the United States. Their study was based on researcher expertise and experiences in maternal health. They reviewed existing programs, initiatives, and policies to support their claims while recommending reducing barriers to quality maternal healthcare for Black women.

While the Amutah et al., (2023) study was opinion-based rather than a traditional research study, it provided powerful insights into ways to improve health inequality within communities of color in the United States (Amutah et al., 2023). Their study educated the general public regarding how structural racism, stress, and racism-related factors contribute to deleterious pregnancy outcomes within communities of color.

This study revealed that racial and ethnic disparities tend to problematize access to prenatal and postpartum care, with Black women experiencing disparities when seeking care. Their findings support the idea of improved access to cultural competency training in healthcare settings. The study also lauded the importance of an increased presence of people of color as doctors and healthcare providers. Improvements in these areas are considered strategies for improving gestational outcomes for Black women in the United States.

Researcher perspectives and observations informed the public about the benefits of mentoring and sponsoring disadvantaged students and professionals to pursue care in maternal health and address racial disparities, the power of advocacy, and the need for more community-based perinatal organizations (CBPOs) as a strategy to respond to health disparities within communities of color in the United States (Amutah et al., 2023).

Liddell (2023) researched the interactions between Indigenous women and their healthcare providers, in a southern region of the United States of America. The study aimed to identify the qualities in healthcare providers that contribute to positive patient-provider relationships, and to gain a comprehensive understanding of how Indigenous women access healthcare and identify factors that enhance positive patient-provider relationships.

Liddell (2023) used a qualitative and descriptive methodological approach that allowed participant testimonies to be interpreted according to a culturally-congruent understanding that

reflects Native American ways of being (Liddell, 2023). The interview included open-ended questions and prompts with researchers trained in cultural sensitivity and in a safe environment. Study findings identified several important factors that contribute to positive patient-provider relationships for Native American women. These include: (1) Having access to a consistent, regular provider; (2) having a personal bond to the provider and feeling cared for by the provider; (3) having concerns addressed, and; (4) having respect for traditional or holistic medicine, and; (5) acknowledging and respecting patients' cultural beliefs and preferences.

These findings suggest that positive patient-provider relationships are crucial for culturally competent, quality healthcare experiences of Native American women. Liddell's (2023) study highlights the need for culturally competent healthcare and incorporating traditional healing practices into healthcare settings (Liddell, 2023). This study emphasized the strengths and resilience of Native American women while advocating for interventions that promote well-being and address healthcare disparities.

Liddell's study argues for training healthcare providers in cultural competence and sensitivity, as well as promoting diversity in the healthcare workforce, which may improve patient-provider relationships and healthcare experiences for Native American women (Liddell, 2023).

The goals of the Moore, Stotz, Terry, Seely, Gonzales, Marshall & Stopping GDM Study Group (2023) were to create a culturally congruent preconception counseling program to address gestational diabetes risk for American Indian/Alaska Native (AI/AN) adolescent females. The Moore et al., (2023) study sought to raise awareness and education about gestational diabetes mellitus (GDM) within the AI/AN community while respecting the traditional values and diversity.

The study aimed to cultivate healthy decision-making skills among AI/AN adolescent females, empowering them to make safe and healthy reproductive choices, and to improve communication between mothers and daughters, as well as between AI/AN women and health care providers regarding reproductive health (Moore et al., 2023). Additionally, the study evaluated the efficacy and accessibility of an online portal to deliver and disseminate the program.

Participant sample was diverse and included various stakeholders, such as AI/AN female youths at risk for GDM and their adult female caregivers, AI/AN women with a history of GDM, experts from tribal and urban Indian health administrators, elected tribal leaders, and healthcare professionals with expertise in AI/AN adolescent health, pediatric diabetes, reproductive health, GDM, and mother-daughter communication.

The study's findings highlight several key themes, these include: (1) The limited awareness, knowledge, and resources about GDM among the AI/AN community; (2) the importance of acknowledging traditional AI/AN values and diversity; (3) the necessity to cultivate healthy decision-making skills and empower adolescent females, and; (4) a lack of communication on reproductive health.

These findings underscore the need for a culturally responsive preconception counseling program that addresses these gaps and provides a supportive environment for AI/AN adolescent females at risk for GDM. The study suggests such a program should incorporate traditional values, promote healthy decision-making skills, improve communication about reproductive health, and involve families, communities, and healthcare providers in education programs (Moore et al., 2023).

The primary focus of Smith, Fatima, McClain, Bryant, Verbiest & Hassmiller Lich (2023) study was to identify and address the problems at the intersection of chronic conditions and reproductive health care for females and birthing people in the United States. These researchers aimed to characterize the present problems, identify the necessary system actors for change, and create specific action ideas to improve care for the target population.

The study used online focus groups that included primary care providers, specialty care providers, chronic disease directors, patients' associates, payor organizations, and policy-focused individuals to gather insights and perspectives (Smith et al., 2023). This study identified eight key stakeholders including clients and their families, healthcare providers, patient advocacy groups, payors, policymakers, healthcare leadership, healthcare institutions, and research funders.

The study participants offered 40 specific challenges encountered within the reproductive healthcare system, ranging from issues with poor clinical coordination, stigma, discrimination leading to adverse outcomes, troubling trends, structural flaws, and problematic mental health models. These challenges were addressed in 46 proposed action ideas.

The Smith et al., (2023) study recommends collaboration and systematic changes to improve reproductive healthcare for women and birthing individuals with chronic conditions. The researchers highlighted the complexity of the issues and argued for a holistic approach involving multiple system actors collaborating to address the identified challenges and implement the proposed action items (Smith et al., 2023).

Carson, Cameron, Lee, Zúñiga, Poole, Jones, Herman, Ramirez, Harlow, Johnson, Agonafer, Hong, and Brown (2024) examined how a collaborative team could enhance community engagement, promote social justice, and improve transparency in health system

program, policy, and budgeting. The focus was to examine the role and activities of a nine-member, collaboration-based team in facilitating social partnership and responding to health disparities within a safety-net health system. The team, consisting of nine members, was a mix of new hires and individuals with experience in not-for-profit organizations, social services, grassroots community organizations, and shared adversity related to marginalized communities.

The Carson et al., (2024) study explored the challenges, facilitators, case studies, and suggestions for effective healthy community engagement processes to address health disparities, service gaps, and social needs, including integrating social services into care for marginalized Medicaid populations and exploring challenges of cross-sector community collaboration and engagement.

Carson et al., (2024) findings identified several key factors related to the collaboration team's activities and impact on community engagement in safety-net systems. The team established a phased approach to community engagement, including outreach, services assessment, and community engagement process, and collaborated with local community-based organizations (CBOs) and county agencies to create relationships and foster a bilateral social services referral network.

Discussions with CBOs identified inequitable assets and gaps in access to healthcare and social services. The collaboration team emphasized the power-sharing and inclusion-engagement process by obtaining community expertise, involving individuals with lived experience, and elevating the voice of those affected by health disparities.

Carson et al., (2024) suggested that the collaboration team's efforts in community engagement have successfully achieved outcomes, built relationships, and identified service gaps, but there were many challenges to navigate. Challenges included limited capacity or intake

processes for clinical referrals, the need for institutions' buy-in, and the sustainability of community-engaged healthcare pathways (Carson et al., 2024). Challenges related to capacity, organizational support, and sustainability show a need for long-term planning and infrastructure to ensure the effectiveness and longevity of community engagement efforts. These findings can be applied to other safety nets to implement community engagement (Carson et al., 2024).

Table 5.1 identifies the practical themes from N = 20 reviewed articles. Using classical grounded theory, three stages of coding, open, selective, and theoretical, were used to discover six substantive themes that emerged from the 20 studies reviewed. Manual coding was employed to discover the themes, patterns, and core concepts and categories that led to primary practical themes (Glaser & Holton, 2007).

Table 1. Identifies the Practical Themes from N = 20 Reviewed Articles

Thematic Findings	Number of Studies	Authors Mentioning Themes
Theme One: Structural racism and systemic social determinants	20/20	Adlington et al., 2023; Alhalel et al., 2022; Alio et al., 2022; Amutah et al., 2023; Ani, 2015; Carson et al., 2024; la Rocha et al., 2022; ; Kang, 2014; Kett et al., 2022; Lacombe-Duncan et al., 2022; Lee, 2020; Liddel, 2023; Moore et al., 2023; Nijagal et al., 2021; Ogunwole et al., 2020; Rodriguez de Lisenko et al., 2022; Smith et al., 2023; Suarez 2020; Verbiest et al., 2022; William et al., 2022.
Theme Two: Growing the number of CBPOs that serve communities of color	18/20	Adlington et al., 2023; Alhalel et al., 2022; Alio et al., 2022; Amutah et al., 2023; Ani, 2015; Carson et al., 2024; la Rocha et al., 2022; ; Kang, 2014; Kett et al., 2022; Lacombe-Duncan et al., 2022; Lee, 2020; Liddel, 2023; Moore et al., 2023; Nijagal et al., 2021; Ogunwole et al., 2020; Rodriguez de Lisenko et al., 2022; Smith et al., 2023; Suarez 2020; Verbiest et al., 2022; William et al., 2022.
Theme Three: Collaboration and coordination of care	18/20	Adlington et al., 2023; Alhalel et al., 2022; Alio et al., 2022; Amutah et al., 2023; Ani, 2015; Carson et al., 2024; la Rocha et al., 2022; ; Kang, 2014; Kett et al., 2022; Lacombe-Duncan et al., 2022; Lee, 2020; Liddel, 2023; Moore et al., 2023; Nijagal et al., 2021; Ogunwole et al., 2020; Rodriguez de Lisenko et

		al., 2022; Smith et al., 2023; Suarez 2020; William et al., 2022.
Theme Four: Cultural-congruence and anti-racism Training	19/20	Adlington et al., 2023; Alhalel et al., 2022; Alio et al., 2022; Amutah et al., 2023; Ani, 2015; Carson et al., 2024; la Rocha et al., 2022; Kang, 2014; Kett et al., 2022; Lacombe-Duncan et al., 2022; Lee, 2020; Liddel, 2023; Moore et al., 2023; Nijagal et al., 2021; Ogunwole et al., 2020; Rodriguez de Lisenko et al., 2022; Smith et al., 2023; Suarez 2020; William et al., 2022
Theme Five: Recognizing doulas as perinatal healthcare professionals	13/20	Adlington et al., 2023; Alhalel et al., 2022; Alio et al., 2022; Carson et al., 2024; la Rocha et al., 2022; Kang, 2014; Lee, 2020; Nijagal et al., 2021; Ogunwole et al., 2020; Smith et al., 2023; Suarez 2020; Ketty et al., 2022; Moore et al., 2020
Theme Six: Increasing the Number of Midwives and Researchers of Color	9/20	Alio et al., 2022; Amutah et al., 2023; Ani, 2015; Carson et al., 2024; Liddel, 2023; Nijagal et al., 2021; Suarez 2020; Smith et al., 2023; Moore et al., 2023

Summary

Chapter four explored findings from this systematic review, revealing insights into the perinatal health experiences of doulas and the communities of color they serve. The retrieval process generated 166 references, which, after following PRISMA guidelines, resulted in 20 eligible studies. The eligible studies also highlighted the significant role that CBPOs play in bridging healthcare disparities and reducing elevated perinatal morbidity and maternal mortality rates within communities of color.

These N=20 studies indicated strategies employed by CBPOs to respond to adverse perinatal outcomes within communities of color in the United States. The key themes for the 20 reviewed articles are listed on Table one, and include: (a) Acknowledging how structural racism and other social determinants directly undermine perinatal healthcare, implementing strategies,

processes and funding to bring about instrumental change; (b) increasing funding and the number of CBPOs that serve communities of color; (c) promote and facilitate collaboration and care coordination between CBPOs and clinicians; (d) mandating cross-cultural-congruence and anti-discrimination training for perinatal healthcare professionals; (e) recognizing doulas as perinatal healthcare professionals including increasing their salary range, and funding for professional training, and; (f) increasing the number of researchers, and midwives of color to increase advocacy and positive experiences for birthing and pregnant individuals of color.

Key findings emphasize the importance of doula programs and midwifery in closing perinatal-healthcare outcome gaps between populations of color and their White counterparts. The studies recommend government policy changes to recognize doulas as essential healthcare providers, promote inclusion and collaboration, increase investment in community-based initiatives, and revise hospital care policies to include doulas in delivering perinatal healthcare services. These findings also underscored the negative impact of discrimination and racism and the importance of addressing social determinants of health that act as barriers to meaningfully improving access to culturally responsive perinatal healthcare and quality patient-centered care to reduce perinatal health disparities within communities of color. Chapter five will analyze and discuss major themes, research findings, and offer practical recommendations that may be operationalized.

CHAPTER 5

Discussion of Major Findings, and Conclusion

Introduction

This study's systematic review was designed to delve into the strategies employed by community-based-perinatal organizations (CBPOs) in response to the elevated rates of perinatal morbidity and maternal mortality within communities of color. The study especially drew insights from communities of color in Washington State and the United States more generally.

The current study was guided by two pivotal research questions.

1. How have community-based perinatal organizations in Washington State responded to perinatal morbidity and maternal mortality within communities of color?
2. How might the delivery of culturally congruent perinatal healthcare services reduce disproportional perinatal morbidity and maternal mortality rates within communities of color?

Analysis of the Findings

The 20 journal articles reviewed identified several major themes. All of the 20 studies agreed that structural racism and social determinants directly impact perinatal health and birthing outcomes within communities of color (Ahale et al., 2022; Adlington et al., 2023; Amutah et al., 2023). Ninety percent of the 20 articles emphasized the role that CBPOs play in reducing perinatal morbidity and maternal mortality within communities of color and suggested raising the need for funding to increase the number of CBPOs that serve communities of color (Nijagal et al., 2021; Moore et al., 2023). Promoting and facilitating collaboration among perinatal healthcare providers was suggested by 90% of the twenty studies, with 95% of the studies advising mandating cultural-congruence training and anti-discrimination training for perinatal healthcare professionals to reduce negative birthing and pregnancy outcomes (William et al.,

2022; Smith et al., 2023). Sixty-five percent of the studies reinforced the necessity of recognizing doulas as perinatal healthcare workers, increasing salaries for doulas, and funding for professional training (Ogunwole et al., 2020). Forty-five percent of the articles suggested increasing the number of midwives and researchers of color as a strategy to improving perinatal healthcare disparity (Nijagal et al., 2021; Amutah et al., 2023). These six themes were consistently present in the reviewed 20 articles and are outlined in Table 1.

The thematic findings suggest several unique practical strategies to improve perinatal healthcare. These include: (1) acknowledging how structural racism and other social determinants directly undermine perinatal healthcare, implementing strategies, processes and funding to bring about instrumental change; (2) increasing funding and the number of CBPOs that serve communities of color; (3) promote and facilitate collaboration and care coordination between CBPOs and clinicians; (4) mandating cross-cultural-congruence and anti-discrimination training for perinatal healthcare professionals; (5) recognizing doulas as perinatal healthcare professionals including increasing their salary range, and funding for professional training, and (6) increasing the number of researchers, and midwives of color to increase advocacy and positive experience for birthing and pregnant individuals of color.

Theme One: Structural Racism and Systemic Social Determinants

Numerous studies addressed social and systemic structural determinants as significant contributing factors related to elevated rates of perinatal morbidity and maternal mortality in communities of color (Kett et al., 2022; Kang, 2014; Ani, 2015). systemic structural determinants include systemic racism, the social and structural determinants of health (WSMMRP, 2023), and health inequities that disproportionately impact disadvantaged communities of color.

Systemic structural determinants span systemic racism and discrimination, the social and structural determinants of health (WSMMRP, 2023), and health inequities that disproportionately impact disadvantaged communities of color. Systemic social determinants of health are more broadly rooted in systemic inequities that are culturally canonized “within social and political structures and policies” (Crear-Perry, 2021., p. 230). Acknowledging historically constructed social and structural determinants that undermine equal access to resources, for example, access to quality perinatal healthcare services, may be achieved through academically mandated anti-racism and cross-cultural congruence training as part of a healthcare professional’s overall training. Mandating this type of training across time may help healthcare professionals develop the skills needed to implement change (Liddel, 2023).

Theme Two: Growing the Number of CBPOs that Serve Communities of Color

There are fewer CBPOs within Washington state serving communities of color and individuals coming from lower socio-economic backgrounds (Lee, 2020). Increasing the number of CBPOs is essential because they act as intermediaries or cultural brokers, providing doulas with resources and training to improve perinatal health outcomes for communities of color (Lee, 2020; Alio, 2022).

CBPOs also change power dynamics by incorporating the voices of impacted populations and social services in decision-making processes (Verbiest et al., 2022). They ensure transparency in discussions and decision-making processes, such as considering financing options and including the voice of the voiceless (William et al., 2022). Increasing the number of CBPOs serving communities of color tends to increase the number of professionally trained doulas providing services to people from diverse backgrounds and circumstances, ultimately improving health outcomes for marginalized communities of color (Kang, 2014; Lee, 2020).

Increasing the number of CBPOs may be achieved by investing in and funding CBPOs serving communities of color. This could include the provision of funds to create, for example, diversity centers to address disparities within the umbral of communities of color, and other lower-income populations. Leveraging cooperation and coordination of care between CBPOs and perinatal healthcare practitioners is vital, as is improving technical support to CBPOs to facilitate smooth and sustainable communication, connections, and referrals across multiple systems (Buckley et al., 2013; Smith et al., 2023). Theme three explains this in more detail.

Theme Three: Collaboration and Coordination of Care

Enhancing collaboration between CBPOs and healthcare professionals improves coordination of care between CBPOs and healthcare professionals, which may help improve pregnancy and birthing outcomes within communities of color (Smith et al., 2023; Buckley et al., 2013). However, a collaboration between CBPOs and clinicians must be adapted through mutual understanding and with the client's consensus in order for it to be effective. Collaboration between perinatal healthcare workers and CBPOs may help address systemic structural and social determinants that negatively impact communities of color (William et al., 2022).

Since CBPOs may know more about the clients they serve, this can help them coordinate care between their clientele's primary care practitioners and the various types of resources available to them (Liddel, 2023). The 20 studies reviewed suggested that leveraging collaborative technologies is one strategy for supporting communication pathways and care coordination. For example, Collective Medical Technology is a referral and care coordination software program used by Washington state's King County Integrated Care Network to coordinate care for Medicaid beneficiaries. This system is beneficial to communities of color

because it enables impacted communities to be part of decision-making processes. This aligns with Amutah et. al's (2022) statements that it would be important to establish protocols and avenues through which organizations regularly use coordination of care technologies to collaborate on cases and streamline access to healthcare services. This can be achieved through coordination of care between CBPOs, clinicians, doulas, and the clients that they serve within communities of color (Nijagal et al., 2021).

Theme Four: Cultural-congruence and Anti-racism Training

Numerous researchers emphasized the importance of mandating cross-cultural-congruence and anti-discrimination training for healthcare professionals as a strategy to reduce historical social and structural discrimination and racism that undermines perinatal healthcare outcomes within communities of color (Suarez, 2020; Liddel, 2023; Adlington et al., 2023). By incorporating cross-cultural congruence and anti-discrimination training into doula and midwifery training programs, CBPO curriculums, and for all students engaged in medical training programs, medical professionals will be better equipped to proactively respond to the long-term effects of structural racism on perinatal healthcare outcomes in communities of color (Lee, 2020). Cross-cultural congruence and anti-discrimination training for healthcare professionals may also prepare perinatal healthcare professionals to advocate for policies that promote equity, such as expanding Medicaid coverage, addressing social determinants that undermine perinatal health, and ensuring access to quality care (Kett et al., 2022). It may improve perinatal and maternal health outcomes and strengthen the mother's connection with the infant (Van Eijk et al., 2022).

Mandating cross-cultural congruence and anti-discrimination training for healthcare professionals, through collaboration with the government and clinicians, may enhance

communication and trust between healthcare practitioners and communities of color who experience elevated rates of perinatal morbidities and maternal mortality (Buckley et al., 2013; Hodges, 2021). Training clinicians to perceive doulas as valuable support for the delivery of perinatal health care services within communities of color by leveraging cross-cultural congruence and anti-discrimination training for healthcare professionals was echoed in 85 percent of the twenty journal articles reviewed in the current study.

Theme Five: Recognizing Doulas as Perinatal Healthcare Professionals

Providing community-based doulas with adequate resources, such as professional training and support, tends to contribute to improved perinatal health outcomes in communities of color. Doulas offer education and multiple perspectives on pregnancy, providing infant care, empowering pregnant and birthing individuals, providing advocacy, referrals and information, resolution of infant feeding, integration of infants into the family, and support for developmental care and attachment (Suarez, 2020; La Rocha et al., 2022; Smith et al., 2023).

Doulas reduce stresses resulting from daily exposure to racism. Racism has been shown to lead to stress-induced perinatal morbidities that affect mothers and their developing fetuses (Kang, 2014; Rodriguez de lisenko et al., 2021). Daily exposure to discrimination may result in higher rates of preterm births and low birth weight, depression, post-traumatic stress disorder, and lower odds of breastfeeding (Ani, 2015; Kukura, 2022).

Skillful doulas understand the importance of cultural humility and an inclusive perspective when considering the various aspects of a client's life (Lee, 2020). Culturally congruent doulas employ active listening skills to screen for daily experiences of racism their clients encounter rather than through direct inquiry (Lee, 2020). Research revealed that doulas

are in a space to have a great impact on a mother and child's experience and transitions during the prenatal, birthing, and postpartum period of life (Ogunwole et al., 2020; Van Eijk et al., 2022).

Increasing access to professional training for doulas and midwives is beneficial for improving communities of color birthing and pregnancy outcomes through the reduction of perinatal complications and maternal deaths (Lee, 2020). Increasing the salary of doulas may also encourage more people to pursue doula training as a long-term profession (Carson et al., 2024).

It is worth noticing that the findings from the twenty reviewed studies, revealed that CBPOs within the United States utilize doulas as a strategy to respond to disproportionate perinatal morbidity and maternal mortality within communities of color (Amutah et al., 2023). Findings from this study's systematic review suggested CBPOs support doulas by advocating for increased funding for professional training for doulas, recognizing doulas as essential healthcare workers, and increasing their salaries. In the majority of the 20 articles reviewed for this study, doulas are most frequently employed by CBPOs, with doulas asserting that they would not thrive and grow as doulas without the support of community based perinatal organizations (CBPOs). One interviewee highlighted the importance of community-based perinatal healthcare services in reducing healthcare disparities, which was observed during their experience with Open Arms Perinatal Services. However, due to an inadequate supply of doulas of color, many communities of color are unable to gain access to doula services.

After working with Open Arms for three years, this is an incredible community...they offer a lot of education and resources for [us doulas] to learn

more about how to care for our clients well and that feels really fitting cause I feel like that's the only way to do it...[it's] to constantly be learning (Lee, 2020, p. 17)

Theme Six: Increasing the Number of Midwives and Researchers of Color

Midwives provide personalized care and support during pregnancy, labor, and postpartum (Lee, 2020). Research indicates that individuals of color experience positive pregnancy and birthing outcomes when they have access to midwives who understand and respect their cultural values and birthing practices (Amutah et al., 2023). Recruiting, training and increasing the availability of midwives of color is vital for reducing disparities to quality perinatal care services within communities of color. In-and-of itself, that act of increasing access to midwives of color may not be sufficient to reduce elevated rates of perinatal morbidity and maternal mortality within communities of color (Amutah et al., 2023). It is also necessary to mandate cross-cultural congruence training and active-listening training for all midwives. These two types of training, when coupled with the expansion of reimbursement for midwives and investment in midwifery training, can enhance midwives' capacity to serve communities of color. Collaboration between perinatal healthcare providers and midwifery organizations should be leveraged, and policies promoting midwifery care should be advocated.

To reinforce the advancement of midwifery, investing in researchers of color could help reduce elevated pregnancy and improve birthing outcomes within disadvantaged populations.

Researchers of colors in healthcare are vital in numerous ways. Researchers of color may use their skills to help by: (1) Decreasing perinatal health disparities through research and advocacy (Alio et al., 2022); (2) exploring historical, cultural, and systemic determinants that contribute to the increasing rates of perinatal health outcomes within communities of color, due to their first-hand experiences as insiders (Amutah et al., 2023); (3) addressing issues related to

structural racism and its impact on perinatal health equity for their communities; (4) using their insider status to gain cultural insights that may be operationalized to address perinatal healthcare disparities (Kett et al., 2022).

Out of the 20 reviewed journal articles reviewed for the current study, 45 percent of the articles indicated CBPOs leverage the skills of researchers of color as a strategy to reduce elevated perinatal health outcomes within communities of color.

Implication for Practice

This systematic qualitative review aims to seek strategies employed by CBPOs to address perinatal healthcare disparities, and to operationalize findings to reduce adverse perinatal morbidity and maternal mortality within communities of color within Washington State. Findings from the current systematic review suggested that CBPOs, midwives, researchers, and doulas of color tend to play a vital role in improving perinatal healthcare outcomes within communities of color (Moore et al., 2022; Nijagal et., 2021).

Community based perinatal organizations (CBPOs) are integral to addressing elevated pregnancy and birthing complications and deaths within marginalized populations of color because they: (1) Sponsor and train community-based doulas; (2) they collaborate with clinicians, including traditional midwives and healthcare researchers, to advocate for healthcare equity for all; (3) they coordinate and facilitate care between clinician and patient; (4) connect patients with resources and including mental health services and education, and; (5) elevate the voices and needs of their clientele and the doulas that work with their clientele (Suarez, 2020).

Leadership Frameworks to Support Community-Based Perinatal Organizations

This study is dedicated to highlighting the crucial role of transformative leadership in significantly reducing pregnancy and birthing complications and maternal deaths in communities of color. A transformative leadership approach emerges as a potent strategy by harnessing the power of collaboration, care coordination, and adaptivity. As defined by Wright and Wallis (2019), the transformative concept is an approach that values and embraces diverse perspectives, allowing the voices of the many to join a collective effort to lead change.

This study underscores the urgent need for perinatal healthcare leaders to adopt transformative traits. These traits encourage diverse perspectives, the fostering of inclusivity, the generation of collaboration when coordinating care and referrals, and lastly, these traits serve to develop a shared mission between all stakeholders involved. This is crucial to make impacted populations feel valued and respected (Fitzpatrick, 2011). Adopting a transformative approach can play a pivotal role in the success of community-based perinatal organizational leadership's performance outcomes. For example, with a transformative approach, perinatal leaders may help CBPOs implement this study's recalibrated CCR-Roadmap presented in Figure seven on page ninety-seven of this document. Perinatal healthcare leaders may use this recalibrated roadmap to collect valuable insights from community-based and governmental organizations that serve impacted populations of color. An added valuable benefit of adopting transformative leadership is that it encourages impacted populations to have a voice and participate in distributed and shared leadership to collectively enact social change (Fitzpatrick, 2011; Wright & Wallis, 2019).

The study's recalibrated CCR-Roadmap visualizes how perinatal healthcare leaders can apply distributed and shared leadership in their practice. By adopting an open communication approach and engaging staff in intergroup dialogue, leaders can address conflicting values to

achieve shared goals (Hammond, 1998; Stringer & Aragón, 2020). This approach ensures efficiency, effective collaboration, and care coordination amongst all stakeholders involved. It allows communities of color, CBPOs, and perinatal healthcare workers to practice autonomy, inclusivity, and an improved workflow, which allows for more efficient productivity so that suggested practices can be implemented promptly (Northouse, 2019). The approach also encourages feedback and input from all stakeholders in a manner that promotes inclusivity and transparency. This builds trust between the stakeholders, leading to improved pregnancy and birthing outcomes within impacted communities of color due to an increased peace of mind that comes with having a healthy relationship with one's medical professional through collaborative participation.

The participatory approach is a powerful tool that enhances diversity, equity, and inclusion, which gives way to collaboration and care coordination among multicultural groups so that they can have the ability to address their differences and achieve common objectives (Wright & Wallis, 2019; Stringer & Aragón, 2020). The strength of the participatory approach is that it empowers perinatal healthcare professionals to treat communities of color as part of the solution to a social problem rather than a problem to be studied. This empowerment not only allows community-based perinatal organizations to prioritize the seeking of inquiry, but it also allows for the reflection and listening needed to implement this study's findings. In all, it seeks to improve relationships, collaboration, care coordination, and referrals (Wright & Wallis, 2019; Stringer & Aragón, 2020) and inspires them to actively shape the future of perinatal healthcare.

Wright and Wallis (2019) made a good point by stating that, in our attempt to understand the world's problems, we must first understand the significant issues of the world to make practical decisions to solve these problems and remember that while solving conflicting values

“we are like an early ocean voyager, navigating by simple lists of waypoints that we will encounter as we sail from our town to distant points” (Wright & Wallis, 2019, p. 2). This metaphor implies that implementing this study’s findings can be challenging because they require addressing systemic social determinants rooted in systemic racism at micro, mezzo, and macro levels. However, data suggested that leveraging a transformative approach, such as seeking deep-seated insights based on each impacted community’s traditions and values, may enable all impacted groups and individuals to conceptualize ideas and solutions collectively (Wright & Wallis, 2019). The knowledge gained from a collaborative process of dialogue between impacted communities of color may then enlighten people in prominent positions as to the many disparities that these communities face, thus potentially inspiring them to assist in the minimizing of systemic barriers, which will then serve to proactively reduce perinatal health inequalities within communities of color (Wright & Wallis, 2019).

This study’s findings suggested acknowledging that taking small steps to address systemic social determinants and instructional racism is key to operationalizing the six major themes emphasized in this study’s recalibrated CCR Roadmap. Seeking deep-seated insights based on each community’s traditions and values while focusing on incremental changes. Perinatal healthcare leaders may employ this study’s recalibrated CCR-Roadmap to engage community-based perinatal organizational leadership through a participatory democratic approach to explore causal links and facilitate care coordination to establish participatory relationships with communities of color (Shanker & Sayeed, 2012; Hodges, 2023).

Another application of the participatory approach is that it empowers leaders of community-based perinatal organizations to make decisions with government legislators and clinicians, which promotes the generation of trust and allows diverse groups to negotiate

conflicts to reach shared goals (Hodges, 2021; Burke, 2018). Perinatal healthcare leaders may also help CBPOs assess and evaluate their willingness and capacity to leverage a participatory approach as a strategy that motivates CBPOs to develop a sense of belonging and ownership and stimulate their sense of urgency to proactively utilize the recalibrated CCR-Roadmap (Hammond, 1998; Burke, 2018; Hodges, 2021). The six major themes from this study's systematic review may help perinatal healthcare organizational leadership confront their organizational problems and embrace intergroup dialogue using a participatory approach to establish a shared understanding with doulas and key stakeholders (Burke, 2018; Hodges, 2021).

Future practices may benefit from pairing the recalibrated CCR-Roadmap with participatory, transformative, distributed, and shared leadership strategies which may guides them toward ways to continually improve the recalibrated CCR-Roadmap to meet the needs of each impacted population based on their unique traditional values and circumstances. This approach holds the potential to significantly improve perinatal healthcare outcomes and decrease elevated rates of perinatal morbidities and maternal mortality rates within communities of color (WSMMRP, 2023), thereby instilling a sense of hope and optimism in the audience about the future of perinatal healthcare.

The leadership theories discussed above may potentially guide future solutions, particularly when coupled with ongoing research and practice. This may enable perinatal health leaders to design global methodologies and theories that can be operationalized and randomized through a mixed methods approach while capitalizing on participatory engagement to explore shared objectives. The leadership theories discussed above may also help perinatal healthcare leaders and the public understand how culturally congruent healthcare professionals may reduce elevated perinatal morbidity and maternal mortality rates in communities of color, including

assessing the effectiveness of CBPO in addressing healthcare inequalities within communities of color (Hammond, 1998; Gist, 2020; Hodges, 2021).

Benefits and Challenges to Implementation of Findings

The studies included in this systematic review have tended to establish that historical and systemic racism and discrimination in the United States contribute to decreased access to quality perinatal healthcare and increased infant and maternal mortality within communities of color (Lacomber-Duncan et al., 2022; Lee, 2020). It is essential to recognize that the findings of this study may be challenging to implement since they involve addressing the implications of access versus limited access to power and privilege, resistance to change, and a pervasive lack of access to instrumental funding to implement sustainable strategies and processes that lead to change (Lee, 2020). These challenges may require legislators and organizational leadership to acknowledge the effects of structural discrimination and racism as the first step towards enhancing transparency and collaboration with affected populations (Adlington et al., 2023).

The benefits emerging from the current study may be a reduction of negative pregnancy and birth outcomes within communities of color. Mandating cross-cultural- congruence and anti-racism training (Moore et al., 2023) may increase understanding and collaboration amongst all actors to conceptualize collective solutions and problems.

To address the challenges of resistance to change, healthcare workers and all key stakeholders may benefit from a large-group discussion and development of a community-based steering committee that includes the voices of individuals who are impacted by decision-making processes (Liddel, 2023; Amutah et al., 2023). Attendees at the large-group discussion may consider asking and answering these sample questions: (1) How is each unique factor of systemic racism and social determinants impacting the healthcare provision for this population; (2) how

can we mitigate that with the resources that we have, and; (3) what additional resources do we need, and how do we access these resources? It would be helpful to note that the focus of these discussions would be on changing the impact these factors have on the provision of perinatal healthcare services to communities of color. Focusing on the specific impacts will increase the achievability of the solutions, whereas addressing systemic and social issues as a whole is a longer standing issue.

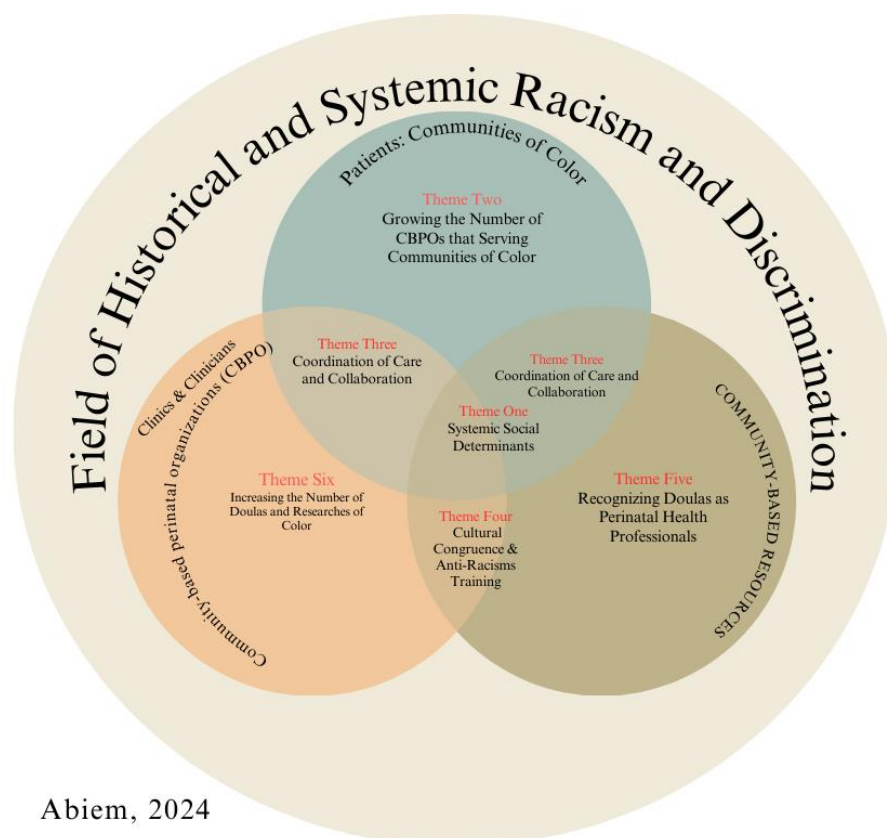
The answers to these sample questions can be followed-up with the identification of opportunities for collaboration and coordination of care between CBPOs and clinicians. Since CBPOs may know more about the clientele they serve, this may help with the coordination of care between primary care practitioners, their clients, and the resources available to clients.

One avenue for efficient collaboration would be leveraging collaborative technologies such as Collective Medical Technology, which is used by the King County Integrated Care Network. Organizations providing perinatal healthcare services would be tasked with the standardized use of these collaborative tools as a strategy for improving and streamlining the efficient delivery of quality perinatal health care services within marginalized communities of color.

The core themes presented below in Figure seven represent a prototype roadmap based on the six themes that emerged from the current study's systematic review. Figure seven serves as a prototype based on the initial observation illustrating how healthcare actors may operationalize the six major themes identified in the study. The prototype was developed after thoroughly reviewing 20 journal articles and identifying core themes emerging from the findings and recommendations suggested in those articles. It provides "reference points back to the literature" which helps "make meaning of the 20 reviewed journal articles" while facilitating a

“structured approach” to communicate findings and effectiveness of efforts to link patients to community-based clinical resources and services (Smyth, R, 2004, p. 167).

Figure 7. Recalibrated CCR Roadmap



Core Theme Implementation

The six themes represented in the prototype, illustrated in figure seven, reinforces the need to acknowledge how systemic racism and discrimination act as barriers to accessing quality perinatal healthcare. Implementing this prototype roadmap would require focusing on finding solutions to an array of social determinants that act as barriers to achieving optimal health and well-being for women requiring perinatal healthcare.

Example solutions could include identifying community-based resources needed to facilitate and improve access to quality perinatal healthcare services and coordination of care,

implementing cross-cultural congruence and anti-racism training, and increasing the number of CBPOs and doulas of color who provide perinatal healthcare services within communities of color. Also important is implementing systems change to improve community-wide communication and collaboration between healthcare service providers, social service agencies, and various organizations that support transformational change processes that improve the quality of life within communities of color.

Transformational change is an incremental and complex undertaking that requires tweaking processes and procedures to right the ship. Part of the equation for improving access to quality healthcare services would be offering easily accessible perinatal health services that are consistent with the socio-cultural traditions and values of the clientele being served within communities of color (Lewrick & Leifer, 2020). Efforts in this direction could be facilitated through community-based perinatal organizations (CBPOs).

Growing the number of CBPOs that serve communities of color would mean enhancing opportunities and avenues for collaboration between CBPOs, healthcare providers and clientele by leveraging technologies for collaboration, and offering community-based meetings to gather information from those impacted by barriers to culturally-congruent healthcare. (Moore et al., 2023). Important to the collaborative process is the collective acknowledgement that new strategies must be widely implemented to reduce perinatal morbidity and maternal mortality within communities of color, by collectively tackling the problem. As indicated by research findings, cross-cultural congruence and anti-racism training are both critically important due to the impact of historical racism, discrimination and marginalization experienced by communities of color. (William et al., 2022)

A first step is mandating cross-cultural congruence and anti-racism training with audits for all healthcare professionals providing perinatal healthcare services. Creating and implementing training for perinatal healthcare professionals who are actively engaged in cross-cultural care. For example, adequate audit tools should be designed to ensure that the training is being incorporated into the care of marginalized patients, with training mandated-for those who do not pass the audit.

Another important step is recognizing doulas as perinatal healthcare professionals. To implement this, doulas would need to be consistently included in medical teams' discussions of patient care. Training should be offered to medical teams on the vital role and perspective of the doula, including training of doulas on how to engage in medical team discussions (Lee, 2020). In keeping with the elevated acknowledgement of the important roles that doulas play in the delivery of perinatal healthcare services, an increase in the salary range paid to doulas may increase interest in becoming a professional doula (Kang, 2024). The number of midwives and researchers of color could be increased through state funding for education. For example, accessing funding to hold community-based workshops to encourage and empower individuals from communities of color to consider pursuing careers in perinatal healthcare fields (Rocha et al., 2022

It is worth noting that there are similarities and differences between the Buckley, et al. (2013) CCR Roadmap and the recalibrated CCR Roadmap shown above. The similarities between the two frameworks is that they both focus on three basic elements and three didactic relationships, with Buckley et al., (2013) CCR-Roadmap emphasizing the clinical-community resource relationship. The difference between Buckley et al., (2013) and this study's recalibrated

CCR Roadmap is that the latter is focusing on communities of color, and service provision from CBPOs and improving perinatal healthcare outcomes.

Table 5.3 below outlines the challenges and benefits that may arise during implementation of these six themes based on each community's unique circumstances. This includes: (1) acknowledging how structural discrimination and racism directly impacts and undermines access to perinatal healthcare services in communities of color, and identifying strategies and processes to mitigate those impacts; (2) Increase funding to grow the number of CBPOs that serve marginalized communities of color to enhance support and training. Organizations serving communities of color are led by and staffed with people from the communities that they serve; (3) enhancing opportunities for collaboration and care coordination between CBPOs, providers and clientele; (4) mandating cross-cultural congruence and anti-discrimination training with audits for all healthcare professionals that are providing these services; (5) recognizing doulas as healthcare professionals with a vital role, and increasing their pay to be commensurate with the vital role they play, and; (6) funding and investing in more midwives, and researchers of color.

Table 2. Challenges and Benefits that May Arise During Implementation

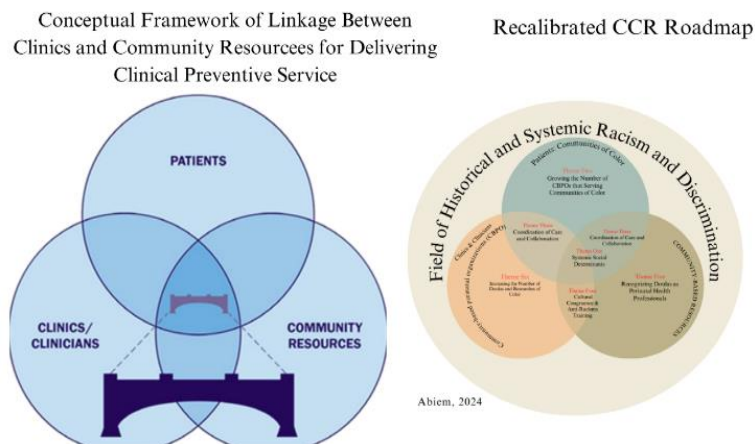
Potential Challenges for This Roadmap	Benefits for This Roadmap
Resources	Reduction in perinatal morbidity and maternal mortality
Readiness to change	Increased hope in the possibilities because the steps are concrete and manageable.
Timing may take five years	Improved client care

Frustration and resistance with navigating different perspectives	Reduction of the stressful impact of individual decision-mak
Getting buy-in	Reduction of negative consequences that come with morbidity and mortality instances

Applying an Integrated Theoretical Framework

As mentioned in Chapter Four, the Clinical-Community Relationships Evaluation Roadmap (CCR Roadmap) describes six interrelated components that may influence the effectiveness of efforts to link patients to community-based clinical resources and services (Buckley et al., 2013). While Buckley et al's., (2013) CCR Roadmap focuses on the delivery of preventative healthcare resources or services, it can also be applied to other clinical or non-clinical services (2013, p. 2). The Buckley et al (2013) framework is a jumping off point for the creation of the recalibrated CCR framework shown below. The recalibrated CCR framework features the six themes emerging from the systematic review.

Figure 8



(Buckley et al., 2013).

The Buckley et al., (2013) CCR Roadmap helped guide the selection of the six major themes from the N=20 studies reviewed. The six themes are used in this study's recalibrated CCR Roadmap to help facilitate thinking about strategies that CBPOs and communities of color can use to, among other things, help locate funding to invest in the support and training for midwives, doulas, and researchers of color. The importance of CBPOs are connected to the fact that they have access to essential resources represented in the recalibrated CCR Framework, shown above in figure seven.

Many researchers voiced the need for more community-based perinatal organizations (CBPOs) that serve marginalized communities coupled with enhancement of collaboration amongst all actors as pivotal to reducing healthcare inequities (Baiden, Parry, Nerenberg, Hillan, and Dogba, 2022; Van Eijk et al., 2022). Collaboration with affected members from communities of color, coupled with research-based findings is essential to solving poor perinatal health outcomes with communities of color.

CBPOs can design grant-seeking strategies that direct attention to the impact of discrimination, racism and various social determinants linked to elevated rates of perinatal morbidities and maternal mortality rates for child-bearing age women of color in the United States, when compared to non-white women of childbearing age (Alio et al., 2022). CBPOs could seek grant dollars to offer various types of training, for example, cultural congruence and anti-racism training. Multiple works of the literature have echoed the idea that access to cross-culturally congruent healthcare professionals is vital for addressing elevated perinatal morbidity and maternal mortality within communities of color (Van Eijk et al., 2022; Kukura, 2022).

Using the six main themes from the systematic review, the recalibrated CCR Roadmap represents the three basic elements and three dyadic relationships between these three basic elements. The three basic elements in the recalibrated CCR Framework include: (1) Marginalized populations/people of color; (2) community-based perinatal organizations (CBPOs), and; (3) community-based resources. The three dyadic relationships between these three basic elements are (1) the CBPO and communities of color relationship; (2) CBPO and support and training of doulas and researchers of color; and (3) communities of color and access to community-based resource relationships. These relationships helped to determine how to operationalize the six main themes to reduce elevated perinatal morbidity and maternal mortality within communities of color in Washington state. By observing the intersectionality of relationships within the recalibrated CCR Roadmap, we may become better equipped to understand, negotiate and collectively find solutions for the myriad of systemic social determinants that women of color encounter over the course of conception, pregnancy and birth.

To understand how the recalibrated CCR Roadmap applies to the themes and findings from the systematic review, I have illustrated how the dyadic relationships of the entities

contained within this diagram intersect with each other. Observing the revolving relationships in which the entities interact with each other is the key aspect in understanding how to operationalize the themes highlighted so that we can understand how to provide better circumstances that yield better outcomes for birthing mothers within communities of color. For instance, the recalibrated CCR Roadmap may help perinatal healthcare professionals operationalize theme one.

The recalibrated CCR Roadmap can also be used as a teaching tool for visualizing the web of connectivity and relationships that support interactions between CBPOs and healthcare providers. Theme one focuses attention on systemic social determinants that act as barriers to accessing quality perinatal healthcare by people of color. The White House Blueprint (2022) underscores how intersectional, complex, and systemic factors contribute to social disparities in accessing perinatal healthcare, with race being a significant determinant in accessing quality perinatal services. Systemic racism and discrimination, coupled with unequal access to resources that are linked to the social determinants of health, potentially undermining progress toward the United Nations SDG goal three, which focuses on universal health and well-being of all (Mugo et al., 2015).

Black American mothers experience distrust, disconnection, and disrespect when receiving services at predominately White healthcare facilities (Plaza, et al., 2014; Hunte, et al., 2022). Researchers cite systemic social inequalities and ongoing exposure of Black mothers to trauma and reactive stress (Jones, 2018; Haque & Malebranche, 2020; Shullman, 2020; Hunte et al., 2022), with structural racism significantly impacting Black women's perinatal health, regardless of their education and socioeconomic background (Hunte, Klawetter & Paul, 2022).

There are fewer CBPOs within Washington state serving communities of color and

individuals coming from lower socio-economic backgrounds (Lee, 2020). Theme two calls for increasing the number of CBPOs because they act as intermediaries or cultural brokers, providing doulas with resources and training to improve perinatal healthcare outcomes within communities of color (Lee, 2020; Alio, 2022; Verbiest et al., 2022; William et al., 2022). Increasing the number of CBPOs serving communities of color may require approaching Washington state's legislature, and lobbying politicians that are familiar with and concerned about elevated rates of perinatal morbidities and maternal mortality in Washington state's communities of color, using the voices of those impacted by this social problem to instigate change (Van, et al., 2022; Alang, et al., 2023; WSMRP, 2023).

Theme three focuses on the coordination of care and cooperation. Findings related to theme three suggests that enhancing collaboration and cooperation between CBPOs, healthcare professionals, and the clientele they serve improves coordination of care, which may help improve pregnancy and birthing outcomes within communities of color (Smith et al., 2023; Buckley et al., 2013). Through mutual understanding between stakeholders within communities of color, CBPOs may coordinate care between their clientele's primary care practitioners, and various types of resources available to them (Adlington et al., 2023). By leveraging collaborative technologies, CBPOs, clinicians, doulas and researchers of color can establish communication pathways for the coordination of care (Amutah et al., 2023).

Theme four focuses on the importance of cultural congruence and anti-racism training, with researchers emphasizing the importance of these trainings for all perinatal healthcare professionals. Mandating audited training for perinatal healthcare workers will help ensure that cultural congruence training and anti-racism training is incorporated into the care of communities of color, with mandated training or retraining for staff who do not pass an audit. Skillful doulas

understand the importance of cultural humility and an inclusive perspective when considering the various aspects of a client's life (Lee, 2020). Culturally congruent doulas employ active listening skills to screen for daily experiences of racism their clients encounter rather than through direct inquiry (Lee, 2020), with doulas having a great impact on a mother's experience during the prenatal, birthing, and postpartum period of life (Ogunwole et al., 2020; Van Eijk et al., 2022).

Theme five, recognizing doulas as instrumental perinatal healthcare professionals was emphasized within the N=20 reviewed articles. Studies show that having access to cross-culturally congruent doulas increases positive birth experiences and decreases perinatal deaths and complications (Anand, 2019; Alang, et al., 2023; Saldanha, 2023). It was suggested that CBPOs use doula programs as a strategy to respond to elevated perinatal morbidity and mortality within impacted populations (Ogunwole et al., 2020; Smith et al., 2023; Carson et al., 2024). However, communities of color struggle to: (1) Find doulas who have received cross-cultural congruence training; (2) find insurance that will cover the cost of a doula's services, and; (3) find a community-based perinatal organization that helps with doula-based services.

Theme six focused attention on the importance of recruiting, training and increasing the availability of midwives and researchers of color as strategies for reducing disparities to quality perinatal healthcare services within communities of color with many of the N=20 journal articles suggesting that increasing the number of midwives and researchers of color as a strategy for improving perinatal healthcare disparities (Nijagal et al., 2021; Amutah et al., 2023). By increasing the maternal-child healthcare workforce to include Black women scholars, activists and healthcare providers, the likelihood for improvement in health inequities increases (Amutah et al., 2023).

Challenges and Limitations of Implementing Findings to Improve Perinatal Healthcare Outcomes

It is worth noting that structural discrimination, racism and a myriad of systemic social issues play a role in constraining the sheer number of midwives and researchers of color available to improve perinatal health outcomes within communities of color (Van Eijk et al., 2022). As mentioned in chapter one, the U.S. House Oversight and Reform Committee (2021) held a hearing on racism in Black maternal health care, emphasizing the elevated risks that Black individuals face with life-threatening complications during childbirth, with testimony from impacted individuals stating that “every day, Black women die because the system denies our humanity” (Craven, 2021).

Structural discrimination, racism and a myriad of systemic social issues also play a role in constraining the sheer number of midwives and researchers of color available to improve perinatal health outcomes within communities of color (Van Eijk et al., 2022). The financial burden of education and training for these professions, as well as the freedom and resources to pursue such education (e.g. time, space, family financial situation), act as barriers to increasing midwives and researchers of color who may focus on improving perinatal healthcare outcomes within communities of color (Amutah et al., 2023). Lack of access to economic resources to pay academic training may be linked to various power imbalances experienced by people of color within the United States (Suarez, 2020).

Another challenge is the politics of power imbalances that may hinder the implementation of cross-cultural congruence and anti-racism training for healthcare professionals (Suarez, 2020; Smith et al., 2023). Due to fear of the unknown, government officials and those in power may fear losing their power if they go against the majority (Schein,

2010; Suarez, 2020). Dominant, Euro-centric cultural beliefs, practices and traditions may negatively impact disadvantaged communities, by excluding CBPOs in decision-making processes and the development of policies that fund programs like cross-cultural congruence and anti-racism training, the training of midwifery and doulas of color (Gish, 2020; Carson et al., 2024) The many faces of leadership to pave the way for implementing findings articulated for themes one through six is a primary weakness across the N=20 articles reviewed for this study.

Data indicates that, in order to achieve sustainable solutions to complex problems, “the people with the problem” go through a process together to become “the people with the solution” (Heifetz & Linsky, 2017, p. 83). Numerous studies show that the current communication approach to sustainably decrease elevated maternal morbidities and maternal mortalities, within communities of color in the United States, is ineffective (Fehling, et al., 2013; Dorn & Dickman, 2022). Research suggests that government legislators and community-based healthcare leadership must leverage distributed and shared leadership as part of an overall strategy to bridge system-wide gaps that fuel disparities and inequities that sustain elevated rates of perinatal morbidity and maternal mortality (Schein, 2010; Burke, 2018; WSMMRP, 2023).

When perinatal healthcare leadership fails to address critical social issues that disproportionately affect access to perinatal healthcare within communities of color, a failure to place trust in clinical healthcare providers may creep into the collective mindset within the marginalized communities they serve (Hodges, 2021).

Implication for Future Research

Studies conducted in the past ten years suggest that increasing CBPOs and the presence of culturally congruent healthcare professionals reduces elevated rates of perinatal morbidity and

maternal mortality within communities of color. CBPOs train doulas and provide mentoring, coaching, and sponsorship to help them provide quality of care to their clients. Researchers also voiced having access to researchers and midwives of color improves perinatal health outcomes (Alio et al., 2022; Amutah et al., 2023; Moore et al., 2023).

Understanding CBPO strategies for responding to poor perinatal healthcare outcomes, for example elevated rates of perinatal morbidity and maternal mortality, may enable healthcare practitioners to adapt their strategies for application to other geographical areas experiencing similar perinatal healthcare challenges. However, it is essential to note that under the umbrella of communities of color, disparities exist. It would be wise to use mixed methods research strategies to assess and evaluate the effectiveness of CBPOs, and the benefits derived from providing cross-cultural congruence and anti-discrimination training for doulas as a strategy to improve perinatal healthcare outcomes within communities of color.

Conclusion

This systematic qualitative review provides a comprehensive analysis of the strategies employed by community-based perinatal organizations (CBPOs) in response to poor perinatal healthcare outcomes within communities of color. The findings suggested investing in midwives, researchers, and CBPOs of color to enhance support and training as well as mandating cross-cultural congruence and anti-discrimination training for healthcare professionals. Recognizing doulas as perinatal healthcare professionals and increasing their pay is also crucial in reducing adverse pregnancy and birthing outcomes in communities of color.

Practical themes were identified to enhance collaboration and care coordination between CBPOs, clinicians and clientele as a strategy to address the impact of social and structural determinants on perinatal health. The challenges and barriers encountered by CBPOs in

Washington state were identified, and included a lack of funding, issues of systemic racism resulting in discrimination, and the need for concerted efforts to overcome these challenges and barriers. Research findings indicated that political and power imbalances and dominant Euro-centric cultural beliefs and traditions can hinder the implementation of cultural congruence care and the recognition of doulas as valuable perinatal healthcare professionals (Alio et al., 2022).

Buckley et al. (2013) provided a Clinical-Community Relationships Evaluation Roadmap (CCR Roadmap) as a valuable roadmap for facilitating collaboration and care coordination between CBPOs, clinicians and their clientele. House (2022) suggested that disproportional discrimination in the delivery of healthcare services to women of color is fueled by a constellation of systemic factors that weave their way across a socio-cultural and economic landscape of beliefs, ideologies, practices, and values occurring within the general population. The CCR Roadmap emphasizes the importance of addressing social and structural determinants that undermine perinatal health. By leveraging the six major themes identified in this study, perinatal healthcare providers can work towards reducing perinatal health disparities and improving maternal and infant outcomes within communities of color.

The implications for practice highlight the need for cross-cultural congruence and anti-racism training for perinatal healthcare workers, increased collaboration and trust among all healthcare providers, and the inclusion of CBPOs in decision-making processes. These strategies can lead to improved health outcomes and a more equitable provision of perinatal healthcare.

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Appendix A

Data Collection Protocol: Matrix

Research Question(s)		
Population		
Author(s)		
Design		
Publication Date		
Method		
DOI		
APA Citation		
Suggested Practices		
Purpose		
Database		
URL		
Problem		
Title		
Relevance to the study's aims		
Summary		

Appendix B

Overview of the Main Problems

Authors	Purpose	Population Sampling	Findings	Suggested Practices
Kang, K (2014)	<p>Study's objective: - explore the influence of culture and community perception on the birth and perinatal care of immigrant women in Washington State from the perspective of doulas.</p> <p>The researcher aims: - to understand how doulas perceive the impact of immigrant mothers and how their own cultural beliefs and values may influence their intercultural work.</p>	<p>Doulas in Washington State, -Immigrants women, -11 doulas with experience ranging from 1 to 7.5 years who self-identified as White, -European, -Caucasian, -Black, - African American, or Mixed race.</p> <p>-Some were born in the U.S., and the rest were immigrants from different countries serving immigrants women of color from diverse backgrounds</p>	<p>The findings indicated: -doulas play great roles in birthing outcomes for immigrant mothers by acting as advocates and cultural brokers and helping them navigate the healthcare system and access to effective care.</p>	<p>-Improve the services doulas provide to lower-income women, this study suggested considering these: - doulas share values such as empowerment and informed choice but may fail to recognize these as culturally based and that cultural competency training doulas increases their cultural self-awareness. -Enhance collaboration between doulas and community-based organizations. -Expand community-based doula programs that specifically serve lower-income immigrant women to help them provide information,</p>

				<p>access care, and advocate.</p> <ul style="list-style-type: none"> -Advocate for integrating doula services within healthcare organizations to enhance collaboration and improve communication and oral care services for immigrant mothers.
Ani, A. (2015).	<p>This study aims to:</p> <ul style="list-style-type: none"> -Reveals the disproportionate rate of C-sections among Black women. -Explores the underlying factors, particularly racism, that contribute to this disparity. - Rose awareness about the negative health consequences of C-sections and the need to reimagine how C-sections are perceived within the medical community. - Highlights the importance of considering 	<p>Black women in the USA, England, Australia, Brazil, and within countries.</p>	<ul style="list-style-type: none"> -Black women in the USA have the highest C-section rate, reaching nearly 36%, even among low-risk pregnancies, -C-sections pose greater health risks compared to natural vaginal births, as a result, maternal death, stillbirth, endocrine system destabilization, extended hospitalization, breastfeeding failure, thromboembolism, hemorrhage, uterine rupture, trial of labor failure, adhesion formation, abnormal placentation, and subfertility have 	<ul style="list-style-type: none"> -Raise awareness about the issue of high C-section rates among Black women and the potential health consequences associated with it. -Address racism in healthcare and recognize the role of racial bias in healthcare. -Raise awareness of the disparities Black women face in our medical system. -Promote shared decision-making between healthcare providers and pregnant women. -Provide comprehensive

	<p>historical and cultural perspectives on childbirth.</p> <ul style="list-style-type: none"> -Highlights the disproportionate rate of C-sections among Black women and examines the underlying factors, including racism and cultural differences in approaches to childbirth. - Promotes holistic and culturally sensitive approaches to childbirth. -Challenges the dominant Western medical model and promotes a reevaluation of practices that may be detrimental to the health and well-being of Black women and their families. 		<p>increased occurrence.</p> <ul style="list-style-type: none"> - Racism plays a role in the higher rate of C-sections among Black women, with subjective indicators for C-sections disproportionately affecting them. 	<p>prenatal care that includes regular check-ups, education on healthy pregnancy including childbirth, and provide support for managing potential complications.</p> <ul style="list-style-type: none"> -Support natural childbirth options, such as midwifery care and birthing centers. -Address socioeconomic factors that contribute to high C-section rates, such as limited access to healthcare, poverty, and systemic inequalities. - Incorporate cultural traditions and practices related to childbirth from African and other marginalized communities.
Lee, E. B. (2020)	<p>Study Explored:</p> <ul style="list-style-type: none"> -experiences of community-based doulas providing perinatal services to the marginalized. 	<p>Three counties of Washington State and focused on low-income women.</p> <ul style="list-style-type: none"> -9 community-based doulas and employed by Open 	<p>Doulas play a great role in confronting racism</p> <ul style="list-style-type: none"> -Buffering bias -Improving birth outcomes 	<ul style="list-style-type: none"> -leveraging community-based doulas to provide culturally sensitive care and as a protective barrier against

	<p>-discussed the role community-based doulas play in responding to adverse perinatal morbidity and maternal mortality within communities of color in Seattle, Washington.</p>	<p>Arms Perinatal Services in Seattle</p>	<p>-Need for culturally sensitive and equitable care for marginalized communities -A need for further research to further explore the experience of community-based doulas serving disadvantaged populations.</p>	<p>biases in the medical system. -Make culturally congruent training for all medical providers mandatory -Encourage doula and provider collaboration to enhance coordination -Encourage further research to explore barriers and challenges faced by community-based doulas from the perspective of women of color and queer laboring individuals and immigrants.</p>
<p>Ogunwole, S. M., Bennett, W. L., Williams, A. N., & Bower, K. M. (2020).</p>	<p>-This study aims to address the structural and institutional barriers to maternal health equities, specifically in relation to racial disparities in perinatal morbidity and maternal mortality outcomes during the COVID-19 pandemic.</p>	<p>-Population was expert researchers in the field of .</p>	<p>-Revealed racial disparities exist in perinatal morbidity and maternal mortality, -Identified that Black individuals are experiencing higher rates of pregnancy-related complications and deaths, including preterm birth, compared to their White counterparts. - Found that the</p>	<p>-Suggests recognizing doulas as essential healthcare workers by revising hospital policies. -Suggests using the same process in place for healthcare workers to assess active COVID-19 symptoms, allowing doulas to be present at</p>

	<p>-The study aims to highlight the role of community-based doulas in mitigating disparities.</p> <p>-Highlights the importance as to the integration of doulas into healthcare teams while recognizing them as essential healthcare workers.</p> <p>-This study aims to raise education and awareness about the impact of racism and social inequalities on birth outcomes.</p> <p>- Highlights the importance of advocacy for interventions that promote equitable care for all birthing persons and their babies.</p>		<p>COVID-19 pandemic exacerbated existing racial disparities in birth outcomes, with Black and Hispanic pregnant individuals disproportionately affected by the virus.</p> <p>-Found that community-based doulas provide low-income marginalized racial and ethnic populations with physical, emotional support, and information to improve marginalized communities' birthing experiences.</p> <p>-Found that Access to doula services was limited during the pandemic, which may have contributed to the worsened existing disparities.</p> <p>-Found that community-based doula care improves birthing experiences and reduces rates of cesarean section, short labor periods, and</p>	<p>birth without compromising the presence of patient's family members,</p> <p>- Suggests increasing access to telehealth,</p> <p>- Suggests educating obstetrician about the role of the doulas and the benefits mutual cooperation will yield.</p> <p>- Suggests supporting legislation for doula, and partner and investing in a community-based doula program.</p>
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			<p>infant Apgar scores.</p> <ul style="list-style-type: none"> -Found that community-based doula programs have a positive impact on breastfeeding rates and influence lower rates of cesarean section birthing among Black and Hispanic mothers. -Found that doulas are advocates for Black birthing people and address issues of discrimination, disrespectful care, and racial discrimination, including the lack of empathy and inconsistent support. 	
Suarez, A. (2020)	<p>This study aims to:</p> <ul style="list-style-type: none"> - improve increasing perinatal morbidity and maternal mortality within marginalized communities (1) by addressing the historical background, (2) by investigating the 	<p>Black mothers at reproductive age.</p> <ul style="list-style-type: none"> -White mothers with a college education and middle income. -Black midwives from radical birth organizations and hospitals. 	<p>The findings reveal:</p> <ul style="list-style-type: none"> - historical trend of perinatal care and birth for Black women, including the impact of racism and marginalization of Black midwives, - which negatively impacted Black mothers and granny-midwives. 	<p>Embracing the American College of Obstetrics and Gynecologists' idea about reducing interventions during labor and birthing to support de-medicalization, - suggested organizations like American Medical Association to</p>

	<p>impacts of medical racism,</p> <p>(3) the importance of activism,</p> <p>(4) The need for expansion of midwifery care a strategy to improve Black mother birthing experiences and complications.</p>			<p>build trust and transparency with Black midwives by acknowledging racism and addressing it, response to disparities in home birth by increasing access to midwifery fro at risk-groups,</p> <ul style="list-style-type: none"> - increasing midwifery practice across all states and improving relationships between midwives and physicians to improve perinatal health of mothers and reduce infant and maternal mortality rates.
<p>Nijagal, M. A., Patel, D., Lyles, C., Liao, J., Chehab, L., Williams, S., & Sammann, A. (2021).</p>	<p>This study aims to:</p> <ul style="list-style-type: none"> -Address the socioeconomic and racial inequities in perinatal care access, - experiences, and outcomes in the United States. -Identify short-term opportunities and longterm-terms investments to 	<p>Medicated-insured pregnant individuals and their partners in San Francisco, California, from a multicultural dynamic with diverse pregnancy care experience, working with lower-incomes and people of color impacted by adverse perinatal disparities.</p>	<p>Inadequate transparency and inclusion of marginalized communities in care plans create a power balance dynamic and lack of trust between pregnant individuals and their care providers.</p> <ul style="list-style-type: none"> -Respectful and compassionate interaction and recognizing that 	<p>Create a community-based doula (Support Sister) for disadvantaged pregnant individuals.</p> <ul style="list-style-type: none"> - Enhance trust collaboration and communication strategy. -Active listening and embracing diverse perspectives from impacted

	<p>address the challenges and needs in the perinatal care system and develop prototypes and solutions that may be operationalized within local communities.</p> <p>-Engage leaders from various organizations and sectors to proactively ensure buy-in and operationalize findings.</p>	<p>Pregnant people 18 years and older, residing in San Francisco, either preparing to become pregnant, pregnant, or recently pregnant, including their partners.</p> <p>The sample included community members, health professionals, providers, community health workers, community members, and activists.</p> <p>-historically marginalized and excluded groups from the research and decision-making process, 39% identified as Black, 13% as Latinx, 19% as Asian, and 29% as White.</p>	<p>when clients re-tell their stories multiple times, it leads to shame and reluctance to disclose important information.</p> <p>-Addressed structural and interpersonal racism in perinatal care and barriers to care, such as constraints and access issues.</p> <p>-Enacting changes at the individual, institutional, and systemic levels with the goal of improving perinatal care experience and achieving health equity.</p>	<p>populations. - Consider telemedicine as an alternative option.</p> <p>-Adopt the HCD strategy to seek understanding based on marginalized traditions and cultural values using a qualitative approach, identify themes and concepts that may be operationalized, and embrace conceptualization from diverse stakeholders to generate ideas for potential solutions. -Create a multidisciplinary advisory group of community members, healthcare providers, and experts.</p> <p>-Seek feedback from impacted populations to create sustainable prototypes and monitor their effectiveness.</p> <p>Using HCD findings to advocate for system changes</p>
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				in perinatal health care.
Alhalel, J., Patterson, L., Francone, N. O., Danner, S., Osei, C., O'Brian, C. A., Tom, L. S., Masinter, L., Adetoro, E., Lazar, D., Ekong, A., & Simon, M. A. (2022)	<p>The study aims to:</p> <ul style="list-style-type: none"> - address racial disparities in perinatal care for African American/Black individuals in the Chicago community health setting. <p>It seeks to: - understand the barriers to equitable care experienced by Black birthing individuals</p> <ul style="list-style-type: none"> - inform the development of a patient navigation intervention to reduce disparities in perinatal outcomes. - explores Black birthing individuals' and healthcare providers' experiences and perspectives to guide intervention and improve health outcomes. <p>The goals:</p> <ul style="list-style-type: none"> - to identify barriers and challenges faced by Black 	<p>Participants from the Chicago area and nationally.</p> <ul style="list-style-type: none"> - Black pregnant or postpartum patients - clinical care team members who work with Black pregnant individuals. - 18 years of age or older, identifying as Black or African American - being pregnant or having recently given birth. - Obstetrics providers, - health center staff 	<p>Findings</p> <p>Highlight: -trust is crucial in the patient-provider relationship,</p> <ul style="list-style-type: none"> - establishing it through open communication and addressing biases is essential. <p>Patient education is also crucial.</p> <ul style="list-style-type: none"> -Barriers to accessing care for Black individuals, social determinants of health impacting perinatal care, - comprehensive care practices are essential. <p>Addressing structural racism and promoting cultural competency among healthcare providers are also essential for improving perinatal care for Black birthing individual- leaders from community-based organizations.</p>	<p>Patient education,</p> <ul style="list-style-type: none"> - use of advocates, - social determinants screening, - cultural competency, - access to care and support.

	<p>individuals in accessing and receiving quality perinatal care,</p> <ul style="list-style-type: none"> - identify the perspectives of healthcare providers in addressing these disparities 			
<p>Alio, A. P., Dillion, T., Hartman, S., Johnson, T., Turner, S., Bullock, S., & Dozier, A. (2022).</p>	<p>This study investigates:</p> <ul style="list-style-type: none"> - The experiences of Black women and fathers in perinatal care, - Determinants that contribute to racial disparities in maternal outcomes. <p>The goal is to:</p> <ul style="list-style-type: none"> -develop more equitable and culturally sensitive practices, -Reducing health inequities and improving the overall health and well-being of Black individuals during the perinatal period. 	<ul style="list-style-type: none"> - Women of whom, Identify as African American, or African/Caribbean who reside in the Rochester Area and had given birth within the last five years. -Black fathers of whom reside in the Rochester area and could provide their perspectives on the treatment and safety of their partners during the perinatal period. - Methods, including posting flyers on social media accounts and distributing hard copies of explanatory materials at community events and sites. 	<p>Themes identified including:</p> <ul style="list-style-type: none"> -Effective-communication and trust -Discrimination and bias Adressing-discrimination and bias -Addressing-socioeconomic factors -Promoting shared decision-making Engaging with the community to reduce racial disparities in perinatal care outcomes for Black women and fathers. 	<p>Emphasizes the importance of improving maternal health literacy through culturally sensitive education programs, enhancing provider communication skills, promoting continuity of care, increasing representation of providers of color, advocating for policy changes, strengthening social support networks, engaging fathers in perinatal care, and conducting further research to better understand the experiences and needs of Black women and fathers during the perinatal period. This will help ensure better</p>

				access to support services and improve maternal health literacy.
De la Rocha, P., Sudhinaraset, M., Jones, N. V., Kim, C., Cabral, A., & Amani, B. (2022).	<p>The purpose of this study:</p> <ul style="list-style-type: none"> -Seeks to understand the challenges faced by BIPOC communities when accessing SRH care. -Assesses the roles of racism and structural determination of equity and how they are shaping these challenges. -Identifies potential strategies for promoting equitable and inclusive SRH care. -Contributes to existing knowledge based on SRH and reproductive justices. - Informs future studies, policy, and all practices and professionals in the field to advocate for changes and improve the lives of impacted communities. 	<p>This study -</p> <ul style="list-style-type: none"> Included 11 participants from various fields such as medical, public health care, community-based grassroots movement, health equity, and social justice organizations in the United States. -The key informants were selected based on their knowledge, experience, and identification with communities most impacted by reproductive justice issues and systemic racism. -The participants identified as members of the communities they work with, and most reported having multiple roles and identities within their communities. -This study was based on the perspective of those with firsthand experiences and 	<p>Findings, -Found that issues such as:</p> <ul style="list-style-type: none"> - police violence, -sexual and reproductive inequalities, - mental health, disparities, -digital redlining, lack of quality of care -barriers to accessing SRH care during the COVID-19 pandemic, - urgent need to address them and using lived experiences of impacted populations, -advocacy for systemic change, accountability, - partnership to improve SRH outcome for marginalized communities. 	<ul style="list-style-type: none"> -Create a reproductive justice framework that recognizes the essentials of reproductive principles and integrates them into policies, programs, and practices. - Promote the supremacy of birth by having comprehensive SRH services that reach beyond childbirth, including abortion care, infertility treatment, and treatment for sexually transmitted infections. -Adapt a trauma-informed approach to care to address the impact of police violence on SRH. -Advocate for access to telehealth, educational resources, and mental health services, including policies

	<ul style="list-style-type: none"> - Addresses structural racism, systemic inequalities, and seeks to improve SRH outcomes. -Explores the intersectionality of various factors such as race, gender, and socioeconomic status. -Explores the importance of reproductive justice principles in addressing these issues to promote the well-being of all. 	<p>knowledge of challenges and issues related to reproductive health and equity within marginalized communities.</p>		<p>and programs that would bridge the digital divide and establish equitable care.</p> <ul style="list-style-type: none"> -Promote cultural responsiveness, racial concordance in patient-provider dyads, and the role of doulas and community health workers. -Support community-based programs, mutual aid networks, and organizations that center joy and restorative practice. - Address systemic racism, dismantle structural barriers, and embrace collaboration with all key stakeholders, for example, providers, researchers, policymakers, and community members. -Promotes future research to develop comprehensive and context-specific strategies.
Kett, P. M., van Eijk, M.		-over 75 doulas of whom work for	- Established a deep connection	-Suggests providing fair

<p>S., Guenther, G. A., & Skillman, S. M. (2022).</p>	<p>The purpose of this study is: -To explore the work experiences, related stressors, and stress management strategies of community-based birth doulas working in underserved communities in the United States. - Attempts to fill the gaps in understanding the work-related conditions and challenges faced by doulas. -Highlights the importance of the Doula's role in addressing perinatal health inequities. -Seeks to provide insights into the experiences of doulas and make recommendations for better support and compensation for this critical part of the perinatal workforce. - Attempts to gain insights into the role of doulas in</p>	<p>various organizations which have experience working with impacted communities were identified. - Population identified as community-based doulas working in underserved communities.</p>	<p>that doulas have with their clients, - Found that doulas facilitate culturally specific birthing practices in a way that empowers clients to advocate for themselves while addressing the necessity of additional health and social needs beyond birthing support. -Found that doulas witnessed and experienced discrimination. - Found that doulas struggled with financial challenges and employed strategies to mitigate work-related stressors. -Found the need for doulas in addressing perinatal inequities and improving birth outcomes. - underscored the systemic challenges and inequities doulas faced.</p>	<p>and adequate compensation for doulas. -Suggests the expansion of Medicaid reimbursement for doula services to increase access for underserved populations. - Suggests that reimbursement rates are sufficient to cover the costs associated with providing doula services. -Address systemic racism and discrimination within the healthcare system and support doula-led community-based organizations. -Foster collaboration and interprofessional education among healthcare professionals, including doulas, midwives, nurses, and physicians, to enhance teamwork and improve the coordination of care for pregnant individuals and their families.</p>
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	<p>addressing perinatal inequities and improving birth outcomes,</p> <ul style="list-style-type: none"> - Seeks to understand various challenges and barriers faced by doulas in their work. -Seeks to provide a comprehensive understanding of the experiences and perspectives of doulas. -Utilizes Doula feedback in order to inform policy and practice recommendations to support better and sustain their work. 			<ul style="list-style-type: none"> -Provide mental health support for doulas. -Increase public awareness and education about the role and benefits of doulas play in improving perinatal outcomes and addressing health inequities. -Advocate for policy changes at the state and national levels to support the integration of doula services into the healthcare system. - Explore legislation that expands Medicaid reimbursement, supports doula training and certification, and addresses barriers to doula services and further research to explore effective interventions and strategies for improving access to and utilization of doula service. -Evaluate the impact of doula care on birth outcomes. - Explore the
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				experiences of doulas from diverse backgrounds. -Identify best practices for supporting and sustaining the doula workforce.
Lacombe-Duncan, A., Andalibi, N., Roosevelt, L., & Weinstein-Levey, E. (2022).	The aims of this study: -is to provide recommendations for more inclusive and affirming approaches to reproductive healthcare for LGBTQ+ people, including their disclosure and social support needs, -challenges, and social technology use and non-use in relation to pregnancy loss, - how multiple intersecting stigmatized identities and experiences inform disclosure and support seeking decisions and outcomes.	17 participants who were selected based on their experiences related to pregnancy loss within the LGBTQ+ community. - Participants had to be 18 years old, reside in the United States, have experienced pregnancy loss or been in an intimate partnership in which a pregnancy was lost in the last two years, and have used any type of social media.	LGBTQ+ individuals experience multi-level stigmas in the context of conception, - pregnancy, and during pregnancy loss the stigma is manifested at intrapersonal, interpersonal, and structural levels. -Multi-level resilience among LGBTQ+ individuals in their ability to attend to their emotions, set boundaries, and purposefully disclose; seeking out LGBTQ+ certain online support groups, connecting with others who have experienced pregnancy loss, -partner interactions, and positive healthcare provider interactions.	-These would improve reproductive outcomes for this population, however, ongoing research and collaboration with LGBTQ+ community are integral to further develop and refine these suggestions.

<p>Rodriguez de Lisenko, N. C., Gray, H. L., & Bohn, J. (2022)</p>	<p>This study aims to:</p> <ul style="list-style-type: none"> -Raise education and awareness about specific challenges and barriers faced by perinatal Black/African American women and advocate for equitable and culturally sensitive approaches to address their unique health needs. - assess risk factors affecting perinatal Black/African American women with SUD in the United States. -To fill the research gap and provide a comprehensive understanding of the risk factors that influence the health outcome of perinatal B/AA with SUD. 	<p>Black/African American and B/AA with SUD within the United States.</p>	<p>B/AA with SUD may benefit from targeted interventions and strategies to respond to their needs as a strategy to address health disparities.</p> <ul style="list-style-type: none"> -Deconstructing hidden psychosocial, environmental, and systemic risk factors to generate comprehensive strategy and wraparound support services. -Recognizing and leveraging trauma-informed nutrition education programs as a potential intervention to address the effect of trauma and toxic stress on physical health. 	<p>Trauma-informed care, mental health support, nutrition education, community engagement,</p> <ul style="list-style-type: none"> - policy change, culturally sensitive training, further research study to increase understanding, - leveraging collaboration and partnership with all actors
<p>Verbiest, S., Cené, C., Chambers, E., Pearsall, M., Tully, K., &</p>	<p>-This study aims to assist in the improving the understanding of reproductive</p>	<p>-Black and Native American women with chronic conditions in North Carolina.</p>	<p>-found a lack of trust in health care providers and institutions.</p> <p>-Found a lack of provider</p>	<p>-Suggested the establishment of comprehensive, coordinated care clinics that bring together various</p>

<p>Urrutia, R. P. (2022).</p>	<p>health care for Black and Native American women with chronic conditions.</p> <p>-This study identifies barriers, challenges, and opportunities to optimize their health prior to pregnancy, as well as patient-centered strategies to improve reproductive health care for these populations.</p> <p>-This study highlights how to develop more culturally responsive, accountable, and patient-centered approaches to preconception health care for these marginalized populations.</p>	<p>-Five patient/community partners self-identified as Native American women,</p> <p>-Two as Black women, and one represented a community-based organization working with a Native American population in a rural community in North Carolina.</p> <p>-Women from the ages of 18-42 who self-identified as Black and/or Native American, identified as women, spoke English, and had at least one chronic health condition.</p> <p>- 37 patient stakeholders who self-identified as Black and/or Native American women with chronic conditions were recruited.</p> <p>- The participants were from 18 counties in North Carolina and one county in a different state.</p> <p>-The age range of the participants varied, with 12% being 25-29 years old, 38% being 30-34 years old, 35%</p>	<p>knowledge in addressing reproductive health concerns, uncoordinated care, the need for self-advocacy, provider bias, and the mental health strain from coping.</p>	<p>providers and services in one place. providing, access to mental health care, nutrition support, fertility experts, physical therapists, specialists, and financial counselors,</p> <p>-Suggested Prioritizing trust and empathy as fundamental elements of medical training. Thus, teaching doctors how to have an attitude of humility and competence. In which they focus on building trust with patients.</p> <p>-Suggests Providing clear, accurate, and balanced information about health conditions and their impacts on reproductive health, - Suggests that health care providers have reproductive health conversations with patients early and often,</p> <p>-Suggests research be done</p>
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		being 35-39 years old, and 15% being 40-42 years old.		in full partnership with community leaders and individuals with lived experience. -Suggests Involving patient stakeholders as integral parts of the research design team.
Williams, V. N., Lopez, C. C., Tung, G. J., Olds, D. L., & Allison, M. A. (2022).	This study aims to inform the integration of evidence-based home visiting programs like NFP into primary care settings to serve vulnerable families better and address social determinants of perinatal health.	participants who had experience collaborating with Nurse-Family Partnership (NFP) nurses. PCP collaboration with NFP nurses such as obstetricians, pediatricians, family medicine practitioners, nurse midwives, nurses, clinical social workers, and non-direct care professionals. 20 participants to ensure a diverse range of perspectives. The final sample consisted of: 22 PCPs, -including five nurses, seven physicians, -seven social workers, - three non-direct care professionals. Selected based on their experience	Importance of collaboration between PCPs and NFP in addressing the needs of families experiencing social and economic adversities, - the value of warm handoffs, - ongoing communication, and care coordination to provide comprehensive and integrated care, -shed light on the challenges and recommendations for improving collaboration between PCPs and NFP nurses to enhance the effectiveness of the NFP program in supporting vulnerable families.	Regular communication, - shared care planning, -clear referral processes, - collaborative documentation, - interprofessional education and training, -data sharing and evaluation

		and involvement in collaborating with NFP nurses.		
Adlington, K., Vasquez, C., Pearce, E., Wilson, C. A., Nowland, R., Taylor, B. L., Spring, S., & Johnson, S. (2023)	<p>This study investigates:</p> <ul style="list-style-type: none"> - the experiences of loneliness in women with perinatal depression, - identifying determinants contributing to it, and - providing recommendations for interventions and support strategies. <p>It aims to:</p> <ul style="list-style-type: none"> - fill the knowledge gap on the unique interaction between perinatal depression and loneliness, - enhancing healthcare professionals, policymakers, - improve understanding and support for these women. 	<p>Women who have experienced postnatal, antenatal, or perinatal depression.</p> <p>In primary healthcare or community settings, including antenatal groups, family health centers, and maternity wards.</p> <p>Mostly women from UK, USA, Canada, Australia, Sweden, Norway, and China,</p> <p>41% of the papers explore the experiences of women from marginalized groups, such as immigrant, ethnic minority, and teenage mothers.</p>	<p>Findings</p> <p>Highlight:</p> <p>Challenges faced by women with perinatal depression,</p> <p>It emphasizes:</p> <ul style="list-style-type: none"> - Need for validation from healthcare professionals, - peer support, - family support - addressing stigma, - providing culturally appropriate support, - implementing social and psychological interventions 	<p>Increase awareness about the connection between perinatal depression and loneliness,</p> <ul style="list-style-type: none"> - Implement routine screenings, - Develop social support programs, - Tailor interventions, - address stigma, - Involve women with lived experience of mental illness in the design and evaluation of services, - Promote self-care and self-management strategies - Foster collaboration among healthcare providers, community organizations, and support services involved in perinatal care.
Amutah, O. N., Abrams, J. A., Stewart, C. K., Black, A., Rhone, T. J.,	<p>These researchers aim to:</p> <ul style="list-style-type: none"> -advocate for and resurface the challenges Black women 	<p>The study focuses on:</p> <ul style="list-style-type: none"> -Black women, - existing institutions to draw their argument. 	<ul style="list-style-type: none"> - provided insights into ways to improve health inequality within communities of color.-educated the general public 	<p>Create mentorship programs to support Black women in their academic and professional</p>

<p>Kheyfets, A., Nicholson, V., Jeanty, J., & McCloskey, L. (2023).</p>	<p>encounter in the field of maternal health, -surface the disparities and inequalities in Black perinatal health outcomes - raise the need to support and develop Black maternal health scholars and activists.</p>		<p>regarding how structural racism, stress, and racism-related determinants contribute to disproportional pregnancy outcomes within communities of color. -indicated that racial and ethnic disparities exist in access to prenatal and postpartum care, with Black women experiencing disparities when seeking care. -more Black doctors and healthcare providers as another way to improve Black women's pregnancy outcomes and the need for cultural competency training in the healthcare setting. -provided the public with the benefits of mentoring and sponsoring disadvantaged students and professionals to pursue care in maternal health - address racial disparities, as</p>	<p>journey in maternal health where the program provides them with guidance, support, and opportunities for networking and collaboration. -fund programs that promote Black women in mental health research and advocacy and ensure they focus on providing resources, mentorship, and skills-building opportunities to Black women at various stages of their education and careers. -advance educational support by creating programs and initiatives that provide academic support and resources to Black women pursuing care in perinatal health, -such as research-based programming, faculty support, - creating a sense of belonging and ownership to the institution.</p>
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			<p>well as the power of advocacy and community-based perinatal organizations to respond to health disparities within communities of color.</p>	<p>-Establish space for Black women in maternal health to social network and support one another through events, online platforms, and professional organizations. -advocate for policy change that addresses health disparities in Black women's maternal health outcomes and promotes diversity and inclusion in the perinatal health workforce. -invest in training for research programs focused on Black maternal health. -collaborate with historically Black colleges and Universities and support policy agendas to increase perinatal organizations' focus on building future and present Black women to seek education and leadership positions to disrupt systemic issues contributing to</p>
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				perinatal health disparities.
Liddell, J. L. (2023).	<ul style="list-style-type: none"> -Explores the patient-provider relationships described by women who identify as members of a state-recognized tribe in the Gulf South region. - Addresses important gaps in the healthcare provider literature. -Seeks to understand the impact of healthcare provider relationships on health disparities and access to care for Native American women. -Seeks to identify the healthcare provider qualities that women described as contributing to positive patient-provider relationships. - Attempts to shift the focus from deficit-based research to a strengths-based approach. 	<ul style="list-style-type: none"> -31 Native American women of whom, were over 18, identified as state recognized tribal members, and residents of the Gulf South Region of the United States. - The participants' age range was 18-71, with an average age of 52. -The participants had varying levels of education, with the majority having a GED or high school degree. -Most women reported having some form of health insurance, with private insurance being the most common. 	<ul style="list-style-type: none"> -Having a regular provider, personal relationship with the provider, provider cares, addresses the client's concerns, respects traditional or holistic medicine, and needs more studies. - Finds that positive patient-provider relationships are crucial for Native American women's healthcare experiences. -Finds that building trust, showing empathy, and addressing patients' specific concerns are key elements in promoting positive relationships. - Finds that Respecting patients' cultural beliefs and preferences can contribute to more holistic and patient-centered care, - Found the need for culturally competent care and emphasizes the importance of 	<ul style="list-style-type: none"> -Suggests more culturally sensitive care, community engagement, and health system navigation. - - Encourages patient-centered communication which utilizes trauma-informed care, cultural humility, and training and education. -Suggests the assurance of continuity of care, fostering personal relationships, demonstrating respect and cultural sensitivity. -Suggests addressing patient concerns, improving communication, providing culturally competent care - Suggests the promotion of holistic and strengths-based approaches to care, -Promotes community-based research, and stresses that future research

	-Seeks to inform the development of culturally sensitive and patient-centered interventions for this population.		incorporating traditional healing practices into healthcare settings.	should involve community members in the research process.
Moore, K. R., Stotz, S. A., Terry, M. A., Seely, E. W., Gonzales, K., Marshall, G., ... & Stopping GDM Study Group Brega Angela Chalmers Laura Fischl Andrea Garrow Heather Howe Jean McNealy Kristie O'Banion Nancy Powell Jeff Sereika Susan Stein Howard Thorkelson Shelly Uribe-Rios Xochitl. (2023).	This study investigates: - Seek perspectives and recommendations from diverse stakeholders, - including AI/AN girls, -adult female caregivers, -tribal leaders, and healthcare professionals, - to ensure that the program is culturally relevant and addresses specific needs and challenges faced by AI/AN communities with an objective to reduce the risk of GDM among AI/AN adolescent girls and improve their overall reproductive health outcomes.	AI/AN girls (12-20 years of age) and at risk for GDM. -Being AI/AN, overweight with a BMI greater than 85th percentile for age, - fluent in English, and not having type 1 or type 2 diabetes. - AI/AN mothers or other adult female, -AI/AN women with a history of GDM. -Tribal and urban Indian health. - Health care professionals/experts in AI/AN adolescent health, -reproductive health, GDM, and mother-daughter communication.	limited awareness, knowledge, - resources about GDM among the AI/AN community, acknowledging traditional AI/AN values and diversity, -the necessity to cultivate healthy decision-making skills and empower girls, and lack of communication about reproductive health. - Underscore the need for a culturally responsive preconception counseling program that addresses these gaps and provides a supportive environment for AI/AN adolescent females at risk for GDM. - Incorporate traditional values, promote healthy	-Engaging diverse stakeholders, recognizing traditional values and culture, - addressing limited awareness and knowledge, empowering girls to make healthy choices, improving communication, considering historical aspects and healthcare inequalities, - embracing evidence-based interventions, and conducting formative research and pilot testing.

			decision-making skills, improve communication about reproductive health, and involve families, communities, and healthcare providers in education programs	
Smith, C., Fatima, H., McClain, E., Bryant, K., Verbiest, S., & Hassmiller Lich, K. (2023).	<p>This study aims to:</p> <ul style="list-style-type: none"> -address the challenges at the intersection of chronic conditions and reproductive health care for women and birthing people in the United States. -These researcher's goal: -was to seek an understanding of the systemic issues and barriers that affect the provision of high-quality RH care for individuals with CCs and create actionable strategies and recommendations for improving care and systems thinking 	<p>The convenience sampling method was applied to recruit participants from various groups of system actors. P. Participants came from different backgrounds:</p> <ul style="list-style-type: none"> - primary care providers, specialty care providers, -chronic disease directors, patient associates, payor organizations, -policy-focused individuals. -29 participants from various backgrounds. 	<p>Eight primary system actors were identified for enhancing reproductive health (RH) care for women and birthing individuals with chronic conditions.</p> <ul style="list-style-type: none"> -pain points at the systems thinking iceberg, including undesirable trends, flaws in system structure, and problematic mental models. -40 pain points, ranging from poor clinical coordination to stigma and discrimination in RH care. -46 action ideas, which were then integrated into action themes. -A call for collaboration and a system change 	<p>Nine Recommendations where:</p> <ol style="list-style-type: none"> (1) adjusting the metrics of quality of care, incentives, and reimbursement, which required collaboration between payors and policymakers (2) Bolstering RH provider education training to consider culturally sensitive aspects and required involvement of health care institutions, medical leadership, and medical providers to proactively implement these changes (3) Breaking down medical silos to improve

	<p>framework to gain an understanding of complex dynamic and systemic factors that influence RH care for individuals with CCs</p>		<p>to improve RH care for women and birthing people with CCs. - A holistic approach is needed to involve multiple system actors working together to address the identified pain points and operationalize proposed action ideas, coupled with a system-level change to improve care and outcomes for women and birthing people with CCs (Smith et al., 2023).</p>	<p>communication and collaboration which required health care institutions, medical leadership, medical providers, and research funders to work collaboratively (4) Enriching patient education and activate patient for accuracy, transparency, and trust across sectors, and this required a collaboration of leaders, healthcare providers, including funders (5) Expanding healthcare team also to recognize community health worker, doula, and patient navigators, and partnership with community groups which required involving them in collaboration with all other actors (6) improving holistic healthcare such as treating health</p>
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				<p>and prevention as a life course and treating impacted populations as part of the solution which required consideration of complex problems and solutions</p> <p>(7) modifying research and programmatic funding to prioritize RH and CCs by involving health care institutions, payors, policy makers, and research funders to collaborate</p> <p>(8) Spur innovation in patient visits and active listening to patients and leveraging collaboration with all actors</p> <p>(9) Supporting professionals' champions and leaders through empowerment and compensation to educate public and promote women of color in leadership positions.</p>
Carson, S. L., Cameron,	This study aims:	New hires within the Los Angeles	Findings Highlight:	Build authentic and supportive

<p>F., Lee, D., Zúñiga, D., Poole, K., Jones, A., Herman, C., Ramirez, M., Harlow, S., Johnson, J., Agonafer, E. P., Hong, C. S., & Brown, A. F. (2024).</p>	<p>-to build social service partnerships within a safety-net health system, -coordinate of care between clinicians and patients to address unmet social needs and reduce health disparities, support the Whole Person Care-Los Angeles (WPC-LA) program, -increase awareness of program offerings, such as initiating relationships between the health system and local community social service organizations to identify assets and gaps in health and social services, - build community capacity to promote health equity, - create pathways for diverse community voices in</p>	<p>County Department of Health Services (LAC DHS), -individuals with experience in nonprofits, social services, - grassroots community organizing and lived experience or shared adversity related to the six focus populations of the Whole Person Care-Los Angeles (WPC-LA) program.</p>	<p>Inequitable assets and gaps in health and social services . power-sharing and inclusion engagement process by obtaining community expertise, involving individuals with lived experience, -elevating the voice of those affected by health disparities, -prior community expertise, - relationship, - lived experience as strengths in promoting cross-sector partnership and community engagement, - challenges included limited capacity or intake processes for clinical referrals, - need for institutions' buy-in and longitudinal fracture - the sustainability of community-engaged care paths. - collaboration team's efforts in community engagement have been successful in</p>	<p>relationships with individuals and organizations in the community. -conduct outreach meetings with local community and organizations to increase knowledge of program offerings and discuss service gaps. --Utilize snowball sampling and referrals to reach a wider range of organizations and individuals within the community. -Collect and share information on available services through online referral platforms or tailored resource websites. -Conduct service assessments to identify service gaps and report them to health system leadership. -Strategize partnerships and problem-solving with health system leadership and contracts and grants division.</p>
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	<p>decision-making processes, -emphasize the importance of community expertise in informing policies, -programs, and resource distribution models to address health inequities, - improve the quality of care for vulnerable Medicaid populations.</p>		<p>terms of outcome, building relationships, - identifying service gaps, providing a comprehensive understanding of the needs of the focus populations, -facilitating targeted interventions, - emphasizing the power-sharing and inclusive engagement process, indicating a commitment to addressing health disparities and promoting equity, -challenges related to capacity, organizational support, - sustainability show a need for long-term planning and infrastructure to ensure the effectiveness and longevity of community engagement efforts in the safety net system.</p>	<p>-Engage in community action teams and workgroups to build capacity and improve equitable services. -Provide staff development and well-being workshops to support internal collaboration team activities. -Address challenges and ensure sustainability by seeking institutional buy-in and establishing longitudinal infrastructure for community engagement processes. -Value community expertise and lived experience by actively involving community members in shaping health system initiatives.</p>
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