



MAMA CERTIFIED: COLLECTIVE HOSPITAL BIRTHING EXPERIENCE STUDY REPORT

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BIRTHING EXPERIENCE STUDY SUMMARY

Background: Discriminatory care contributes to at least a third of pregnancy-related deaths in the U.S., and nearly 84% of these losses are deemed preventable. Black mamas in Cincinnati requested a system through which they could provide feedback to hospitals in order to improve maternal care experiences. In response to this request, the Mama Certified Birthing Experience Study was designed to understand the maternity care experiences of Black mamas in Cincinnati and find areas for improvement.

Study Methods: We conducted an electronic survey utilizing the Person-Centered Maternity Care - US (PCMC) Scale to assess the care experiences of **241 Black mamas** across the Cincinnati area. We also interviewed **24 Black mamas** and **10 healthcare providers** to gain more insight into care experiences and recommendations to improve care.

Findings: Across four hospital systems, Black mamas reported a **mean PCMC score of 81.7** out of 100. The majority of Black mamas (63.1%) received a higher PCMC score than the collective mean of 81.7%, and nearly 37% of participants had a PCMC score lower than the collective mean. Black mamas and providers reported three key areas for care improvement: **(1) structural and systemic changes in hospital policies and practices, (2) provider training and patient-centered care improvements, and (3) patient support and empowerment.**

Next Steps: Black mamas and hospital providers will work together as Queens Village Hospital Advisory Boards to assess collective and individual hospital data reports and co-create interventions to improve care experiences. Mama Certified will also begin data collection for Phase 2 of the Birthing Experience Study in the summer of 2025.





ABOUT MAMA CERTIFIED

Mama Certified is a collaborative response to a call from Black mamas in Cincinnati, Ohio for a platform that would provide them with the information they need to make informed decisions about where they seek maternal care.

OUR APPROACH:

We bring together community members, organizations, and hospitals to learn as a team. By learning together and aligning our efforts, we push for big changes that improve care for Black mamas and their babies. Our model ensures that both community voices and hospital leaders are part of the solution.

OUR WHY:

Black moms in Ohio are 2.5 times more likely to die from childbirth and 2.6 times more likely to experience infant loss than moms of other races — regardless of education or income.

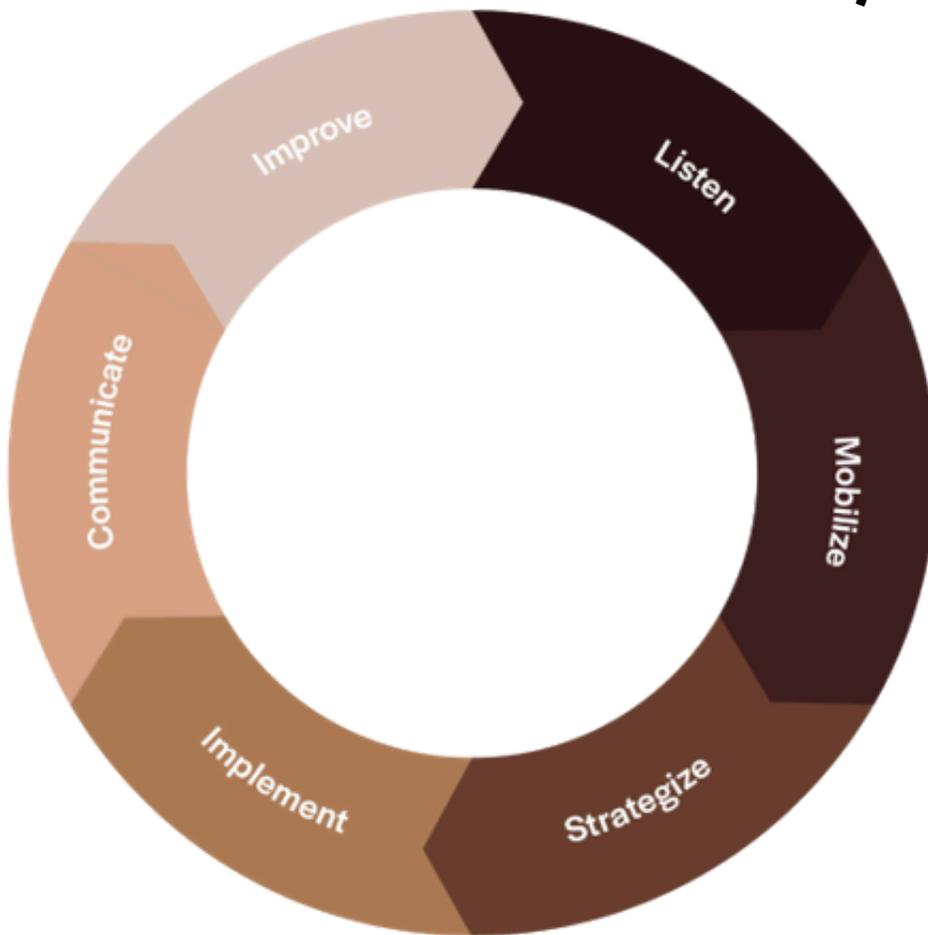
WHAT WE DO:

We work with hospitals to improve care for Black mamas and their babies by collecting data and assessing their efforts on advancing maternal and infant health equity. Through scoring, badges, and yearly certifications, we help hospitals stay accountable to their commitments. Then, we share this information so Black mamas can make informed choices about where to give birth.





THEORY OF CHANGE



Mama Certified believes that Black mamas are the experts. There is no progress without elevating their voices. The Mama Certified Birthing Experience Study is one way of **listening, mobilizing, and strategizing** around their experiences, in partnership with the Queens Village Hospital Advisory Boards.

Together, we **implement solutions, communicate, and continuously improve** birthing experiences, ensuring solutions are co-created, actionable, and truly responsive to the needs of Black birthing people.



ABOUT THE MAMA CERTIFIED BIRTHING EXPERIENCE STUDY

Black mamas in Cincinnati requested a formal system for providing information about their maternity care experiences in order to create system change and increase accountability among Cincinnati-area hospitals. In response, we developed the Mama Certified Birthing Experience Study to better understand the maternity care experiences of Black mamas in Cincinnati and identify key areas for improvement.

Nationwide, we are losing Black mamas to preventable pregnancy-related deaths; notably, discriminatory care contributes to a third (30.2%) of these deaths ^(1,2). Quality of care is a critical concern amid this maternal mortality crisis. Understanding care experiences and the factors that influence the quality of care from the perspective of healthcare providers and birthing patients is essential to improving care provision.

**Because every mama
deserves the best care.**



“They treated me with humanity, as it should be” – 35-year-old Black mama

BIRTHING EXPERIENCE STUDY PURPOSE & PROCESS

The purpose of the Mama Certified Birthing Experience Study is to:

1. Understand the maternity care experiences of Black mamas in Cincinnati
2. Distinguish experiences of care based on the hospital system
3. Identify areas for improvement in the provision of maternity care



DATA COLLECTION

ANALYSIS

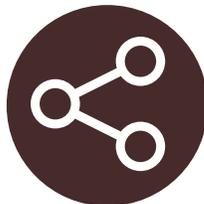
Collect Birthing
Experience
Study Surveys

Interview
Black Mamas
(Patients)

Interview
Healthcare
Providers

Conduct Statistical
Analysis

Coding &
Thematic
Analysis



DISSEMINATION

ACTIVATION

Publish
Collective
Hospital Report

Share
Individual
Hospital
reports with
Queens Village
Hospital Advisory
Boards (QVHAB)

Present
Findings &
Publications at
Conferences

QVHABs
review hospital
reports and identify
areas of opportunity

QVHABS
select priority areas
based on study
findings



PERSON-CENTERED MATERNITY CARE

There is a need to prioritize patient experience as a clinical outcome, given its positive association with patient safety and clinical effectiveness ^(4,5). Person-centered care is key to high-quality care provision and prioritizes patients' needs while focusing on respect, trust, dignity, support, autonomy, and communication ⁽³⁾.

Person-centered care is vital to patient experience and prioritizes the preferences and aspirations of the patient over the provider ⁽⁶⁾. The World Health Organization recognizes its importance as a significant component of high-quality care provision during childbirth that influences the communities' and birthing patients' perceptions of care, needs for care, expectations of care, and intent to seek care ^(3,7).

The Person-Centered Maternity Care Scale – U.S. (PCMC-US) was developed as an adaption of the Person-Centered Maternity Care (PCMC) Scale as one of the first available and validated scales that measures the childbirth experiences of the Black reproducing community ^(3,8). We utilized this scale to understand Black mamas' birthing care experiences with the intent to co-create interventions for quality improvement within Cincinnati area hospitals.

“I went to midwives for my third pregnancy. This was the first time I felt heard and respected while giving birth.” - 27-year-old Black mama

PERSON-CENTERED MATERNITY CARE SCALE IN THE U.S. (PCMC-US)

The PCMC-US is a validated and publicly available 35-item scale with scores ranging from 0-100. The higher the score, the more person-centered the care (3). The PCMC-US Scale provides an opportunity for four Cincinnati-area hospital systems to simultaneously collect data on Black women’s care experiences in a collective, consistent, and impactful manner as an accountability tool for systems change.

Questions on the PCMC-US can be categorized and scored within three subscales:

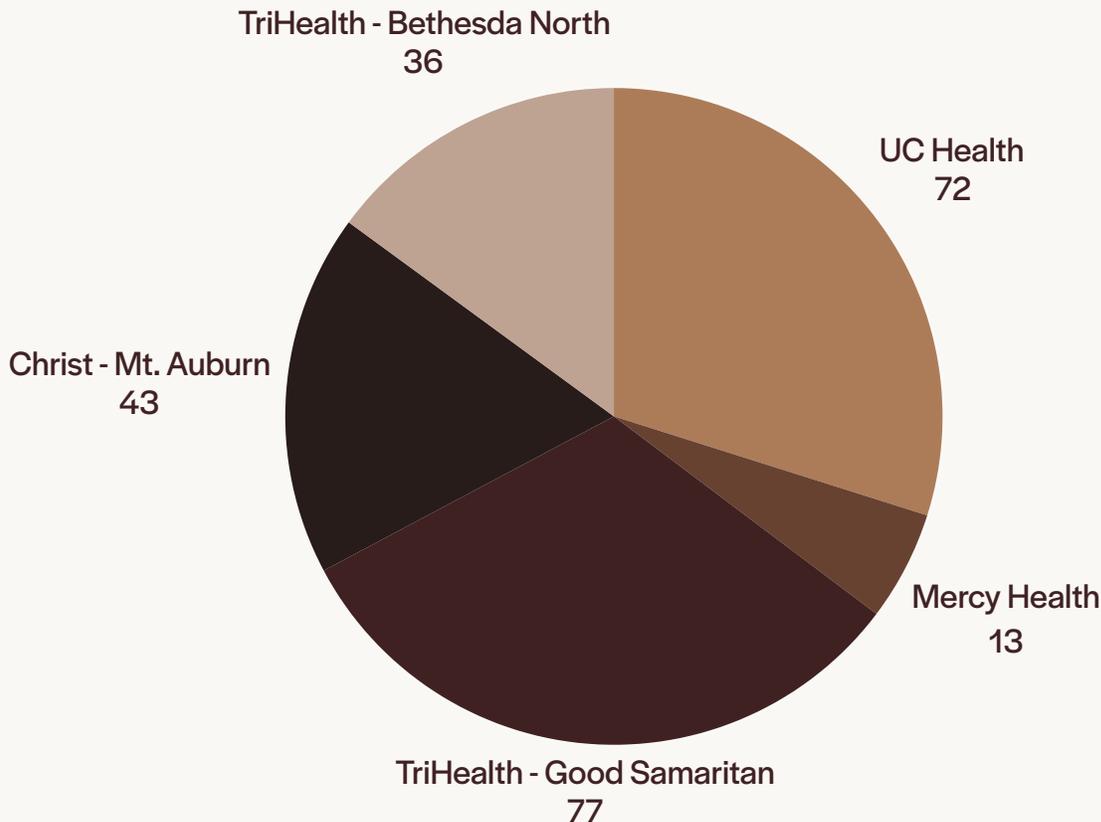
Subscale	Dignity & Respect	Communication & Autonomy	Responsive & Supportive Care
<p>Example of Scale Questions</p>	<p>Did you feel your providers shouted at you, scolded, insulted, threatened, or talked to you rudely?</p> <p>Did you feel like your providers handled you roughly, held you down, or physically restrained you?</p> <p>Did you feel your experience and knowledge were valued?</p>	<p>Did you feel informed about what was happening to you during your childbirth?</p> <p>Did you feel coerced or pressured into a decision by providers?</p> <p>Did you feel your birth plan or preferences were respected? (i.e., moving during labor, pain management, music, birthing position)</p>	<p>Did you feel your providers believed you when you said you were in pain?</p> <p>Were you allowed to have everyone you wanted (i.e., doula, elder, friends, or family) stay with you during your childbirth?</p> <p>Do you feel your providers did everything they could to help you manage your pain?</p>



BIRTHING EXPERIENCE SURVEY DATA FINDINGS

The Mama Certified Birthing Experience Study Research Team electronically collected close-ended and open-ended survey responses from 241 Black mamas from May through September of 2024. All participants identified as Black, were at least 18 years of age, and gave birth at a Mama Certified participating hospital between April 2023 and September 2024. All participants were screened for eligibility and consented to participate in the study.

Nearly 86% of our sample had a full-term birth, and the majority delivered their infants vaginally. Participant ages at the time of birth ranged from 17 to 44 years. Approximately 36% had a cesarean birth, and more participants reported an unplanned cesarean birth than a planned cesarean birth. Ultimately, most births were facilitated by an OB/GYN physician as the primary provider and less than 10% were supported by a certified nurse-midwife. More detail about this is available in Appendix A.



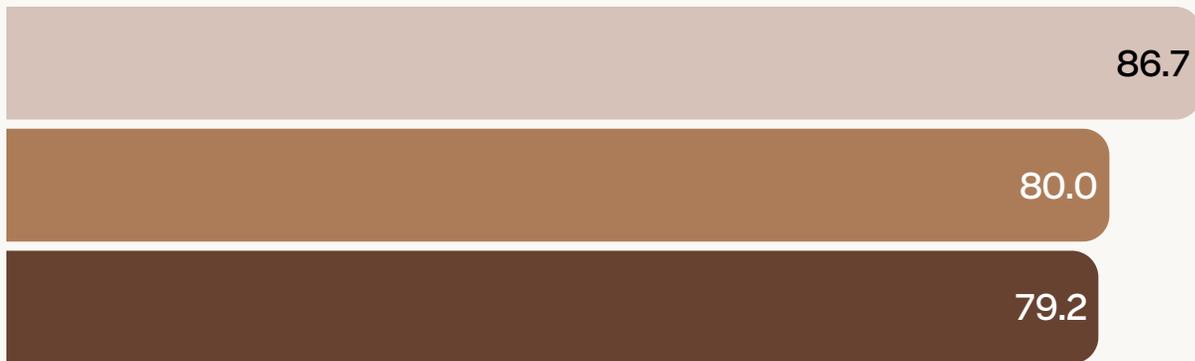
MAMA CERTIFIED BIRTHING EXPERIENCE SURVEY PARTICIPANTS

A total of 241 Black mamas participated in the Birthing Experience Survey to provide feedback on their care during childbirth across all Cincinnati-area hospital systems.

BIRTHING EXPERIENCE SURVEY DATA FINDINGS

Collective Mama Certified Hospital PCMC-US Subscale Mean Scores

- Dignity & Respect
- Communication & Autonomy
- Responsive & Supportive Care



Collectively, Mama Certified hospitals had a mean PCMC-US score of 81.7 out of 100. While many Black mamas received more person-centered maternity care, experiences varied significantly across hospitals. On average, the subscale Dignity & Respect was rated highest (mean score: 86.7), but some patients still reported instances of less dignified and disrespectful treatment (lowest score: 20.0).

The lowest-rated subscale, Responsive & Supportive Care (mean: 79.2, lowest score: 15.2), suggests that some patients felt unheard in expressing pain, received less support for their birth companions, or felt neglected during care. Black mamas also reported lower scores in the Communication & Autonomy subscale (mean: 80.0, lowest score: 19.1), highlighting gaps in information sharing and shared decision-making during care. These disparities highlight the need for greater consistency in care to ensure all Black mamas receive respectful, informed, and supportive maternity experiences.





BIRTHING EXPERIENCE INTERVIEW DATA FINDINGS

The Mama Certified Birthing Experience Study Research Team interviewed 24 Black mamas who gave birth at Mama Certified partner hospitals within the University of Cincinnati, TriHealth, Mercy Health, or Christ Hospital Health System and completed the Mama Certified Birth Experience Survey.

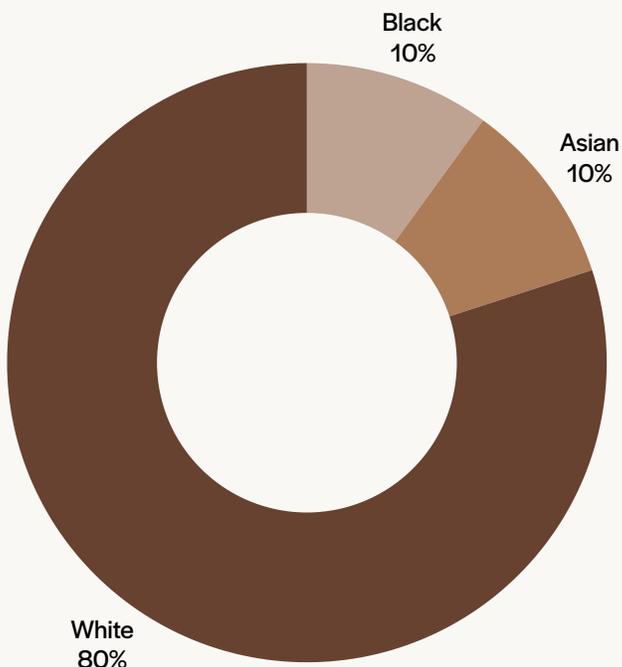
We also interviewed three nurses and seven physicians who supported childbirth in the last year at Mama Certified partner hospitals to gain their perspective on the Black patient experience and recommendations for improving care.

Interview questions were developed based on the most critical aspects of person-centered care impacting Black mamas. The Queens Village Research Advisory Board ranked the domains of each subscale based on their lived experience and expertise. Dr. Dorian Odems, an independent researcher, conducted all interviews in collaboration with three Queens Village Advisory Board members. All interviews were conducted between September and November 2024. Eligible participants received a \$50 e-gift card as a thank-you for their participation.

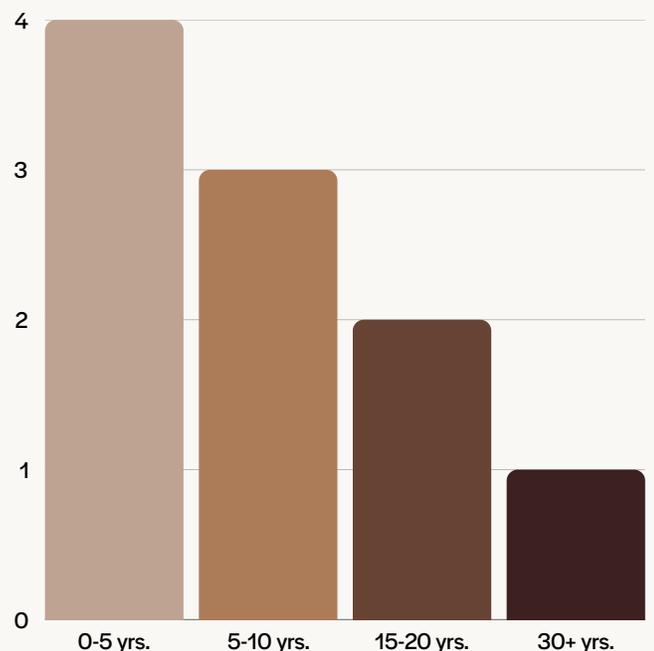
Mama Certified Healthcare Provider Interviewees



7 in 10 interviewees Provided Childbirth Support as Physicians.

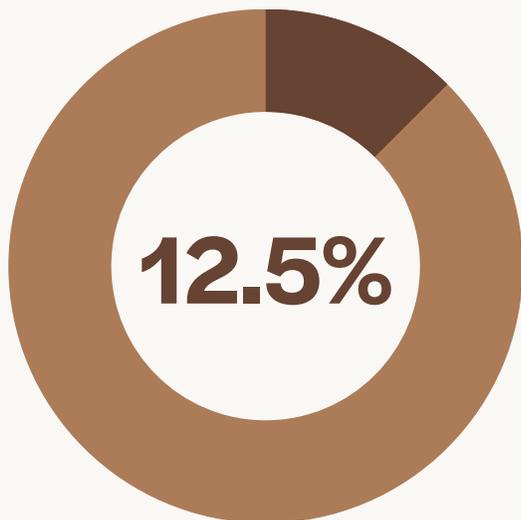


Healthcare Provider Racial Demographics



Years of Experience at Mama Certified Partner Hospital

Mama Certified Black Mama Interviewees



BIRTHING EXPERIENCE INTERVIEW

3 in 24 (12.5%) of Black mama interviewees had a primary provider of the same race or racial concordance

"I really appreciated and loved having a Black doctor; I also had several Black nurses, however, everyone was great"
– 30-year-old Black mama

Nearly half of Black mama interviewees reported a Higher PCMC-US Score (\geq Mean Score: 81.7)



KEY RECOMMENDATIONS FOR CARE IMPROVEMENT

Mama Certified is a data-driven collaborative project that prioritizes the voices of Black mamas. Healthcare providers were included in the interview portion of the Birthing Experience Studies to understand their perception of Black mamas' maternity care experiences and create a path for co-creating solutions. Black mamas and healthcare providers were asked what recommendations they would make to hospital systems to improve care for Black mamas. We coded interview data for any suggestions to improve care experiences, and grouped codes into themes or groups based on recommendations from Black mamas and providers. Black mamas and providers aligned in many areas; however, both groups had distinct areas of improvement. Key areas of improvement were grouped into three themes: **(1) structural and systemic changes in hospital policies and practices, (2) provider training and patient-centered care improvements, and (3) patient support and empowerment.**



= **BLACK MAMAS' RECOMMENDATION**



= **PROVIDERS' RECOMMENDATION**



KEY RECOMMENDATION - #1

Structural and Systemic Changes in Hospital Policies and Practices

Creating long-term, institutional-level changes that promote equity, accountability, and workforce diversity.

	<p>Hold Hospital Personnel Accountable</p>	<ul style="list-style-type: none"> • Implement concrete accountability measures for neglectful, harmful, or discriminatory care. • Strengthen accountability mechanisms for neglectful or discriminatory care. • Ensure that complaints and feedback from Black mamas lead to action.
	<p>Provide Equitable Care to All Birthing Patients</p>	<ul style="list-style-type: none"> • End discriminatory care and preferential treatment based on social status or race. • Ensure hospital policies are equitably applied to all patients. • Standardize equity-focused hospital policies to ensure all Black birthing people receive fair treatment.
	<p>Prioritize Racial Diversity in the Hospital Workforce</p>	<ul style="list-style-type: none"> • Increase the number of Black providers and staff supporting birthing care. • Recognize racial diversity as a key element of quality care.
	<p>Enhance Pathways for Standardization and Accountability</p>	<ul style="list-style-type: none"> • Reduce inconsistencies in care by implementing clear protocols. • Address provider hierarchies that create barriers to equitable care. • Ensure hospital leadership takes responsibility for equitable care outcomes.

KEY RECOMMENDATION - #2

Provider Training and Patient-Centered Care Improvements

Equipping hospital staff and providers with the necessary knowledge, training, and tools to improve Black birthing experiences.

	<p>Engage hospital staff and providers in Mama Certified Education and Initiatives</p>	<ul style="list-style-type: none"> • Provide cultural competency training and anti-racism education. • Ensure ongoing professional development to improve patient-provider interactions. • Implement mandatory anti-racism and implicit bias training for providers.
	<p>Communicate Thoroughly No Matter the Outcome</p>	<ul style="list-style-type: none"> • Ensure full transparency about medical procedures and risks. • Ensure Black mamas have full access to critical information.
	<p>Explain Care Processes, Procedures, and Interventions Thoroughly</p>	<ul style="list-style-type: none"> • Ensure patients are fully informed about: <ul style="list-style-type: none"> ○ birth interventions (e.g., Pitocin induction, C-section policies) ○ risks and benefits of procedures ○ all available pain management options
	<p>Improve Pain Assessment Processes and Expand Pain Management Options</p>	<ul style="list-style-type: none"> • Address the under-treatment of pain among Black mamas. • Expand pain management options beyond epidurals and improve provider response to pain complaints.
	<p>Provide Educational Space to Address Racism and Center Patient Feedback</p>	<ul style="list-style-type: none"> • Create safe spaces for healthcare teams to discuss racial discrimination and inequities. • Center Black mamas and birthing people's experiences in policy and care adjustments.

KEY RECOMMENDATION - #3

Patient Support and Empowerment

Strengthening patient advocacy, birth autonomy, and access to supportive care models.

	<p>Ensure Birth Autonomy</p>	<ul style="list-style-type: none"> • Enforce Black mamas' right to delay or refuse interventions. • Promote informed, respectful, and autonomous decision-making around labor induction and C-sections. • Recognize doulas and birth support persons as essential members of the care team. • Improve hospital feedback mechanisms so Black birthing people can report concerns without fear of dismissal.
	<p>Treat Support Persons (Doulas and Birth Companions) as a Necessity</p>	<ul style="list-style-type: none"> • Recognize doulas and birth companions as essential for Black birthing people. • Ensure hospital policies welcome and support doulas and other advocates.
	<p>Provide Respectful, Attentive, and Quality Care</p>	<ul style="list-style-type: none"> • Address issues where Black birthing people feel unheard or dismissed. • Ensure that symptoms, pain levels, and concerns are taken seriously.

“I've never felt so much physical and emotional pain in my life! What was supposed to be a joyful experience turned out to be a nightmare! I feel dehumanized, disrespected, discriminated against and I am physically and emotionally scarred.” -- 37-year-old Black mama

MAMA CERTIFIED BIRTHING EXPERIENCE NEXT STEPS

**The Mama Certified Birthing Experience Study
is a Cyclical Improvement Process**



- Black mamas and hospital providers will work together as Queens Village Hospital Advisory Boards to assess collective and individual hospital data reports and co-create interventions to improve care experiences.
- The Mama Certified Birthing Experience Study Research Team will resume data collection for Phase 2 of the Birthing Experience Study in the Summer of 2025



APPENDIX A

SURVEY DATA TABLE

Table #1A - Collective Mama Certified Hospital Birthing Experiences (n = 241)

Care Characteristics	Frequency	Percentage (%)
Person-Centered Maternity Care (PCMC-US) Scores (Mean PCMC-US Score = 81.7)		
Higher PCMC-US	152	63.1%
Lower PCMC-US	89	36.9%
Birth Type		
Vaginal Birth	155	64.3%
Planned Cesarean Birth	35	14.5%
Unplanned Cesarean Birth	51	21.2%
First Birth		
Yes	95	39.4%
No	146	60.6%
Racial Concordance - Black Provider		
Yes	57	23.7%
No	187	76.3%
Doula Support		
Yes	39	16.2%
No	202	83.8%



THANK YOU TO THE MAMA CERTIFIED RESEARCH TEAM

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REFERENCES

1. Centers for Disease Control and Prevention. Circumstances Contributing to Pregnancy-Related Deaths: Data From Maternal Mortality Review Committees in 38 U.S. States, 2020. *Maternal Mortality Prevention*. May 30, 2024. Accessed October 18, 2024. <https://www.cdc.gov/maternal-mortality/php/report/index.html>
2. Centers for Disease Control and Prevention. Pregnancy-Related Deaths: Data From Maternal Mortality Review Committees in 38 U.S. States, 2020. *Maternal Mortality Prevention*. May 28, 2024. Accessed June 13, 2024. <https://www.cdc.gov/maternal-mortality/php/data-research/index.html>
3. Afulani PA, Altman MR, Castillo E, et al. Adaptation of the Person-Centered Maternity Care Scale in the United States: Prioritizing the Experiences of Black Women and Birthing People. *Women's Health Issues*. 2022;32(4):352-361. doi:10.1016/j.whi.2022.01.006
4. Cathal D, Laura L, Derek B. A systematic review of evidence on the links between patient experience and clinical safety and effectiveness. *BMJ Open*. 2013;3(1):e001570. doi:10.1136/bmjopen-2012-001570
5. Lyndon A, Malana J, Hedli LC, Sherman J, Lee HC. Thematic Analysis of Women's Perspectives on the Meaning of Safety During Hospital-Based Birth. *Journal of Obstetric, Gynecologic & Neonatal Nursing*. 2018;47(3):324-332. doi:10.1016/j.jogn.2018.02.008
6. WHO Recommendations: Intrapartum Care for a Positive Childbirth Experience. World Health Organization; 2018. Accessed December 27, 2023. <http://www.ncbi.nlm.nih.gov/books/NBK513809/>
7. Sudhinaraset M, Afulani P, Diamond-Smith N, Bhattacharyya S, Donnay F, Montagu D. Advancing a conceptual model to improve maternal health quality: The Person-Centered Care Framework for Reproductive Health Equity. *Gates Open Res*. 2017;1:1. doi:10.12688/gatesopenres.12756.1
8. Altman MR, Afulani PA, Melbourne D, Kuppermann M. Factors associated with person-centered care during pregnancy and birth for Black women and birthing people in California. *Birth*. 2023;50(2):329-338. doi:10.1111/birt.12675