



Mama Certified

Collective Hospital Report Birthing Experience Study, PHASE II

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Phase II: Collective Hospital Report

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Birthing Experience Study Summary

Background

In Ohio, Black Mamas are disproportionately more likely to die from pregnancy-related causes. Across the state, 88% of deaths that occur during and following pregnancy are preventable. Black Mamas in Cincinnati requested a system through which they could provide feedback to hospitals in order to improve their maternal care experiences and outcomes. 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-US) Scale to assess the care experiences of **251 Black mamas** across the Cincinnati area. We also interviewed **17 Black mamas** and **15 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-US score of 82.0** out of 100. Nearly 77% of Black Mamas had a PCMC-US score categorized as reflecting Optimal or Good person-centered care. We continued to receive recommendations to improve pregnancy-related care that were identified in Phase I. Several new recommendations were generated in Phase II, including: **Prioritize Relationship-Centered Continuity of Care; Improve Pain Assessment, Validation, and Management; Respect Patients' Rights and Decisions; Strengthen Lactation Education and Breastfeeding Support.**

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 3 of the Birthing Experience Study in the fall of 2026.

About Mama Certified

Mama Certified is an equity-centered hospital certification program designed to improve birth outcomes and experiences for Black Mamas and babies by increasing transparency, accountability, and community partnership in hospital care.

Mama Certified was created in response to persistent disparities in maternal and infant outcomes for Black families, regardless of socio-economic status or health behaviors. These disparities are driven by structural racism, chronic stress and discrimination, and biases within healthcare systems—not by individual choices or behaviors.

Through Queens Village, Black Mamas called for greater transparency and accountability around the actions hospitals are taking to reduce racial inequities in birth outcomes. Through the Queens Village Community Advisory Board, Cradle Cincinnati partnered with The Health Collaborative to design and implement an equity-centered certification program to address these needs. The Queens Village Advisory Board has guided every step of this work, from how the program was designed to how hospitals are held accountable, ensuring that Black mamas are centered in every aspect of how **Mama Certified** operates and evolves.



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 Mamas.



Every mama deserves to be safe, informed, respected, and empowered throughout pregnancy, birth, and postpartum care.

About the Mama Certified Birthing Experience Study

The Mama Certified Birthing Experience Study, developed alongside the Queens Village Advisory Board, is an IRB-approved research initiative to collect direct feedback and insights about care experiences from Black Mamas and care providers. Hospital-specific data is shared with the Queens Village Hospital Advisory Boards (QVHABs) to drive change in hospital practices. The quantitative portion of the study uses the Person-Centered Maternity Care - US (PCMC-US) scale, a validated tool that measures the quality of maternity care from birthing patient's perspective across three domains: communication and autonomy, dignity and respect, and responsiveness and supportive care.

Black Mamas and care providers also have the opportunity to participate in interviews and share detailed accounts of care provision. All participants of the Mama Certified Birthing Experience study earn an incentive for their time and expertise.



Findings are used to inform hospital improvement priorities, guide QVHAB work, and track whether hospitals are improving the birth experience for Black Mamas over time. Results are summarized at the facility level and shared with hospitals and QVHABs to inform co-created initiatives to improve care experiences.

“ My maternity and postpartum care were excellent. I felt supported both physically and emotionally, especially during those first challenging weeks.”

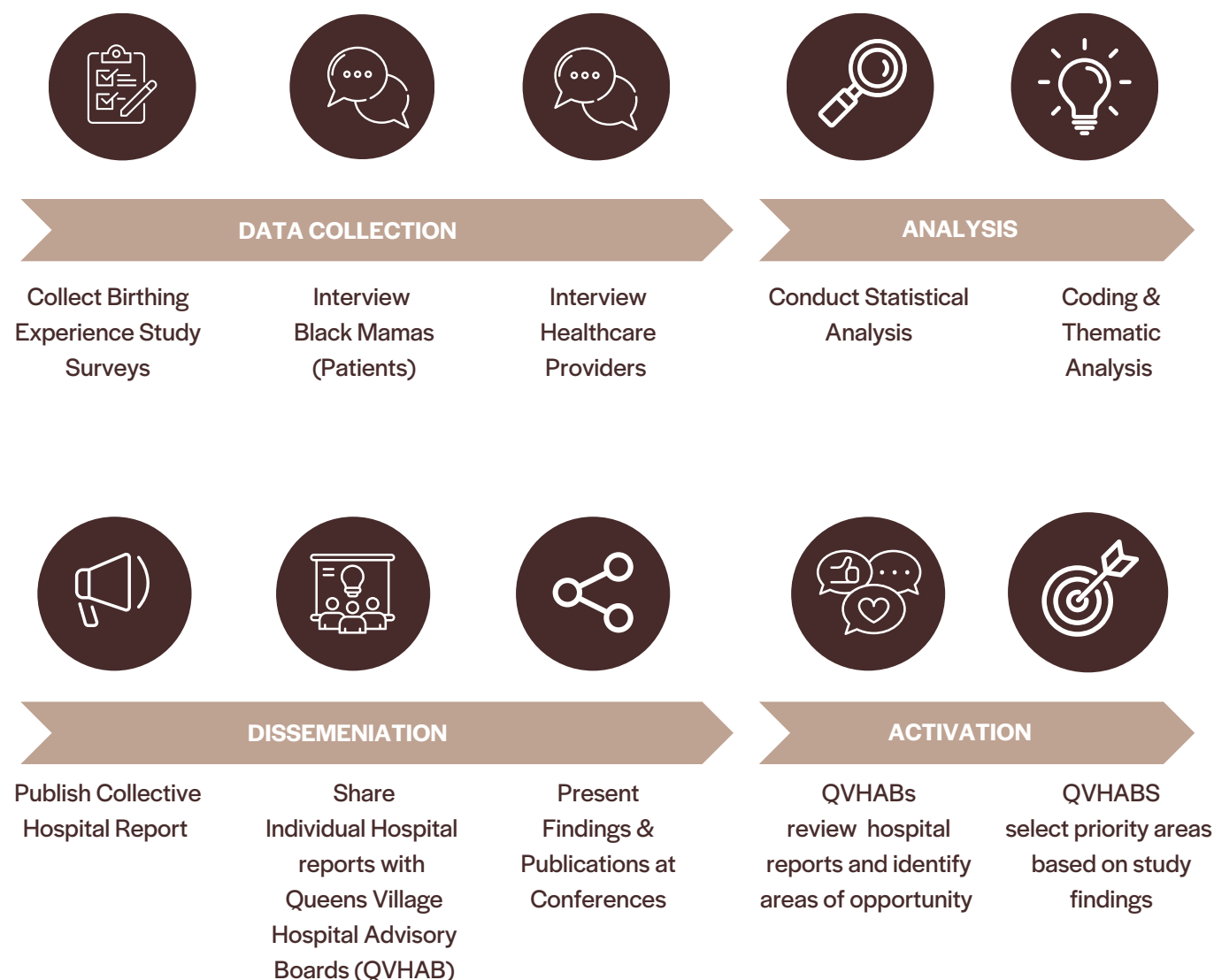
- 28-year-old Black Mama

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



Person-Centered Maternity Care



Prioritizing patient experience as a clinical outcome is necessary, given its positive association with patient safety and clinical effectiveness. Person-centered care is key to high-quality care provision and prioritizes patients' needs while focusing on respect, trust, dignity, support, autonomy, and communication.

Person-centered care is vital to the patient experience and prioritizes the patient's preferences and aspirations over the provider's. The World Health Organization recognizes it as a key component of high-quality childbirth care that influences communities' and birthing patients' perceptions of care, care needs, expectations, and intent to seek care.

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. 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.

“ My nurses made me feel the most comfortable during labor and birth. They listened to me and were extremely caring. They were welcoming and supported me the entire way through.”

- 31-year-old Black Mama

Person-centered Maternity Care Scale in the U.S. (PCMC-US) Scale

The PCMC-US is a validated and publicly available 35-item scale with scores ranging from 0-100. Higher scores indicate more person-centered care. The PCMC-US Scale gives four Cincinnati-area hospital systems an opportunity to collect data on Black women’s care experiences collectively, consistently, and impactfully as an accountability tool for systems change.

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

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

PCMC-US Scores by Level of Care

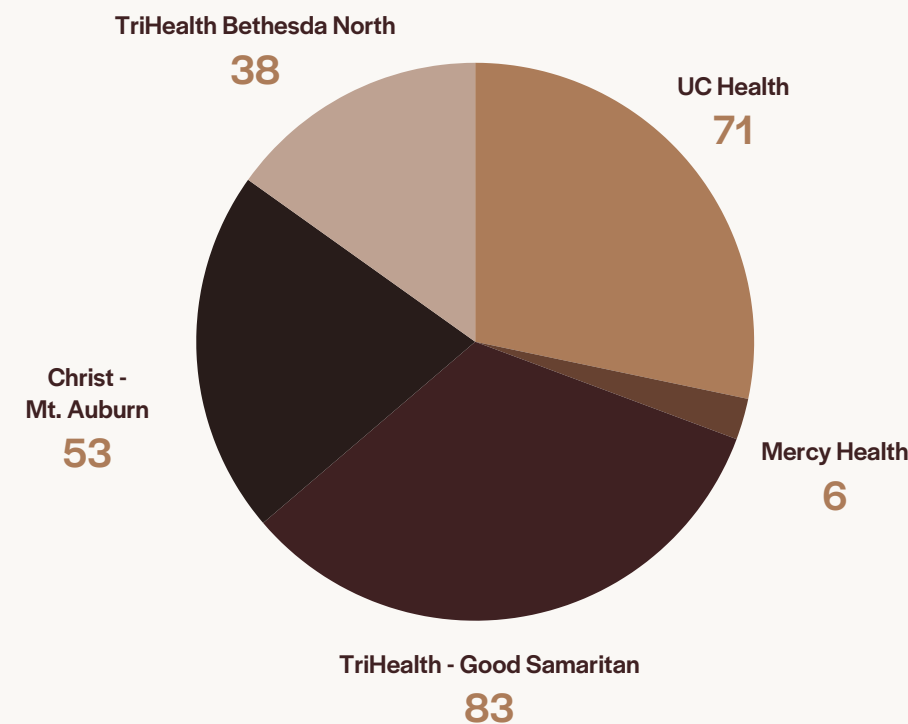
Optimal 90-100	Good 75-89	Fair 50-74	Poor 0-49
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Mama Birthing Experience Survey

Data Findings: Phase II

The Mama Certified Birthing Experience Study Research Team collected both closed- and open-ended survey responses electronically from 251 Black mamas who gave birth between September 2024 and December 2025. To be eligible for participation, all Mamas identified as Black, were at least 18 years of age, and had given birth at a participating Mama Certified hospital. All participants completed an eligibility screening and provided informed consent prior to survey completion.

Most participants (82.5%) reported a full-term birth, and vaginal delivery was the most common mode of birth. Black Mamas ranged in age from 17 to 55 years at the time of delivery; however, all participants were at least 18 years of age at the time of study enrollment. Over a third of Black Mamas reported a cesarean birth, with nearly 22% of those cesarean births reported as unplanned. The majority of births were attended by an OB/GYN physician, while a proportion received care from a Certified Nurse-Midwife. Additional maternal, birth, and care characteristics are presented in Appendix A.

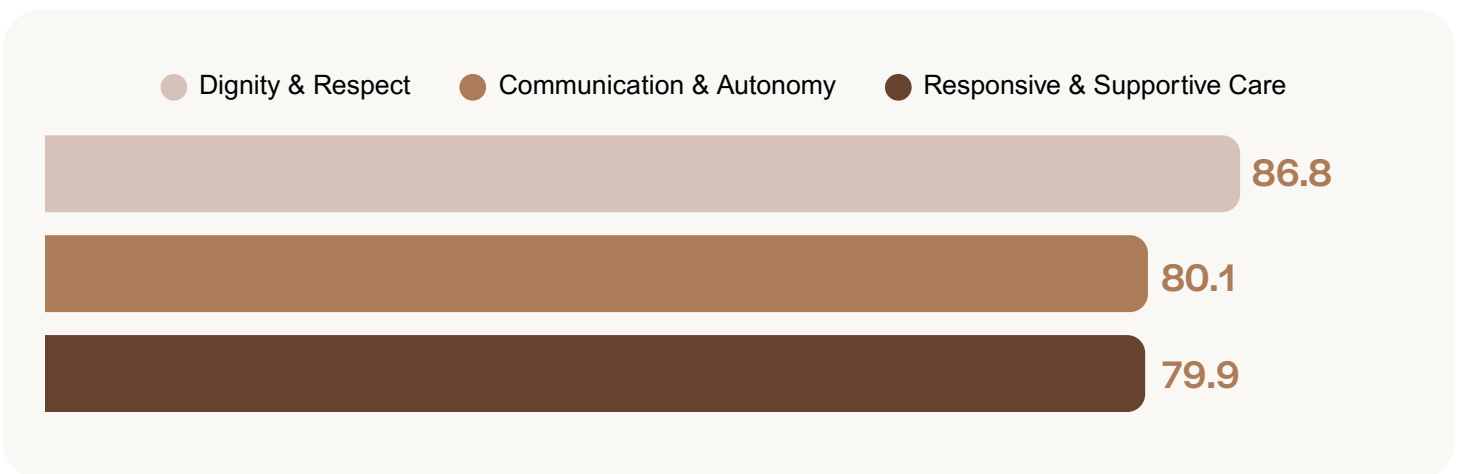


Mama Certified Birthing Experience Survey Participants

A total of 251 Black Mamas participated in Phase II of the Birthing Experience Survey, compared to 241 participants in Phase I, to provide feedback on their care during childbirth across all Cincinnati-area hospital systems.

Phase II Survey Data Findings

Collective PCMC-US Subscale Mean Scores



Collectively, the average PCMC-US score during Phase II was 82.0 out of 100 across all participating Mama Certified hospitals. However, person-centered care experiences varied considerably across hospitals, suggesting that Mamas did not consistently experience optimal person-centered care.

Within the three PCMC-US domains, we calculated the highest average score within the Dignity and Respect subscale (mean = 86.8), reflecting that many Mamas felt they were treated with respect throughout their maternity care. Despite an overall higher subscale score, some participants reported more negative care experiences with a minimum score of 20.0, indicating that experiences of disrespectful or undignified treatment persisted for some Black Mamas.

We calculated the lowest average score within the Responsive and Supportive Care domain (mean = 79.9; minimum = 18.2). This suggests that some participants felt their concerns were not adequately addressed, received insufficient support during labor and birth, or experienced delays in receiving needed assistance. Similarly, scores for Communication and Autonomy (mean = 80.1; minimum = 14.3) indicate ongoing challenges with information sharing, informed consent, and meaningful involvement in care decision-making.

The collective mean PCMC-US Score remained relatively consistent between Phase I (81.7) and Phase II (82.0). Similarly, the highest average score was within the Dignity & Respect domain, and the lowest average score was within Responsive & Supportive Care. Phase I established a baseline for understanding Black Mamas' experiences across participating hospitals; Phase II builds on that baseline by examining whether patterns persist and where continued attention is needed.

Phase II Interview Data Findings

In Phase II of the Mama Certified Birthing Experience Study, the research team conducted in-depth interviews with 17 Black Mamas who gave birth at a Mama Certified participating hospital and previously completed the Mama Certified Birthing Experience Survey. To ensure that interview questions reflected community priorities, the Queens Village Research Advisory Board reviewed and ranked aspects of person-centered care most important to them based on their lived experiences and expertise. These interviews provided an opportunity to explore participants' maternity care experiences in greater depth and to better understand the factors shaping person-centered care during pregnancy, childbirth, and the postpartum period.

To complement the patient perspectives, we also interviewed 15 providers (e.g., physicians, nurses, midwives) who supported childbirth at Mama Certified partner hospitals in the last year.

We conducted provider interviews to understand their perceptions of Black patients' experiences and identify opportunities to improve the quality of maternity care.

Additionally, we asked Mamas and providers how they felt to hear that every birthing hospital system in the Cincinnati area is committed to improving care experiences for Black Mamas (i.e., Participation in Mama Certified). Illustrative quotes to this question are presented in Table 1A.

Dr. Dorian Odems and Ms. Brandi Colvin, a Queens Village Community Researcher, conducted all interviews between December 2025 and February 2026. Eligible participants who completed an interview earned a \$50 e-gift card as a thank-you for their participation.

"I feel like I was just there and doctors and nurses didn't treat me like I was giving birth. They talked at me and not to me."

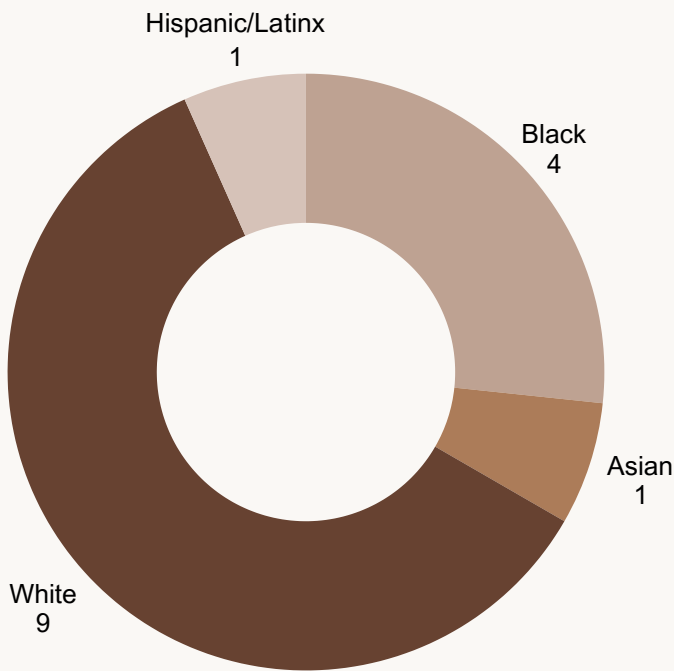
- 32-year-old Black Mama



Phase II Birthing Experience Study

Interviewees

Mama Certified Healthcare Provider Interviewees



Healthcare Provider Racial Demographics

Having a black doctor made me feel safe. My OB delivered both of my children via C-section so we already had a level of trust and rapport established. Any request or question I had was prioritized and she kept me aware of plans each step of the way

- 33-year-old Black Mama

The majority of Black Mama Interviewees received scores categorized as Optimal/Good (n=12)



Key Recommendations For Care Improvement

In Phase I & II of the Birthing Experience Study we asked Black mamas and healthcare providers what recommendations they would make to hospital systems to improve care experiences and outcomes for Black mamas. We grouped codes taken from interview transcripts into themes or groups based on suggestions from Black mamas and providers. Within both phases of the study, Black mamas and providers aligned in many areas; however, both groups had distinct areas of improvement.

Key areas of improvement are 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**. Recommendations from Phase I & Phase II are presented in Table 2 and four new recommendations from Phase II of data collection are indicated with an asterisk.



= 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.

	Hold Hospital Personnel Accountable	• 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.
	Provide Equitable Care to All Birthing Patients	• 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.
	Prioritize Racial Diversity in the Hospital Workforce	• Increase the number of Black providers and staff supporting birthing care. • Recognize racial diversity as a key element of quality care.
	Enhance Pathways for Standardization and Accountability	• 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.
	Prioritize Relationship-Centered Continuity of Care*	• Improve trust, communication, and emotional safety by reducing the number of providers rotating through pregnancy and birthing care models • Assign patients to a primary provider or care team with consistent support

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.

	Engage hospital staff and providers in Mama Certified Education and Initiatives	• Provide cultural competency training and anti-racism education. • Ensure ongoing professional development to improve patient-provider interactions. • Implement mandatory anti-racism, de-escalation, and implicit bias training for providers.
	Communicate Thoroughly No Matter the Outcome	• Ensure full transparency about medical procedures and risks. • Ensure Black mamas have full access to critical information.
	Explain Care Processes, Procedures, and Interventions Thoroughly	• Ensure patients are fully informed about: ◦ birth interventions (e.g., Pitocin induction, C-section policies) ◦ risks and benefits of procedures ◦ all available pain management options
	Improve Pain Assessment, Validation*, and Management	• Believe Black birthing patients when they report pain • Require timely assessment when patients report pain or ineffective anesthesia • Train staff on racial inequities in pain assessment and treatment • Implement routine assessment throughout labor, birth, and postpartum recovery; respond to verbal and nonverbal signs of distress
	Provide Educational Space to Address Racism and Center Patient Feedback	• 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.

	Ensure Birth Autonomy	• 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.
	Treat Support Persons (Doulas and Birth Companions) as a Necessity	• Recognize doulas and birth companions as essential for Black birthing people. • Ensure hospital policies welcome and support doulas and other advocates.
	Provide Respectful, Attentive, and Quality Care	• Address issues where Black birthing people feel unheard or dismissed. • Ensure that symptoms, pain levels, and concerns are taken seriously.
	Respect Patients' Rights and Decisions*	• Ensure Black birthing patients have the right to: ◦ Refuse the presence of medical residents ◦ Resist medical intervention ◦ Request more pain medication
	Strengthen Lactation Education and Breastfeeding Support*	• Provide consistent breastfeeding education during prenatal care, hospitalization, and postpartum. • Prioritize breastfeeding confidence and self-efficacy through ongoing support rather than just achieving an initial latch • Avoid rushed interactions that leave patients feeling unprepared • Reduce unnecessary formula supplementation

Additional Interview Data Findings

To better understand how Black mamas and maternity care providers perceive the commitment of Cincinnati-area hospital systems to improving care experiences for Black mamas, both groups were asked the same question during their interviews:

“How does it make you feel to hear that every birthing hospital system in the Cincinnati area is committed to improving care experiences for Black mamas? Are there any thoughts, words, or feelings that come up for you?”

The following illustrative quotes capture participants’ reflections on hospital system commitment and participation in Mama Certified.

Black Mamas’ Perspectives:

“That makes me happy, because I feel like I know that we don't get the same, the exact same care, everywhere, and also I feel like the care is also different at different institutions.” - TriHealth Bethesda North Patient

“I feel appreciative for it because I know a lot of the times, being a Black mom increases the risk of a lot of things that go on in a hospital with the complications and infant mortality and everything like that. So it's nice to see that they're taking the initiative.” - UC Health Patient

“I love that. I feel like you need that. And it's sad that... That's even, like, a situation that's going on. Like, every parent, every mom, every person in the hospital period should just have a certain amount of respect given to them, but finally, thank you.” - Christ Hospital Patient

Provider Perspectives:

“I think that's wonderful, because as a labor nurse, I really want everyone to have a positive birth experience, because ultimately, it's about them, and they're going to remember that forever, and I want them to have a good experience.” - UC Health Provider

“I feel good because it sounds like people and the powers that be are finally paying attention to our concerns. And they're actively doing things to try to mitigate the risk for Black moms. It's not a secret that we face much more risk giving birth than our white counterparts and even other races. So, I feel good about what hospitals are trying to do to make sure that we get culturally-competent, equitable care.” - Mercy Health Provider

“I would say it's definitely very important, because me being African American and also being a mother, myself, I know how important it is to be able to feel like you are being seen.” - TriHealth Bethesda North Provider

“It's about time, you know, that folks have a sense of welcome, but also, have a well-earned trust or whatever, that they consistently deliver the best care they can, at least for that particular patient at that particular moment, recognizing that each person has their own story, has their own risk factors, and not everybody gets the same... has the same outcome, but our goal is to have healthy moms and healthy babies.” - Christ Hospital Provider

Mama Certified Birthing Experience Next Steps

The Mama Certified Birthing Experience Study
is a Cyclical Improvement Process



- Black mamas and hospital providers 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 3 of the Birthing Experience Study in the Fall of 2026

APPENDIX A



SURVEY DATA TABLE

Collective Mama Certified Hospital Birthing Experiences (n = 251)		
Care Characteristics	Frequency	Percentage (%)
Person-Centered Maternity Care (PCMC-US) Scores (Mean PCMC-US Score = 82.0)		
Optimal or Good PCMC (75-100)	193	76.9%
Fair or Poor PCMC (0-74)	58	23.1%
Birth Type		
Vaginal Birth	163	64.9%
Planned Cesarean Birth	33	13.1%
Unplanned Cesarean Birth	55	21.9%
First Birth		
Yes	88	35.1%
No	163	64.9%
Racial Concordance - Black Provider		
Yes	49	19.5%
No	202	80.5%
Doula Support		
Yes	38	15.1%
No	213	84.9%



THANK YOU TO THE MAMA CERTIFIED RESEARCH TEAM

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