

Exploring Factors Influencing Trust Among Black Women During their Birthing Experiences in Michigan

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Background

In Michigan, Black women account for approximately 43% of maternal deaths, and nationally, their maternal mortality rate is 2.6 times higher than that of White women.^{1,2} These disparities are influenced, in part, by inequities in the quality and experience of obstetric care, including communication, respectful treatment, and patient-provider interactions.³⁻⁵ Understanding patient perspectives is essential to fostering trust and communication and advancing patient-centered, equitable maternity care.^{3,4,6}

AIM

To characterize the maternal care experiences of Black women in Michigan and identify themes influencing trust in obstetric care.

Methods

- **Study Design:** Qualitative study using semi-structured interviews.
- **Setting:** Michigan hospitals selected based on maternal mortality and severe maternal morbidity trends.
- **Participants:** Black women aged ≥18 years who delivered at participating hospitals between 2021–2023 [N = 54].
- **Data Collection:** Interviews explored pregnancy, labor and delivery, and postpartum experiences. Interviews were audio-recorded and transcribed verbatim.
- **Data Analysis:** Theoretical thematic analysis identified recurrent themes and patient-informed strategies to improve obstetric care.
- **Ethical Approval:** Approved by the Michigan State University Institutional Review Board [STUDY00009495]. Written informed consent was obtained from all participants prior to data collection.

Conclusion

Communication, responsiveness, respect for patient autonomy, and postpartum support emerged as interconnected themes influencing trust in obstetric care. Together, these findings suggest that trust is shaped by individual patient-provider interactions, respect for patient autonomy, and the broader hospital systems in which care is delivered. Recognizing these interconnected factors may inform patient-centered quality improvement efforts to advance equitable maternity care.

Search Results

Table 1. Four major identified themes isolated from participant interviews.

Patient-Centered and Responsive Care	Communication
Compassionate, individualized care increased trust and reduced anxiety. Participants valued providers who listened, responded promptly, and demonstrated empathy. • "My nurse was like at some point, can you all just step out Like, it's okay, we got it. And so I was more comfortable with even pushing and doing the breathing exercises with just she and I and my partner." ID 90 • "I was trying to tell them stuff, but they really weren't like listening to me, I think... So I'm not as confident because I was trying to tell them during labor and stuff, but they really weren't listening to me. Their main focus was on the baby." ID 95	Clear communication and shared decision-making strengthened trust. Delayed communication, inadequate explanations, and dismissal of concerns diminished confidence in care. • "If confidence goes to a ten, I was like at a ten. Even being in labor, I felt confident to tell them anything that I had going on." [ID 37] • "I was upset that they didn't ever tell me anything." [ID 54]
Respect for Patient Autonomy	Consistent and Compassionate Care
Participants emphasized the importance of care that respected their preferences and encouraged active participation in clinical decision-making. • "I felt respected and valued. Uh, to add on, the hospital provides culturally appropriate information and services, therefore creating a warm, welcoming birthing environment." ID 47 • "I got into a lot of arguments with the doctors on what I wanted to do, compared to what they felt was best for me...they're just trying to make sure everything goes correctly. But at the same time, I didn't feel like they were listening to me and what I wanted." ID 87	Participants identified a need for enhanced follow-up, continued engagement, and greater emotional and physical support during the postpartum period. • "It was the only option, but they were very informative. They were very patient. And they all walked me through everything that was going to happen, down to preparing for the surgery, um, up until during what was going to happen during and after, um, their surgery and the recovery process. So they were very thorough and patient." ID 93

Figure 1. Thematic framework for data analysis regarding birthing experiences for Black women in Michigan.

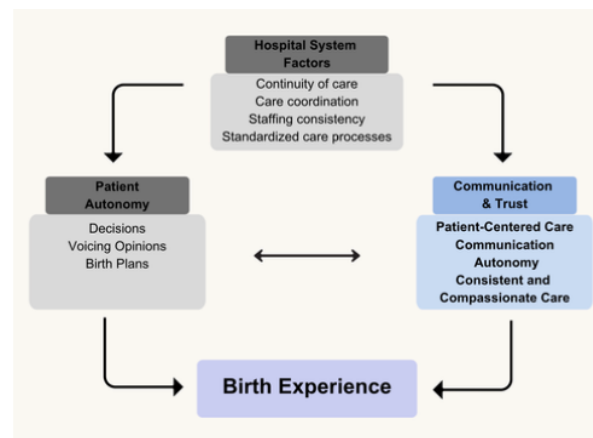
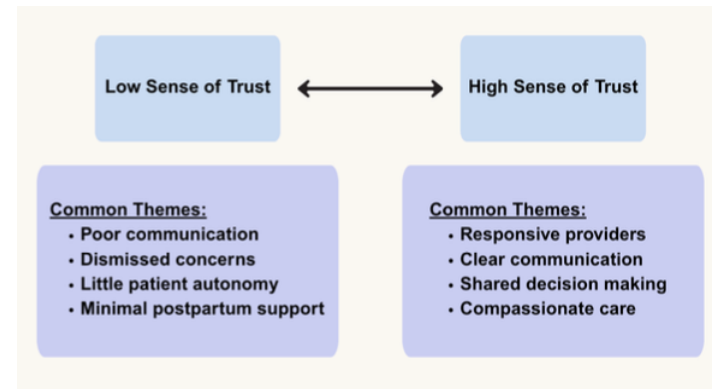


Figure 2. Common themes affecting overall trust among Black women in Michigan for data analysis.



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References

1. Michigan Department of Health and Human Services. *Michigan Maternal Mortality Surveillance Program Report*. Lansing.
2. Hoyert DL. Maternal Mortality Rates in the United States, 2021. National Center for Health Statistics. 2023.
3. Centers for Disease Control and Prevention. Vital Signs: Maternity Care Experiences — United States, April 2023. *MMWR Morb Mortal Wkly Rep*. 2023;72:971-978.
4. Vedam S, Stoll K, Taiwo TK, et al. The Giving Voice to Mothers Study: Inequity and Mistreatment During Pregnancy and Childbirth in the United States. *Reproductive Health*. 2019;16(Suppl 1):77.
5. Howell EA. Reducing Disparities in Severe Maternal Morbidity and Mortality. *Clin Obstet Gynecol*. 2018;61(2):387-399.
6. American College of Obstetricians and Gynecologists. Addressing Social and Structural Determinants of Health in the Delivery of Reproductive Health Care: ACOG Committee Statement No. 11. *Obstet Gynecol*. 2024;144:e113-e120.