

Autonomy in Childbirth: Birthing Experiences for Black Women in Michigan

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INTRODUCTION

Autonomy in childbirth enhances the labor and delivery experience.¹ Conversely, limited autonomy can foster fear, erode trust, and create negative outcomes that may exacerbate the disproportionate disparities for Black women, factors likely contributing to higher rates of maternal mortality.² This collaborative study between Michigan Health & Hospital Association, Michigan Council for Maternal and Child Health, and Michigan State University sought to understand Black women’s birthing experience and level of autonomy in hospitals across three regions in Michigan.

AIM

- Assess Black women’s experiences of autonomy during hospital childbirth.

METHODS

Study Design: Qualitative study using semi-structured interviews and focus groups.

Participants: Fifty-four Black individuals who delivered at selected Michigan hospitals between 2021 and 2023.

Data Collection: Participants discussed experiences throughout the perinatal period, including pregnancy, labor, delivery, and postpartum care. Following Michigan State University IRB approval (STUDY00009495) and consent, participants completed demographic questionnaire before participating in the interview

Data Analysis: Audio-recorded interviews and focus groups were transcribed verbatim and analyzed via MAXQDA software.³ After coding was completed, related codes were grouped into themes and subthemes. Through an iterative process of constant comparison, the research team examined relationships among themes and developed a thematic framework that captured the interconnections among key findings and provided an explanatory model of participants' experiences.

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RESULTS

Figure 1. Quantitative frequency of birthing experiences relating to patient autonomy across 3 regions in Michigan with negative experiences represented in red and positive experiences represented in green.

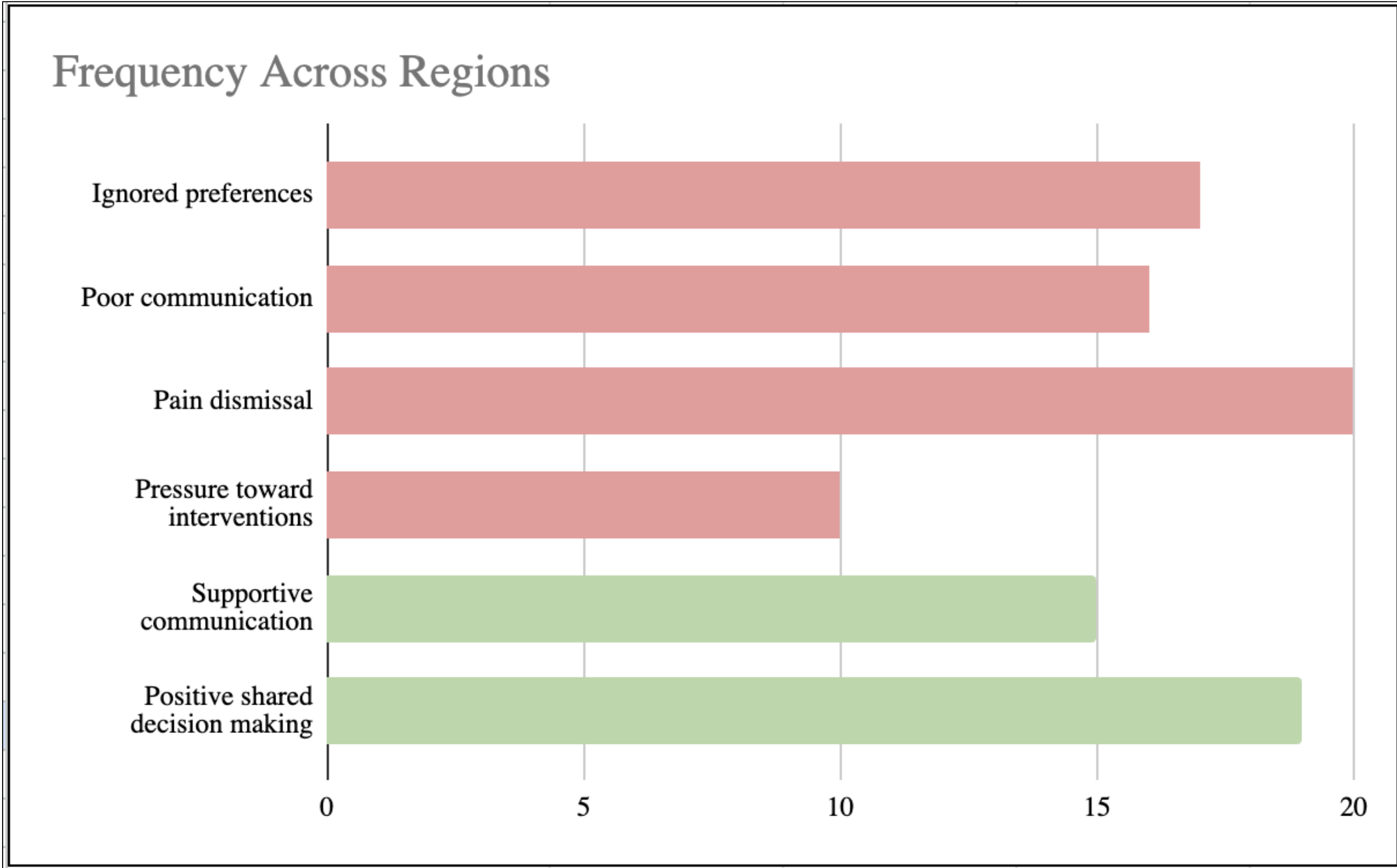
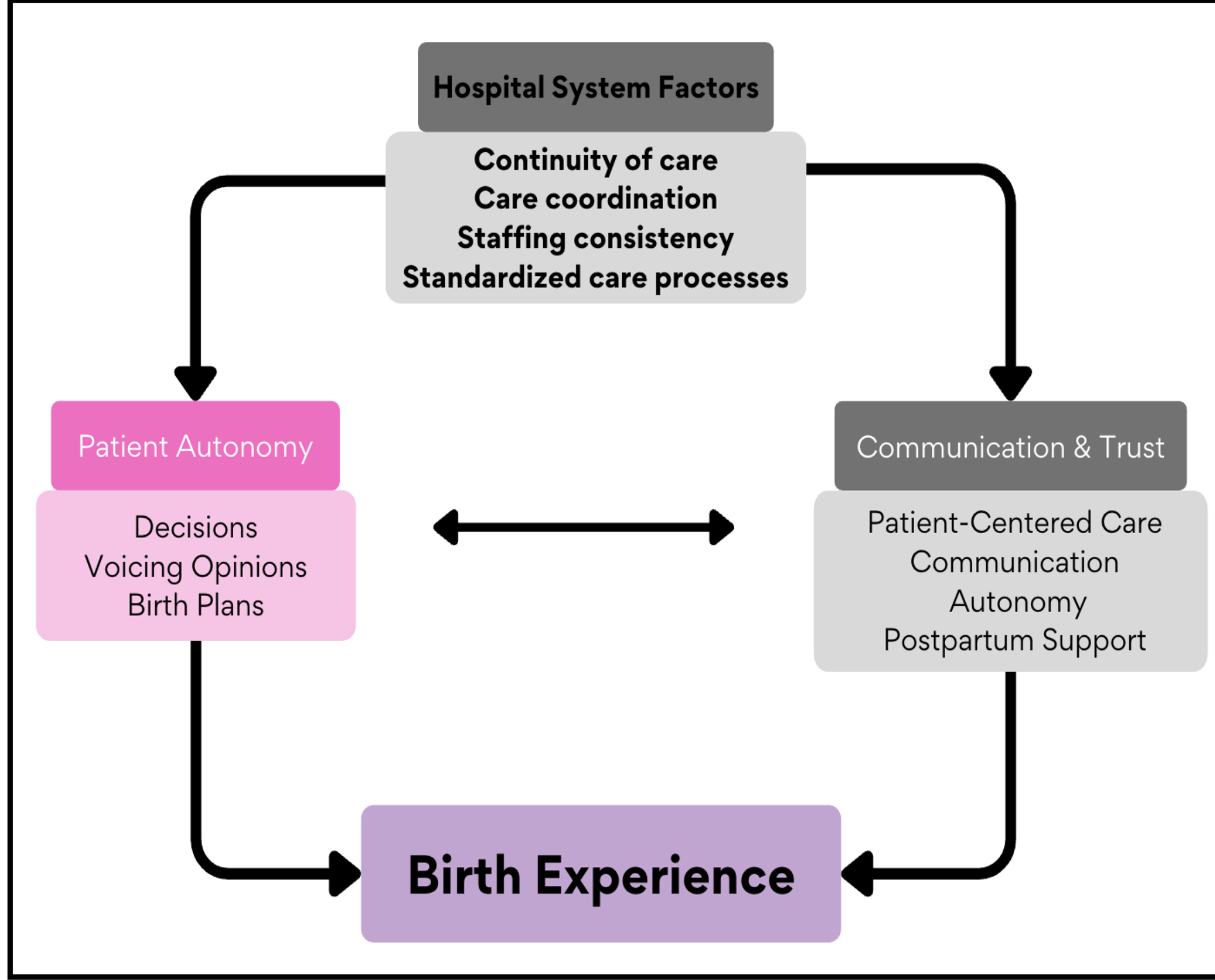


Table 1. Subthemes relating to maternal perceptions of autonomy in childbirth. Direct quotes from participants regarding their birthing experiences in Michigan hospitals. Quotes were taken from patients who reported overall positive or overall negative experiences.

Subtheme	Autonomy Honored/Respected (positive experience)	Autonomy Dishonored/Disrespected (negative experience)
Decisions	“This pregnancy, I not only listen to my body, but I did a lot of the laboring alone, and that's what I wanted. My support system, certain people agreed with it. Other people didn't agree with it, but overall, it was my decision and It was great.” [ID 10]	“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]
Voicing opinions	“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 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. [ID 95]
Birth plans	“They treated me well because of my birth plan was in writing, so they had to go by that. I had music playing when I was in there.” [ID 57]	“I'm not going to give birth there anymore. Going there in labor and then ending up in a C-section, I felt like they don't give me enough time to labor.” [ID 16]

Figure 2. Thematic framework for data analysis regarding birthing experiences for Black women in Michigan.



CONCLUSIONS

Patient decisions: Participants reported more positive birth experiences when healthcare providers respected their decisions. Conversely, pressure toward interventions, particularly cesarean delivery, and dismissal of patient preferences contributed to feelings of lost autonomy.

Voicing opinions: Many women felt comfortable advocating for themselves; however, positive experiences depended on providers listening and responding to their concerns. When participants experienced pain dismissal, poor communication, or ignored concerns, they often felt disempowered, emotionally distressed, or withdrew from self-advocacy.

Birth plans: Respecting birth plans and incorporating patient preferences into care fostered feelings of control, trust, and satisfaction with the birth experience. In contrast, ignored birth plans, forced positioning, and inadequate communication surrounding changes to the delivery plan negatively affected perceptions of care.

Strengthening patient-centered communication and honoring patient preferences throughout labor and delivery may improve autonomy, trust, and equity in maternity care for Black women.

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