

**Cultural Humility within Black Maternal Health: A Qualitative Action Research Study****Demetria A Buie\***

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*This capstone utilized a qualitative action research study with a generic inquiry methodology. This capstone explored perinatal social workers, Black mothers who have given birth within one year, and certified doulas' perspectives regarding the integration of cultural humility practices within advocacy. The research question was, "How can perinatal social workers improve advocacy through cultural humility practices within Black maternal health?" The study recruited 15 participants: five perinatal social workers, five Black women who gave birth within one year, and five certified doulas. This study intended to improve the birthing experiences of Black mothers who had given birth within one year improve by identifying culturally sensitive interventions for perinatal social workers to utilize to improve advocacy with the incorporation of cultural humility. The participants completed semi-structured interviews to describe their perspectives and lived experiences related to the research question. The theoretical framework was empowerment theory, and the data were analyzed using thematic analysis. Research findings demonstrated the importance of implementing cultural humility practice when working with expectant Black mothers. Three themes identified were the following: Applying culture within the practice, social work principles, and the establishment of therapeutic relationships. A resource guide was created from the themes. The resource guide documents interventions regarding how to respectfully implement cultural humility practice within advocacy for expectant Black mothers.*

**1. Background**

This capstone entailed a qualitative study using a genetic inquiry with action research. This research project gathered data regarding how social workers can improve advocacy through cultural humility within Black maternal health. The researcher collected data for this research project regarding applying cultural humility when advocating for Black mothers. After the interviews and the analysis of data, the researcher utilized information gathered to develop a resource guide for perinatal social workers detailing how to incorporate cultural humility into advocacy within Black maternal health in a safe manner.

**1.1. Alignment to the Specialization**

According to the Centers for Disease Control and Prevention (CDC, 2021), the maternal mortality rate for Black women was 69.9 deaths per 100,000 live births, 2.6 times the rate for White women [1]. The rates for Black women were significantly higher than rates for White and Hispanic women. For women under the age of 25, there were 20.4 deaths per 100,000 live births. Women aged 25-39 accounted for 31.3 deaths and 138.5 for those aged 40 and over. The rate for those aged 40 and over was 6.8 times higher

than the rate for women under 25 [2]. Despite alarming statistical facts, there is limited research regarding Black maternal health; therefore, it was imperative to explore how to address this social issue to save the lives of Black mothers going forward.

During prenatal treatment, expectant mothers expect to receive services from social workers who represent various backgrounds, experiences, and marginalized identities [3]. Social workers are ethically mandated to understand and appropriately address the unique challenges members of vulnerable populations face. The perinatal period is identified as pregnancy through 12 months post-birth [4]. According to the National Association of Perinatal Social Workers (2022), within maternal health, perinatal social workers are vital as they are the voice for expectant mothers who cannot advocate for themselves. Perinatal social workers assist families, communities, and individuals by addressing the psychological symptoms that may arise from the time of conception throughout the first year of the infant's life.

Initially, cultural humility was developed by Tervalon and Murray-Garcia (1998) as a multicultural training for physicians,

encouraging the shift from cultural competence to cultural humility [5]. Cultural humility has evolved to include providers and practitioners who render treatment to Black patients and patients of color. This includes the intentional willingness to learn and honor the values and customs of the culture, never assuming complete cultural understanding can be reached. The perinatal social worker should never assume complete cultural understanding will be reached; they should always be willing to learn more. The desire for lifelong learning about the values, practices, and beliefs of a culture can have a crucial impact on the patient's human well-being [6]. Cultural humility assists perinatal social workers in critically reflecting and critiquing their internal biases, beliefs, values, and experiences to provide competent critical care [7].

This study utilized three stakeholder groups to provide insight into how perinatal social workers can apply and improve cultural humility within Black maternal health. The data from this study can assist perinatal social workers and other birthing professionals in incorporating cultural humility practices into their advocacy within Black maternal health. The stakeholder groups consisted of perinatal social workers, Black mothers who had given birth within one year, and certified doulas.

### **1.2. Problem Statement and Purpose of the Deliverable**

The problem addressed in this project is the limited presence of cultural humility by perinatal social workers when advocating for expectant Black mothers. Professionals who fail to practice from a cultural awareness framework risk further marginalizing historically oppressed groups [7,8]. Despite the research being completed on perinatal care, there is limited research regarding the concept of care and perspective from expectant Black mothers' viewpoint. Within America, members of privileged communities include individuals of European descent, heterosexual, cisgender, Christian, middle-class who hold power and resources [9,10]. During undergraduate and graduate education, students are taught multicultural education focusing on diversity and human rights. When implemented, it decreases the likelihood of harm being inflicted on the mother. Therefore, the data of this study were collected and analyzed to assist in identifying strategies to increase cultural humility through advocacy within Black maternal health by establishing rapport and working collaboratively with the expectant Black mothers to ensure a positive therapeutic relationship. The data can be utilized to build on existing methods when working with expectant Black mothers by incorporating the strategies discussed to develop and improve the birthing outcomes and experiences of Black mothers. This capstone is imperative in assisting in improving the outcomes of Black maternal health; the information will be disseminated to perinatal social workers, doulas, healthcare systems administrators, and birthing professionals as these individuals are in daily contact with expectant Black mothers and would benefit from the findings. This capstone utilized action research to gather data; according to Stringer and Aragon (2020), data from action research allows for policies, programs, and services to effectively serve target populations while empowering stakeholders by building on their intellect and gaining an understanding of the problem [11].

### **1.3. Evidence/Data Used to Establish Rationale for Deliverable**

It is imperative for perinatal social workers to exercise a cultural humility standpoint when working with expectant Black mothers. With the number of Black women dying from pregnancy-related complications continuing to increase, perinatal social workers must be conscious not to inflict further harm. Teenage Black women are 1.4 times more likely to die than their White counterparts. Black women aged 20 to 24 years are 2.8 times more likely to die, and Black women in all other range are more than four times more likely to die from pregnancy-related complications [12]. The number of Black women dying from pregnancy related complications continuing to increase, perinatal social workers must be conscious not to inflict further harm. It is important to mention that 60% of pregnancy-related deaths and severe maternal morbidities in the United States were preventable [13]. When perinatal social workers honor the cultural practices of expectant Black mothers, it reduces disrespectful and abusive maternity care [14]. In addition, when perinatal social workers engage in the practice of cultural humility, they work to remove cultural barriers between providers and mother understanding the mother maybe deeply rooted in their cultural traditions may express their culture differently. According to Fisher- Bourne et al. (2015), when perinatal social workers are practicing from a cultural humility lens, they confront systems and practices within institutions and systems that oppress and marginalize [15]. For example, Black mothers not receiving pain medication during childbirth due to stereotypes associated with their ability to tolerate pain at a higher level compared to their White counterparts (Dmowska et al., 2022). By incorporating personal and cultural preferences into the healthcare plan of the expectant Black mother while helping to educate nurses, physicians, and other allied health professionals on best practices for patient centered care (Coast et al., 2016). In addition, perinatal social workers are challenged to access their balance of power by continually engaging in self-reflection and self-critique, understanding how culture changes with time.

### **1.4. Demonstrated Need for Change**

Black women are 2 to 4 times more likely to die from pregnancy-related complications compared to their White counterparts [16]. The literature indicates that disparities in Black maternal mortality are rooted in outdated medical data, which is rooted in racism and the presence of implicit bias from providers and perinatal social workers [17]. Because of the continued mistreatment of pregnant Black women, along with the continued practice of ignoring the concerns of pregnant Black women regarding their bodies and symptoms exhibited advocacy from perinatal social workers is essential.

According to the 14-state Maternal Mortality Review Committees (MMRC, 2023) report, two-thirds of pregnancy-related deaths were preventable [18,19]. Racial stereotypes and biases significantly affect how Black pregnant women are treated compared to their White counterparts. Perinatal social workers are charged with refining health service delivery and health outcomes for disadvantaged, vulnerable populations [20]. In addition, the data identified that the disproportionate contributors to Black

maternal mortality is racial, not socioeconomic status. According to Taylor (2020), regardless of social or economic status, Black women with advanced degrees are more likely to succumb to pregnancy complications than their White counterparts who never finished high school [21]. Black mothers experience systematic discrimination by health systems and experience disrespect and abuse by medical providers at a higher rate than White mothers [22].

Therefore, perinatal social workers are charged with giving certain Black mothers access to perinatal care that does not expose them to stigmatization and discrimination [23]. Perinatal social workers are ethically bound to address the needs of expectant mothers regardless of racial identification and economic status. Perinatal social workers address a myriad of perinatal health needs of the mother. To do so effectively, social workers apply professional skills to mitigate racially driven inequities and existing ideologies related to health meritocracy. In ways such as active listening, social workers can identify, articulate, and protest mechanisms that prevent patients from optimal health [23]. This study allowed Black mothers who had given birth within the last year the opportunity to have a voice and share their birthing experiences, including the level of advocacy received from their assigned perinatal social worker in incorporating their culture and cultural practices during their pregnancy treatment and advocacy.

### 1.5. Theoretical Framework

The theoretical framework that was utilized in this study was empowerment theory. Empowerment theory was most appropriate for this study as the conceptual framework that aligns with the values and ethics of social work as it addresses the oppression of marginalized groups as a structural problem [24].

Empowerment theory was developed by American community psychologist and social scientist, Julian Rappaport. Rappaport maintained that within each person are the skills necessary to create and sustain change. The foundation of empowerment is to examine the power differentials within the patient/provider relationship. Within empowerment theory, an individual, group, or community recognizes and validates inherent strength and capabilities to create positive change. Empowerment theory attempts to dismantle the power or authority system in place as a professional and instead elevating the patient as the expert in their life [24].

When empowerment theory is applied within social work practice, the social worker assists the patient by identifying the power they possess, how to apply their strengths, and work towards removing obstacles to success. The social workers act as a guide, participating while learning, yielding the power of expert to the patient [25]. Despite individuals possessing the power to create change within themselves, they may not know how to. Therefore, the social worker should assist the patient in the recognition process. While advocacy is conducted on behalf of the patient within social work practice, within empowerment theory, advocacy is conducted with the patient; recreating a power imbalance throughout the process [25]. The relationship between the mother and the perinatal

social worker should be built on the foundation of trust because done otherwise, repeats the oppression phenomena the patient is experiencing, and a sense of collaboration. This capstone explored the perceptions and experiences of perinatal socials, Black mothers who have given birth within one year, and certified doulas.

### 1.6. Synthesis of the Literature

A review of relevant literature provides insight into the barriers affecting pregnant Black mothers and the desire for advocacy from a cultural humility framework during the treatment and birthing process. This literature synthesis will discuss the experiences of Black mothers who gave birth within one year, social work in Black mothers, culture, cultural sensitivity, advocacy, and cultural humility.

### 1.7. Methods of Searching

The literature search involves multiple steps. Much of the research in this capstone was conducted on the Capella University library utilizing various databases: PsychoInfo and PsychARTICLES with full text. The keywords and terms searched were: "Black maternal health," "doula," "cultural humility," "social work," and "racism." The articles were peer-reviewed, scholarly, and published within seven years. Additional searches included the Center for Disease Control and Prevention, National Association of Social Workers to obtain additional information, including numerical and statistical data.

### 1.8. Gaps in Social Work

The gaps present within perinatal social work is a lack of cultural humility practices when working with expectant Black mothers. Expectant Black mothers experience inappropriate treatment, including insensitivity to their needs and experience a judgmental attitude. Cultural humility is the transformation of overall perspective and way of life, instead of focusing on skills and information about various cultures [26]. Cultural humility is a construct characterized by respect for and a lack of superiority towards a client or community's cultural background and experiences [27]. Cultural humility assist helping professionals increase anti-oppressive practices, contributing to increasing access to care to members of historically marginalized demographics (Moore-Bembry, 2020). Additionally, cultural humility was developed from observation that cultural competency course was ineffective in assisting understanding the complexities associated with culture and intersectional identities [7]. The framework facilitates social workers towards the lifelong process of self-evaluation accessing values, beliefs, backgrounds, and critiquing them against the marginalized community's experiences [7]. When social workers practice in cultural humility, they actively taking the steps to address the gaps in knowledge, while decreasing harm, increasing awareness and social justice action for marginalized demographics.

According to the National Association of Social Worker's Code of Ethics 1.05b (NASW, 2021) [28]. Social workers should have the knowledge base of their client's cultures and be able to demonstrate competence in the provision of services that are

sensitive to demonstrate competence in the provision of services that are sensitive to client's culture and the differences among people and cultural groups.

Social workers are tasked to complete necessary training when serving diverse populations as required by academic programs and licensing bodies [29]. Many social workers question the cultural competency training provided due to failing to address systems in place that negatively impact marginalized communities [30,7].

### **1.9. Disparities within Black Maternal Health**

Maternal death is defined as the death of a woman during pregnancy or within 42 days of the end of a pregnancy from any cause linked to or caused by pregnancy or its management, but not from unintended or incidental causes [31]. Currently, Black women are the leading demographic that dies from pregnancy-related complications. The widest disparity is when compared with white women, Black women are two to three times more likely to die from pregnancy complication [32]. The Centers for Disease Control (CDC, 2021) reports in 2021, the maternal mortality rate for Black women was 699 deaths per 100,000 births, a rate 2.6 times higher than White women [1]. In examining the disparities within Black maternal health, one must examine the various factors that contribute to the negative outcomes for pregnant Black women. Maternal mortality is an intricate issue often involving multilevel contributors such as healthcare access and quality, social and community context, and economic stability [33]. It was not until the 1930s, that the United States began tracking the maternal mortality rates. At that time, Black women were more than twice as likely to experience severe pregnancy-related complications, and three times as likely to die [34]. Eighty years ago, Black women were twice as likely to die compared to White women. Thirty years ago, Black women were three times as likely as White to die [35]. Unfortunately, maternal mortality rates for Black women continue to increase.

According to Yoder and Hardy (2018), mistrust of providers has been cited as the primary reason as to why Black women delay prenatal care, which can impact their health and well-being, and lack of personal connection due to implicit biases of providers erode trust and lead to Black women's disengagement in care contributing to poor outcomes [36,37]. Zestcott et al. (2016) concluded that studies that Black mothers reported negative clinical inter-actions with providers have higher levels of implicit biases that favor White moms over Black mothers [38]. It has been proven that implicit biases contribute to disempowered Black women in the perinatal period by not engaging them as an active participant in their healthcare, contributing to poor quality of care [39]. Rice et al. (2020) discovered that Black mothers believed that their preferences and decision regarding their wellbeing were disregarded [40]. In addition, Black mothers expressed that they had very little authority in the decision-making process, and they desired more say in their health care.

The disempowerment can contribute to Black moms avoiding needed healthcare services disparities. Socioeconomic and educational status play a minimal role in the delivery of treatment.

The pregnancy-related mortality ratio among Black women with a completed college degree education or higher was 1.6 times than that of White women with less than a high school diploma. Among women with a college education or higher, the pregnancy-related mortality ratio for Black women is 52 times that of their White counterparts [41].

Additionally, pregnant Black women are drug tested more compared to pregnant White women. Black mothers experience selective drug screening at a rate greater at a rate four times that of White mothers despite being significantly less likely to test positive for drugs [42]. Target toxicology results in an increased number of Black mothers being reported to Child Welfare authorities and experiencing criminal legal repercussions of prenatal substance use, including incarcerations and child separation immediately postpartum [43]. To address this disparity, social workers can advocate for universal toxicology screening during birthing hospitalizations to contribute to the elimination of racial disparities in drug screening creating a more equitable system wherein Black mothers do not disproportionately experience loss of custody and criminalization [42]. Universal screening reduces racial disparities by ensuring equitable screening across race and ethnicity, allowing for a greater proportion of Black pregnant mothers to receive treatment, therefore, reducing child welfare involvement [42].

Healthcare providers continue to harbor falsehoods about the biological differences between Black and White mothers [44]. This stereotype contributes to physicians rating Black patients' pain as lower and less appropriate treatment recommendations, contributing to possible death [45]. Black represents over one-third of pregnancy-related obstacles than White mothers [46].

### **1.10. History of Social Work and Black Women**

The profession of social work was anchored in providing support to marginalized populations, promoting social justice, and advocating for the vulnerable who are unable to advocate for themselves. However, advocacy was not always extended to everyone within the country. The field of social work has a dark period of history of deception and failure to effectively advocate for Black people, in particular Black women. Despite the dismantlement of slavery, Black women continued to struggle with having complete autonomy of their bodies. In 1933, the Eugenics Board of North Carolina was formed. The board consisted of five members: three state officials, one representative of the mental health institution, and one representative of the State Hospital in Raleigh, North Carolina [47]. The state provided social workers with training regarding eugenics ideologies via materials, circular letters, and in-person training [48].

Social workers assisted in building the program's capacity to sterilize Black women. Diagnosing women who exhibited symptoms of "feeble-mindedness" consisted of unsubstantiated qualifier traits of promiscuity, impoverishment, or involvement in criminal activity. In the 1950s, federal laws changed the requirements of the welfare system, called "Aid to Dependent Children" (ADC), to include women and children [47]. To address the intersectionality



of poverty and the financial burden distribution of welfare benefits, the United States Federal Government identified sterilization as a method to curve the distribution of welfare benefits (Garther et al., 2020). Initially, the initiative focused on poor White women; however, in the 1960s, as Black women began to receive welfare benefits, it increased their risks for sterilization.

The contributing factors of welfare dependence and racism contributing to the stereotypes of promiscuity resulted in Black women and girls being targeted. The Black population contributed to 39% of the total sterilized population from 1929 to 1968. The number increased to 60% from 1958 through 1968 despite the Black population making up 23% of the total population in North Carolina [47]. The year 1973 was the last year any forced sterilizations were performed by the Eugenics Board of North Carolina. In 2003, the 1933 sterilization law was overturned by the state legislature. In 2003, Governor Mike Easley apologized to the victims. In 2021, the National Association of Social Workers CEO, Angelo McClain Ph.D., LICSW, acknowledged and apologized for supporting policies and activities that harmed Black people including their involvement in the eugenics projects [49]. Events like the North Carolina eugenic sterilization project is one of many reasons why many Black women continue to have a mistrust of social workers within the healthcare sector.

### **1.11. Perinatal Social Works and Certified Doulas**

Perinatal social workers and certified doulas operate with the common goal of ensuring the safety and well-being of the expectant Black mothers and babies before, during, and after the birth process. Perinatal social work is a specialization that focuses on psychosocial issues from pre-pregnancy and throughout the first year of the infant's life [50]. Perinatal Social workers have many roles; however, the most imperative role is advocacy.

Advocacy is an essential role of the perinatal social worker when working with expectant mothers and their families with a focus on marginalized patients [50]. Social workers' standards include advocacy at the system-level related to service. Due to expectant Black mothers and their families being in a fragile and vulnerable position, advocacy from perinatal social workers is necessary [51].

According to Cross (2017), it is essential for perinatal social workers to practice cultural humility by asking, learning, and listening to understand the impact of both diversity and cultural factors for every family to prevent possible harm. In addition, perinatal social workers must be knowledgeable in regard to how culture and cultural practices may influence a family's understanding, response, communication, functioning, well-being, and relationships with staff to effectively advocate for the mother and family. Cross (2017) further emphasized how perinatal social workers gain an understanding of the relationship between diversity and culture and how they influence the presenting medical and social issues for each individual family. Culture will often influence the family's perception of the medical issue, plan of care, and discharge needs. Perinatal social workers must also extend the connection between diversity-culture issues and its

implication to the larger family system while being respectful of cultural practices.

Certified doulas are trained professionals who provide personalized support to pregnant women during childbirth and intermittent support during pregnancy and the postpartum period [52]. Certified doulas provide various supports, including connecting with the mother emotionally, providing guidance regarding labor and coping techniques, and facilitating or providing physical comfort measures [53].

Doulas are advocates for patient autonomy, mitigating health, intermediaries between physicians and patient, educating expectant mothers on what to expect during labor, allowing for improved communication for the mother and establishing birthing plans [54]. Additionally, doulas provide support against medical racism and improve the well-being of Black mothers through their birthing process [55]. Doulas are aware of racial inequality of the experiences of Black mothers may engage in power struggles with medical professionals in attempt to support and advocate for Black mothers [56].

According to Kozhimannil et al. (2016), the presence of certified doulas is associated with positive outcomes for expectant Black mothers, including higher satisfaction with labor and birth, higher respectful care, including communication of information, entailed communication of information, respect in voicing concern, and being involved in the decision-making process [57,58].

### **1.12. Importance of Client Relationship**

Within the Black community, youth are taught at a very young age to acculture into White norms as a method of survival [59]. As majority of practitioners within the social work field are White, the presence of cultural humility is required (Kindle & Dalavega, 2018) [29]. When social workers lack the education and training regarding intersectionality and social systems, they can unintentionally position themselves in the dominant role in the patient-practitioner relationship. It is imperative that the social worker understands their position within the systems of oppression that interpolate within society. Self-awareness plays a critical role in the analysis of power that ensures harmlessness for the patients [60]. According to Johnson et al., (2022), when Black women experience negative encounters, they produce negative emotional consequences such as feelings of shame [61]. Cultural competency related to practitioners in reducing negative experiences or consequences for Black mothers in the healthcare system [62].

### **1.13. Social Workers and Perinatal Services**

The field of social work is viable in challenging healthcare systems that may present barriers that habitually fail vulnerable subpopulations [23]. The social work profession is essential in perinatal health as the premise of the profession is to advocate on behalf of the expectant Black mothers who are unable to advocate for themselves. Social workers who attempt to challenge the systematic and structural barriers contribute to perinatal health disparities within micro, mezzo, and macro systems [23].

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On a micro level, perinatal social work intercedes by operating from a person-centered maternity framework by addressing social, physical, and mental health concerns during the perinatal period. Person-centered maternity care is defined as care that's respectful and responsive to women's preferences, needs, and values [and] is an essential component of quality maternity care (Sudhinaraset et al., 2021). When practicing from a person-centered and cultural humility framework, social workers are positioned to establishing a safe space for expectant Black mothers, ensuring appropriate healthcare for patients while educating nurses, physicians, and other allied health providers on the best practices for culturally appropriate care [23].

Person-centered maternity care should be in the forefront when rendering services to Black mothers. Social workers are trained to identify the mother's strengths and support their pursuit of resources ensuring the mother's right to self-determination and sustained ability to experience optimal health (Forsen-Dare et al., 2021). Because of the professional training and knowledge of social workers should strive to balance and individualized medical care with community-based interventions (Abramowitz & Sherradin, 2016). Additionally, Black mothers find it difficult to trust professionals within the healthcare system because of the historical lack of respect for Black bodies. This barrier is related to effective communication, which contributes to the poor treatment of expectant Black mothers [17]. Perinatal social workers can assist in bridging the gap between Black mothers and providers ensuring effective communication [23].

On the mezzo level, perinatal social workers assist the community and perinatal health practices to increase positive outcomes [23]. Social work advocacy includes reform in health systems and education seeking to address the legacy of practices directly connected to racism by attempting to diversify the healthcare system workforce and providing Black mothers with culturally sensitive care [63]. Because race-based discrimination exists within the United States healthcare systems further sustain and reinforce existing healthcare disparities (Forsen-Dare et al., 2021). Therefore, social workers must understand the values that permeate healthcare provisions, this includes the "Myth of Meritocracy" [4]. Developed by Dr. Camara Jones, the Myth of Meritocracy fails to acknowledge the structural inequities that undergird and disparate outcomes, and as such, invalidates the experiences of persons who are exposed to health adversity [4]. The myth further extrapolated to justify health as a privilege that can be earned, or lost, rather as a basic human right, shaping the ideals of which individuals are worthy of care and which individuals can be disregarded (Crear & Perry et al., 2021). Meritocratic ideologies have the capacity to reinforce negative stereotypes and allow health workers to reinforce negative stereotypes and can allow healthcare workers to rationalize variable healthcare strategies based on demographic characteristics (Cook & Dickens, 2014).

On the macro level, social workers can be the voice for Black mothers by advocating for the necessary policy by arguing for access to perinatal healthcare that decreases stagnation and

discrimination [23].

Ensuring mothers receive the appropriate care entails access to the necessary care. Social workers advocating to state legislator to support Medicaid expansion which has proven to improve maternal health outcomes and promote economic stabilities for families. Sixty-five percent of Black mothers in the United States received Medicaid-the joint state and federal healthcare program for pregnancy and postpartum care, compared to 42% of the United States mothers overall [63]. Nearly half of maternal deaths occurs within the first year postpartum, validating the need for expanding medical coverage one year rather than 60 days postpartum [63]. Social workers advocating for Medicaid expansion is critical step in the direction of ensuring the health and well-being of mothers. Additionally, Medicaid expansion provides access to essential medical care, reducing health disparities, and alleviate financial burdens. Social workers advocating state legislator to support Medicaid expansion improves maternal health outcomes and promote economic stabilities for families.

#### **1.14. Sensitive Topics**

Despite participants not being members of a vulnerable population, they study included a sensitive topic. This study examined participants' perceptions, experiences, and how social workers can improve advocacy using a cultural humility framework. Within cultural humility, social workers are to reflect and critique internal biases, beliefs, values, and experiences to ensure competent care is rendered to patients [7]. The first aspect is the possibility of participants to share experiences that may contribute to emotional distress as it relates to their birthing experiences. The second aspect is sensitivity includes birthing workers expressing experiences or beliefs that may expose implicit bias within the maternal health sector. To protect the participants' privacy, no demographic information data were collected. In addition, all data were stored and protected in a secure and encrypted storage unit.

#### **1.15. Ethical Considerations**

In conducting research involving human subjects, the safety of the participants must be at the forefront of the project. When research involves identified members of a vulnerable population, safety measures are implemented to ensure no further harm is inflicted on participants. Vulnerable populations are individuals living in poverty, with a disability, and racial, ethnic, sexual, and gender minorities [64]. This research project included Black women who had given birth within the last year. Black women were identified as members of a vulnerable population. Therefore, necessary steps ensured that no harm (emotional) is inflicted on participants. Should trauma surface or the need to process their feelings, participants were provided with a listing of mental health referrals and resources.

The first step in the process was informed consent which was required by the IRB. Participants obtained informed consent. The informed consent process included obtaining written, signed, and dated informed consent [65]. Finally, confidentiality is another crucial step necessary to ensure no harm occurs. Confidentiality is

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any information relating to a person's privacy that they do not wish to be shared with others [66].

To ensure confidentiality, participants will be assigned alphanumeric codes. The researcher's ethical responsibility is to protect the participants and the data obtained from the research. All information obtained was encrypted and password-protected on a Disk Ashur hard drive. The Disk Asher allows for information to be secured in one location.

#### **1.16. Site Permission**

After gaining Capella University IRB approval for the study, the researcher emailed administrators of various Black maternal health and certified doula groups on Facebook for permission to post the recruitment flyer within their respective groups.

#### **1.17. Positionality and Coercion**

According to Mohler and Rudman (2022), researchers in qualitative research are not independent of the study [67]. It is suggested that positionality and subjectivity promote reviewing the approach to research and underlying assumptions and how they change during the research process. The researcher has over 20 years of experience within the social work sector, working in various settings. Therefore, the researcher's professional experiences contributed to the researcher being considered an insider, with the ability to relate to the experiences provided by participants.

#### **1.18. Risk to Participants**

The participants of this study were identified as part of a vulnerable group. However, the potential for psychological harm was present as the topic is potentially sensitive to some of the participants. Participants shared experiences, practices, and beliefs that contribute to their understanding of cultural humility, which may contribute to feelings of distress and sadness. The researcher completed the Capella University CITI training, which reviewed ethics within research studies, the informed consent process that discussed the possibilities of harm and maintained that participation was voluntary. The researcher reviewed with participants the possibility of harm and ensured participants understood participation is voluntary. In addition, participants were provided with resources for counseling. Finally, to ensure confidentiality, all informed consent and coded data were stored separately, and no demographic information was disclosed. A group of licensed social workers reviewed all questions to decrease the risk of harm.

### **2. Introduction**

This study was designed to identify how perinatal social workers can improve cultural humility practices within Black maternal health. This action research project approach assisted in shedding light on various obstacles and implementations to increase cultural humility practices. The findings provide solutions to support perinatal social work practices within Black maternal health. This section outlines the research methodology, data collection, and analysis process.

#### **2.1. Project Design/Method**

This qualitative action study utilized action research with a generic inquiry methodology. The aims and purposes of action research were to improve learning for improving practices [68]. Action research operates from the notion that the individuals' closest to the social problem are the experts and should be part of the solution [11].

Action research utilizes a three-step model referred to as "Look-Think-Act." The "Look" stage involves identifying the social issue to be investigated. However, two steps are involved in this process; the first step consists of discovering the problems that the research will focus on the individuals it involves. Stage two consists of generating and gathering information. Participants utilize various methods to understand and gain an understanding of all the dynamics associated with the problem being researched. The "Think" stage involves reflecting and analyzing information. This phase involves identifying and organizing integral research pieces relevant to the identified social problem. Finally, the last step is the "Act" phase. The "Act" phase attempts are made to resolve the issue [11]. Generic qualitative research attempts to examine the reports of individuals' subjective opinions, attitudes, beliefs, or reflections on their experiences [69]. Generic qualitative research is the most appropriate for this study because it allows Black mothers to verbalize their experiences regarding their treatment during pregnancy by medical staff. In addition, they assessed the advocacy provided by their perinatal social worker, doulas- who offer services and independent advocacy to these Black mothers and perinatal social workers regarding their advocacy efforts towards these mothers.

#### **2.2. Research Question**

The research question for this study was: How can perinatal social workers improve advocacy through cultural humility practices within Black maternal health?

#### **2.3. Participant Characteristics**

This study's three groups of participants were Black mothers who had given birth within one year, perinatal social workers, and certified doulas. The sampling frame was wide as recruitment was conducted online and included a reach via social media. Direct service providers, perinatal social workers, and certified doulas shared experiences and practices regarding cultural humility. In addition, Black mothers who had given birth within one year shared their birthing experiences, including the incorporation of practices and beliefs by their perinatal social workers during their birthing process. Participants shared their understanding of cultural humility, cultural humility practices, and areas of improvement needed to ensure cultural practices are incorporated into the birthing process of expectant Black women.

The sampling utilized was purposive and snowball. Purposeful sampling is the participants' deliberate choice due to the participants' qualities [70]. Snowball sampling is when the population of interest is hard to reach, and a list of the population is logically difficult to obtain [70]. Snowball sampling allowed

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participants in the research to share the flyer with individuals who might be interested in participating, widening the recruitment pool. Demographic information was not disclosed in this study to protect participants' anonymity.

## **2.4. Inclusion /Exclusion Criteria**

- The first group were individuals who identified as a Black woman, 18 years of age or older, and had given birth within one year.
- The second group was LCSW or LCSWA accredited within the United States, with at least one year of experience working in maternal health and familiar with issues with maternal health among Black women.
- The third group identified as certified doulas with one year of experience as a certified doula. Participants were excluded from this study if they were alumni of Capella University, had a personal or professional relationship with the researcher, were social workers with licensure outside of the United States, had less than one year of work experience in maternal health, and were under the age of 18 years old. All participants were members of one of the following groups.

## **2.5. Description of the Sample**

Young and Casey (2019) proposed that 12 participant interviews yield over 90% of the codes found with thematic analysis [71]. This study included a total of 15 participants. This sample size achieved data saturation and supported a generous analysis of findings [71]. The sample size was appropriate as this study strived to understand how perinatal social workers can improve cultural humility practice within Black maternal health. The sample consisted of three groups: five perinatal social workers, five Black mothers who gave birth within one year, and five certified doulas. Participants represented different geographical areas within the United States. Perinatal social workers provide services in various settings, such as hospitals, birthing centers, and private practices. Perinatal social workers were coded as PSW1, PSW2, PSW3, PSW4, and PSW5. Black mothers were coded as Mom1, Mom2, Mom3, Mom4, and Mom5. The third group, certified doulas, were coded as DOULA1, DOULA2, DOULA3, DOULA4, and DOULA5. The study did not collect demographic information to protect participants' privacy.

The foundation of the NASW Code of Ethics (2021) detail the steps to protect not only the individuals who they render services but study participants as well [28]. According to Federal Policy for the Protection of Human Subjects (2017) it is imperative to review with participants informed consent, the right of participants to withdraw from the study at any time, offering referrals to supportive services if needed, securing data, reporting results accurately, and minimizing risks to decrease harm.

Informed consent ensures the recruitment strategies implemented are not coercive and promises of incentives/benefits are not exaggerated by the researcher for participation (Federal Policy for the Protection of Human Services, 2017). Both the informed consent document and recruitment flyer provided information on

the purpose of the study, potential benefits, and risks associated. This research included an incentive of a \$10.00 Amazon gift card as a participant incentive upon completion of their interview.

Data was obtained digitally utilizing email and social media. This researcher directed all interested participants utilizing the IRB-approved means to direct questions or express interest in participation.

## **3. Data Collection Methods and Process**

This study utilized generic qualitative inquiry. Generic inquiry does not follow a specific qualitative approach to explore phenomena. The study focused on understanding the perspectives and experiences of the participants. The capstone achieved the identified goals by facilitating semi-structured interviews with three participant groups. Reflexive thematic analysis was utilized in participants' interviews to identify patterns and construct meaning [72].

### **3.1. Field Testing**

A group of experts tested all questions used in this study. Three individuals reviewed the questions for validity and monitored for any potential risk of harm because of the topic's sensitivity. All field testers are licensed clinical social workers with experience working with Black mothers. Experts received the questions via email to review. Field testing was conducted by the researcher through Zoom meetings, based on the availability and preference of each expert. After a review of questions, none of the testers expressed concerns regarding potential harm to participants.

### **3.2. Recruitment**

The Capella University IRB identified this study as Research with Human Subjects. The researcher submitted an IRB application to Capella University, and all steps outlined below were approved. The researcher recruited participants using purposive and snowball sampling. For snowball sampling, the researcher included the message. Purposive sampling allows the researcher to recruit based on specific needs or criteria [73]. For snowball sampling, the researcher included the message, "Please share with anyone who might be interested," when disseminating the research flyer and asked participants to share the flyer with others [73]. The flyer included the inclusion and exclusion criteria; those interested in the study or learning more about the study could contact the researcher by email. The researcher responded to inquiries and offered time options to interested potential participants who met the inclusion and exclusion criteria. After confirming the interview, the researcher provided the informed consent form via email via DocuSign. Reviewing the document allowed participants to review the informed consent document before discussing it with the researcher at the interview. A total of 15 participants were recruited for this capstone: five perinatal social workers, five doulas, and five Black mothers who had given birth within one year. No demographic information was collected, reducing the risk to confidentiality.



3.3. Interviews

Interviews were conducted with participants from the three sampling groups. The perinatal social worker group had five participants: five Black mothers who had given birth within one year and five certified doulas. All interviews were scheduled by email in communication with the researcher. Researchers ensured that all interviews were conducted via a HIPAA-compliant version of Zoom. There were minimal barriers related to scheduling as

each participant chose a time that worked for their schedule. The interviews were audio recorded and transcribed for analysis. The transcription was completed utilizing a secure third-party platform, Otter AI. The semi-structured interview allowed participants to verbalize their opinions, insights, and experiences related to the topic. The interview questions used for the three groups are outlined in Table 1, Table 2, and Table 3.

Questions
1. How do you define cultural humility? 2. Tell me how you incorporate cultural humility into your work with expectant Black mothers. 3. How important is it to you to incorporate cultural humility into your practice? 4. What strategies would be beneficial in improving cultural humility practices for perinatal social workers?

Table 1: Perinatal Social Worker Questions

Questions
1. Tell me how your perinatal social worker incorporated your culture when advocating for you during treatment. 2. Tell me how important it is for you to incorporate your culture into your treatment and advocacy. 3. Tell me how your perinatal social worker could have improved incorporating your culture when advocating for you. 4. Suggest how perinatal social workers can improve advocacy and cultural integration when working with diverse populations.

Table 2: Black Mothers who had Given Birth within One Year

Questions
1. How do you define cultural humility 2. How do you incorporate cultural humility into your practice? 3. How important is it for you to incorporate cultural humility practices in your practice? 4. Suggest how perinatal social workers could improve cultural humility practices when working with diverse populations.

Table 3: Certified Doulas

3.4. Data Analysis

The research was analyzed utilizing a reflexive thematic approach. This analytic method utilized deductive and inductive approaches. According to Braun and Clarke (2022), conducting an inductive process can present a challenge in identifying themes entirely from the semantic findings in the codes due to the nature of the thematic analysis [72]. Commonly used in qualitative research to analyze data, thematic analysis seeks to describe patterns across qualitative data [72]. In analyzing data, the researchers familiarized themselves with the raw data. Afterward, developing codes and themes. Themes are summaries of responses to the data collection question. The researcher develops themes by becoming familiar with and maintaining a reflexive stance [72]. Within reflexive thematic analysis, the research subjectivity can develop a rich understanding of the data [72]. According to Braun and Clarke (2022), themes are created by the researcher by becoming familiar and maintaining a reflexive stance [72]. Reflexive thematic analysis permits the understanding of the data. Contextualism provides the required support to reflect on the meaning as themes

are established. The subjectivity of the theoretical framework calls for a reflective approach from the researcher.

Below are some assumptions and experiences that the researcher reflected in this study:

- Power imbalance between social workers and Black mothers contributes to mistrust. Social workers are responsible for challenging racial bias systems.
  - Understanding cultural humility will decrease inflicting harm on expecting Black mothers.
- Extensive familiarization with data assists the researcher in developing codes that interpret the meaning of data [72]. Researchers develop the themes through the intersection of the data, the researcher’s subjectivity, and theoretical understanding [72]. The themes developed are linked to answering the research questions presented. Despite reflexive analysis producing positive outcomes, reflexive analysis presents areas of weakness. Unlike other methods, reflexive analysis lacks significant literature, which

can make researchers feel uncertain about conducting precise thematic analysis [74]. Because of the flexibility of thematic analysis, it allows the risk of steering away from the raw data in coding and theme development, which contributes to a loss of trustworthiness [72,74]. Therefore, precise communication of the analysis process and familiarization with raw data strengthens validity [72,74]. Researchers must understand theory and assumption before initiating thematic analysis [72]. This is a crucial step for the researcher in establishing meaning by utilizing the theoretical lens. Not engaging in this step contributes to underdeveloped themes [72].

### 3.5. Steps in Thematic Analysis

There are six phases to thematic analysis, as identified by Braun and Clarke (2022): familiarization, coding, constructing themes, reviewing themes, theme definition, and creating a report [72]. The initial step of the analysis process began with the researcher becoming familiar with the raw data (including all interviews) before moving forward. The researcher printed all interview transcripts, documenting notes regarding analytic insight as part of reflexivity [72]. Table 4 reflects excerpts from the researcher's notes during the process.

Notes
“need social workers to be culturally sensitive to expectant Black mothers” “expectant Black mothers’ perception of advocacy as it relates to cultural needs” /“cultural competency training is essential but more is needed”

Table 4: Excerpt of the Researcher’s Reflexivity Notes during Data Familiarization

The second phase is the generating of codes. In this phase, the researcher reviewed the interviews of each participant highlighting phrases in different colors corresponding to different codes. Each of the codes describes specific feelings or concerns expressed in the text [72]. The third phase is the search for themes. This was achieved by the codes created, identifying the data that is related to the research question. The fourth phase is reviewing themes; this researcher reviewed the initial theme, comparing them to the entire data set. During this process, various codes were changed, or eliminated allowing changes in the data set [72]. The fifth

phase defines the themes within this phase and interprets what the theme states. The researcher, confirmed the final listing of themes, proceeding to name and each. Reflective thematic analysis conceptualizes theme narrating a story among the patterned codes [72]. The final code is documenting the analysis of data. In this phase, the researcher documented how often the themes appeared, their meaning and the conclusion explaining the main take aways, detailing how the analysis has addressed the research question [72].

Theme	Codes	Brief Description
Applying culture within the practice	Respect for culture and cultural practice  Mom is expert  Do not make assumptions regarding expectant Black mothers or their families.	Cultural humility framework places patients as collaborators, allowing social work to accompany them on their path rather than imposing pressure or pretension of leading.
Incorporating social work principles	Empathy  Advocacy  Communication	Cultural humility requires social workers to treat each person in a caring and respectful fashion, being mindful of individual differences, and ethnic diversity.
Establishment of the therapeutic relationship	Believe symptoms when reported.  Acknowledge feelings  Establishment of trust	The Code of Ethics is essential to social work practice. Social work engages patients as partners in helping seek to strengthen relationships among people in a purposeful effort to promote, restore, maintain, and enhance the well-being of individuals

Table 5: Themes and Codes

### 3.6. Frequency Count

Within reflexive thematic analysis, the frequency of codes does not establish themes within the study [72,75]. Clarke and Braun (2013) stated that establishing a theme's significance cannot count; it is about determining whether the pattern expresses the necessary information to answer the research question (p. 230) [75]. This analysis establishes meaning by examining the participant's feedback and the researcher's subjectivity. Below are the interview questions that yielded this theme:

## 4. Themes

### 4.1. Theme One: Applying Culture within Practice

The theme of applying culture within the practice was developed by identifying three codes: respect for culture, mom is expert, and refraining from making assumptions regarding expectant Black mothers. Participants from each group expressed the importance of respecting the culture and the cultural practices of the expectant Black mothers; this includes practitioners being respectful, especially when the mother is of a different race and culture than the practitioners. The following code shows that the mom is the expert in her culture and cultural practice. Participants from each group acknowledged that perinatal social workers are the professionals; however, when unsure of the culture or cultural practices of the expectant Black mother, they must yield to their patient as the "expert" allowing the expectant Black mother to be active in her treatment while at the same time providing education. Participants from each sample group discussed concerns regarding how care providers and perinatal social workers make assumptions. This includes making assumptions regarding the number of children expectant mothers may have and socioeconomic and marital status, which contributes to a strained relationship between expectant mothers and staff.

### 4.2. Excerpts from Perinatal Social Workers

**Code: Respect for culture**

**Mom is expert**

**Refrain from making assumptions regarding expectant Black mothers**

**PSW1:** Adopting a cultural humility mindset starts with making introductions. During introductions, doing something as simple as ensuring I am pronouncing the mother's name right. I make sure that I am addressing them according to what they want to be addressed. For me, that begins with step one because it's disrespectful to keep incorrectly calling someone by their name. You never want to be in a situation where you are unintentionally offending someone.

**PSW4:** Our biggest goal is to ensure this is a safe space for moms to feel heard, seen, and having those conversations such as, how it feels to work with another Black clinician versus a clinician who is not Black? Making sure we are using the correct language that is not triggering or offensive, making sure that we are practicing from an anti-racism stance, and making sure that we are not further triggering our moms with some of the information that we provide. In addition, ensuring that the information we provide is understood by our moms regardless of social status and background so that we

are providing information that is readily understood and that we can help them that way as well.

**PSW5:** Being educated on different cultural practices, especially around birth is essential. There are a lot of cultural practices around birthing and being educated on the practices is important. Like in Haitian culture, there are certain practices related to bathing. After birth, they say you cannot take a bath for a month, and the mom cannot leave the house for the first sixty days. However, with a mom with postpartum, that is not reality, it's not very supportive of mental health to not leave the home. Learning about different cultural practices related to culture, religion, and gender around birth postpartum is essential.

### 4.3. Excerpts from Black Mothers who had Given Birth within One Year

**Code: Mom is expert**

**Respect for culture**

**BLKMOM2:** You must take training, research, use resources, and be respectful. Some people pray differently; knowing traditions is necessary. In some cultures, the placenta is essential to expectant Black moms. Some (people) bury their placenta, the majority of people encapsulate it, they eat it all, and some people have a whole ritual or where they want to preserve, which means a lot to many people.

**BLKMOM4:** I feel like it is a system not designed for Black women that know their rights. Even asking for your placenta. I wanted to delay cord cutting. I had a birthing plan and all that. Did they follow it? I highly doubt it. They probably waited 30-60 seconds before they cut my baby's cord.

**BLKMOM5:** Cultural humility was not incorporated into my treatment. I did have a Black doctor, however, I did not meet her until I was at the hospital to give birth. The team listened to my concerns; they were helpful, but they did not relate to me as a Black woman having a baby. However, I would not say it was like they did not care.

### 4.4. Excerpts from Certified Doulas

**Code: Respect for culture**

**Refrain from making assumptions regarding expectant Black mothers**

**DOULA1:** It is a lot easier for me to meet my clients where they are. I start by asking, "how are you"? "What do you need in this moment"? "What can I do to support you? That's my job, to be able to bridge the gap. We are going to honor this space by allowing us to make sure that we're meeting the goals that listed in the birthing plan, and that is usually where the cultural piece comes in. I've had [Black] mothers' who wanted to bring pictures of their ancestors to the birthing room, play certain music, and things of that nature.

**DOULA2:** It would help if perinatal social workers cared enough to take the time to understand their patient's [Black mother] culture, their cultural norms, and even the individual that you're speaking to be culturally competent. Many Black women have spent years,

the majority of their lives having to be vital for other people being ignored when it comes to pain or their struggles. [They] learn to function with a happy face, but they could be in a dire situation, either physically, mentally, and as far as their health is concerned.

**DOULA3:** I think being respectful of their differences. I think, as I dig more into the humility piece and just being respectful. I'll give an example. Babies being born with Mongolian spots and Black and Brown babies are being born with Mongolian spots. I think having that humility and respect towards that culture as to what they see is normal in Black and Brown skin and in their culture as to what they see as normal, what is abuse and neglect. I think a lot of social workers do not see that because a mom could come in with five kids and know statistically that's an error. We look at it like, wow, that is rough, I feel bad for her, but really, that's all she has ever known, so how can I help her instead of judging any race? I think it is essential to be aware because it's not fair to project blame and feel bad for someone based on the color of their skin and what they've gone through.

They (perinatal social workers) should all try to change. However, they may not have the resources to know how. I try to be as respectful as I can. If I don't know something about someone's culture, I will tell them I'm sorry, but I don't know. I would love it if you educate me, or I can even research on my own time.

**DOULA4:** Assuming and lumping everyone together because they are Black or Brown can be confusing. You may see somebody with dark-colored skin, and they might only speak English. Some dark-skinned individuals are Spanish-speaking Afro-Latinos. They speak Spanish, and it's their first language, so it is difficult when they make assumptions and lump everyone together. Because skin complexion can fool you because you have dark-colored people all over the globe.

## 5. Theme Two: Incorporating Social Work Principles

The theme, incorporating social work principles, yielded three codes across the interviews in three participant groups: empathy, need for advocacy, and communication. Participants discussed the need for social workers to exercise a position of empathy, especially when working with Black women who historically have been subjected to abuse, obstetric racism, and dismissal of feelings. Participants shared how lack of empathy has contributed to many Black mothers being fearful of future pregnancies and has negatively contributed to their mistrust of the medical profession.

The second code generated was advocacy; participant groups shared the importance of advocacy, the limited presence of advocacy received during treatment, and the need for increased advocacy within Black maternal health. The final code was communication, participants from each group stressed the importance of effective communication during pregnancy, how language assists in either establishing a positive working relationship between mother and practitioner or negatively impact the mental health and well-being of the expectant Black mother.

## 5.1. Excerpts from Perinatal Social Workers

### Code: Communication

#### Need for advocacy

#### Empathy

**PSW1:** It is important to ask questions because I'm leaning on somebody else's interpretation of the need and the problem. I provide support, ask questions, identify the problem, and identify special things I need to honor or be aware of. By knowing this information, I can keep them in mind as we talk about what her needs look like. This is important because I may need to help advocate other avenues during care because no one is bothering to answer mom's question. I found times that patients do not always have a voice and an advocate in the room with them, and so, if not me, then who?

**PSW3:** As social workers in the mother/baby unit within the hospital system, we (social workers) look like Child Protective Services. I have found myself having to educate people on the various roles of social workers because there's been so much harm. Because I have a social work background, I [acknowledge] it's been a lot of harm. So, I think even stating that and being real to let people know yes, you may have had an opportunity to engage with the social worker, and it did not go like you wanted it to, and it left a bad taste in your mouth. However, helping them understand what my role is and make them aware. I acknowledge that they may have had a negative experience; however, I understand where they are coming from and why they feel the way they do. A lot of mother's experience working with social workers has not been good. That piece need acknowledgment in establishing trust, most importantly.

**PSW4:** Working as a hospital social worker, I worked in the pediatric unit. There was a Black mother whose son was overweight and having trouble managing his diabetes. They (the nurses) came to me without speaking with the patient. They tell me what's going on; I go to meet mom, looking to connect with her, not looking to judge or shame her. The white nurse enters the patient's room and says the social worker wants to talk to you without introducing me or stating my purpose. The mom started going off on me, being very disrespectful; she said that she didn't want to talk to me. However, I must complete my assessment. I talked with the nurse afterward; I said it is important that you do not address me as the social worker because in Black families, talking to a social worker is associated with talking with CPS. It was very hard because I missed an opportunity to speak with this mom about her son, who is now falling into the statistics of being educationally behind. Now, this mother feels like she must be defensive towards me. We really must be careful with our word choice. I think that when we fail to do so, it comes off as very defensive towards families because they're [Black mothers] so used to having a negative stigma already projected onto them.

**PSW5:** I let people (expectant Black mothers) tell me what they need the entire time. I let them guide the process, telling me how they want things to go; I let them go through the needs assessment and define what they need. I also identify, clarify, and incorporate



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clarifying questions. Social workers will get a bad rap for trying to lead it. I let their lead in the same thing.

## 5.2. Black Mothers who had Given Birth within One Year

### Code: Empathy

#### Need for Advocacy

#### Communication

**BLKMOM2:** I was having a lot of health concerns; however, I felt like they were not being taken seriously. Perinatal social workers, I guess, should be empathic or just pay attention to tone and emotional well-being. I feel like you want them to be aware of, you know, what happen when African American women come into the hospital or medical environment. No, I don't want you to talk fast to me; I want you to slow things down. I want you to explain to me; I want you to dumb it down, but don't make me feel dumb. You know, I want to build that trust because so much trust has been lost, so many lives have been lost, and so many other things. I guess more training on you know. I guess being more aware of the emotional state of Black women when they are entering an environment like that.

**BLKMOM3:** My social worker did not advocate for me. She asked me many questions, but she did not do anything; she was just checking boxes. She did ask how I was doing, but like I said, it was more along the lines, I'm reading this paper to ask you these questions so I can check yes or no. It was like, are you having symptoms? No, okay, check, you know? It seems as if she was trying to do her job and not getting into trouble or something. She didn't try to relate to me, and she was a Black woman. It wasn't like she made an effort to try to like, Black woman to Black woman relate to me. I told my social worker I almost got a doula because I was so scared to have a baby at the hospital. It's a problem with the nurses sometimes. As a Black woman, if I don't have a Black nurse, my experience is very uncomfortable because some of the White nurses that will come into my room ignore clear signs that something is wrong. I don't think social workers don't talk enough about how dangerous epidurals can be. Because I almost lost my life during an epidural, and then I was blamed for the symptoms I was experiencing. The needle was inserted in the wrong place. I was so scared, and I told my social worker, I was like, hey, I'm not doing an epidural for my last baby this past year. I did not want an epidural, but I got one, only to have it done twice. They messed up on the epidural; it did not take. I was still hackling and in tremendous pain; I was in agony. It was terrible.

**BLKMOM5:** I was 25 years old; they were treating my husband and me like kids. At one point, they were not communicating with us. My mom tried to come to the back to be with me; they lied to her and told her that she could not because we said we did not want her to. They told me that she could not come back because I was having complications, and they only wanted the doctors, myself, and my kid's dad.

## 5.3. Excerpts from Certified Doulas

### Code: Need for advocacy

#### Empathy

#### Communication

**DOULA1:** I may notice the nurses or attending physicians may be more standoffish, not as warm as they might be with somebody else during the birthing process. If she [expectant Black mom] says that she's okay and feeling confident about what's happening, once mom and baby are settled, I can call the doctors or the nurses on the side and say, hey, this is what I am noticing. It's not affecting my client, but I noticed that, and it needs to be pointed out because it's a problem.

**DOULA3:** There are a lot of forceful calls to DCF, primarily with Black families, because mothers smoke marijuana throughout their pregnancy. It's an automatic call in my state, so we're reporting all these Black families. To me, it's minor for them, it's like, wow, now there's [a Black mom] another statistic because they smoke weed.

**DOULA4:** I don't think [mistreatment] is something you shouldn't let slide. I try to accompany them [expectant Black mothers] to appointments as much as possible because I honestly feel like, a lot of times, these providers get away with stuff because people aren't speaking up. They [expectant Black mothers] aren't putting in complaints; they aren't taking the necessary steps. I tell my patients, I'll do it with you; let me know what you experienced, and I'll contact the necessary people to get this documented and see what needs to be done. That's the only way they're [providers] held accountable for how they're treating people.

## 6. Theme Three: Establishment of Therapeutic Relationship

The third theme, establishment of therapeutic relationship yielded three codes across the three participant groups: the importance of establishing a trusting relationship between perinatal social workers and expectant Black mothers, believing the symptoms reported by Black mothers and acknowledging the feelings of the expectant Black mother. Regarding the first code, believing the symptoms reported by Black mothers, participants within each sample group agreed that believing the symptoms reported by Black mothers is essential as historically the concerns and requests of Black are often ignored. Regarding the second code, acknowledging the feelings of the expectant Black mother, participants within each sample group expressed the frustration and disappointment associated with feeling ignored and not having their feelings acknowledged by their medical team and perinatal social worker. The final code produced the establishment of a trusting relationship between perinatal social workers and expectant mothers. Participants in each sample group agreed that for effective treatment to occur, the expectant Black mother must be comfortable in her position as a patient. For that to occur, trust must be established between the mother and practitioner. Historically, the cries of Black expectant mothers have been dismissed and ignored by their care team providers and perinatal social worker. Therefore, to establish a birthing space in which the expectant mothers feel safe, heard

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and curate a positive birthing space for both mom and baby, the care team must listen to what the mom has to say. Theme three was identified across the three participant groups. Below are the interview questions that yielded this theme:

### 6.1. Excerpts from Individual Sample Groups Perinatal Social Workers

**Code: Believing symptoms when reported by expectant Black mothers**

**Acknowledging the feelings of expectant Black mothers**  
**Importance of establishing a trusting relationship between PSW & Black mom**

**PSW3:** I think the thing is individuals struggle with providers not taking the time to build rapport first, if possible, before providing support to that mother. We have to believe what these mothers are saying, when they say this happened to me, this was my experience, we should believe them.

**PSW4:** It is about relationship building; you want to make them [Black mother's] comfortable with you. They [Black mothers] may tell you something that has nothing to do with the questions that you may have for today only because you listened, didn't come to them with your checklist, and asked how they are doing today. You may get something completely different than what was on your checklist. I believe that you can always go back to that checklist, you have to deal with what they're [expectant Black mother] dealing with, with them. So, I always come to them like a friend; it makes it easier for them [Black mothers] to let their guard down.

**PSW5:** I would say being dismissive of Black mothers' symptoms and their experiences. Not going the extra step to provide information, not assuming that they [expectant Black mothers] know, or assuming their financial backgrounds. These are the things that I've seen, like bias, that come up from other providers that I have noticed. Getting treated with some form of bias, discrimination, and discriminatory practice, I would say, and just not taking the time to really get to know them at the moment.

### 6.2. Black Mothers who had Given Birth within One Year

**Code: Believing symptoms reported by expectant Black mothers**

**Importance of establishing trusting relationship between PSW & Black mom**

**BLKMOM1:** I was not diagnosed with fibroids till I got a Black doctor. The white doctor put me on an antidepressant, and she thought I was making up the fibroids. She just said it was the baby kicking; I was like, no. I learned I had a fibroid rupture after received treatment from my Black doctor.

**BLKMOM3:** I feel that maybe we could have just had regular conversations, she could have just taken notes and answered those questions accordingly, but instead, it was a lot of just like reading. I felt like I had to provide an answer that went by the book to get it over with. I feel like it would have been better if I felt comfortable enough to talk to her. I wish it were more personal; it felt I may as

well have been sitting in an office somewhere.

**BLKMOM4:** My social worker was more along the lines of I'm reading this paper to you these questions so I can check yes or no. So, it wasn't really like she was trying to know /me.

### 6.3. Excerpts from Certified Doulas

**Code: Importance of establishing a trusting relationship**

**Believing symptoms reported by expectant Black mothers**

**DOULA2:** Many Black women have had to spend years, the majority of their lives, having to be strong, for other people are being ignored when it comes to their pain or their struggles. Incorporating cultural humility into practice helps them to open to you in ways they didn't think they would open or in ways that may not have been possible. You should ask a person questions, like what your culture is instead of assuming that just because they are Black, they're African American. You ask them where they're from because Black people from Nigeria are different from Black people in the Congo.

**DOULA3:** I think Black mothers look at it as not being taken seriously if you have Black or Brown skin, like giving birth, going to the ER, or anything like that. That needs to change; I think everybody's pain or emotion needs to be validated. I think having practitioners who know what you go through is important when trying to build trust with them. Having different generational traumas will impact how well their treatment and care plans are taken into consideration when working with them.

**DOULA4:** There's a distrust of maternal health among Black and Brown people. Getting someone to trust you is hard if they don't feel like you care about them. Showing mom that you not only care about your job but also help mom trust the practitioner more when I see that you care. I hear from many moms that they did not care about me. Understanding that asking those necessary questions about what the needs are, not making associated assumptions, you know, lumping people together instead of an individual outlook. Social workers are associated with CPS, and they are weaponized, so it's almost like, well if you don't do this, we're going to get CPS involved, it's weaponized against Black and Brown women so much.

### 6.4. Evaluation Process

The deliverable for this action research project was a resource guide (Appendix A). The resource guide provides insight into the social work skills required when working with expectant Black mothers and their families. This includes the importance of establishing a working relationship with mom and family, effective advocacy, and curating a safe space for expectant Black mothers. This researcher emailed the resource guide to participants upon completion, and participants were encouraged to provide feedback on the resource guide. After review, participants provided feedback on the resource guide. The researcher disseminated the resource guide to various hospital systems, doulas, and birthing service providers. The resource guide was well-received, with all

respondents providing feedback many agreeing that it effectively captured ways for perinatal social workers to incorporate cultural humility into their advocacy efforts in a safe manner. This indicates a strong reception and likely usefulness of the guide in promoting culturally humble practices.

## 6.5. Summary

This section presented the program design methods, research questions, and participants' characteristics, including inclusion/exclusion criteria and sample descriptions. In addition, section two explored the data plan and evaluation plans. Section three examines the outcomes and findings. Section three also explores the applications and benefits, including the target audience, institution/setting beyond local settings, implications for practices, and practice recommendations.

## 7. Introduction

The qualitative action research was conducted through a genetic inquiry approach to answer the research question, "How can perinatal social workers improve advocacy for the better use of cultural humility practices for Black maternal health?" The sample size consisted of 15 participants. The participants were from three stakeholder groups consisting of perinatal social workers, Black women who had given birth within one year, and certified doulas. The semi-structured interviews considered stakeholders' experiences, perceptions, recommendations, strengths, and areas of improvement related to cultural humility practices of perinatal social workers within Black maternal health. Stakeholders discussed essential components of cultural humility practices when working with expectant Black mothers, how to improve advocacy from a cultural standpoint, resulting in cultivating a safe and conducive environment for mom and baby.

Utilizing a thematic analysis approach assisted the researcher in developing themes that aligned with the theoretical framework of empowerment theory. The researcher chose empowerment theory as it aligned with the tenets of cultural humility as power is divided between the patient and social worker in which genuineness, mutual respect, open communication, and informality are present. The themes were determined from the intersection of the datasets, the study's theoretical framework, and the researcher's subjectivity [72]. The three themes identified were: (a.) applying culture within practice, (b.) incorporating social work principles, and (c.) establishing therapeutic relationships. The researcher used the findings to develop a birthing professional toolkit with an executive summary and practice recommendations. The sections below involve relevant findings, applications and benefits, practice recommendations, and conclusions.

### 7.1. Relevant Outcomes and Findings

Participant interviews assisted in answering the research question: "How can perinatal social workers improve advocacy for the better use of cultural humility practices for Black maternal health?" The researcher identified three themes in the dataset: (a.) applying culture within the practice, (b.) incorporating social work principles within practice, and (c.) establishment of

therapeutic relationships. The participants responded to questions regarding treatment by their medical team and perinatal social worker during pregnancy and birthing process, the importance of cultural humility and being present in Black maternal health, especially in advocacy. Participants provided feedback regarding lived experiences, including the lack of cultural humility during their birthing experiences, attempts to integrate cultural practices within their birthing experiences, and practices. The first theme, applying culture into practice, was present among participants in all three stakeholder groups. The first code produced was respect for cultural practice. Respect for culture includes perinatal social workers respecting expectant Black mothers' desire to incorporate their culture into their treatment plan as culture plays a major role in the lives of many especially as it relates to the birthing process. Participants shared the disappointment of not having their cultural practices implemented within their birthing plan to contribute to feeling unheard and disrespected with no advocacy from their perinatal social worker. According to Bohen et al. (2016), when mothers are not included in decision-making regarding the implementation of their culture and cultural practices in their birthing plan, it contributes to negative birthing experiences for the mother [53]. It is the responsibility of the perinatal social worker to advocate for the desires of the mother to be implemented and honored by medical staff. According to Falade et al. (2023), perinatal social workers should be dedicated to allowing patients the autonomy to engage in cultural practices and traditions absent of judgment and bias [76].

The second code produced is the mother is the expert regarding her culture. Participants expressed how perinatal social workers should be knowledgeable of the culture of the Black mother and the importance of the perinatal social worker engaging in cultural humility framework should they find themselves unsure of the cultural practices of their patients. Operating within cultural humility includes the reversal of power in which the perinatal social worker yields the role of expert to the expectant Black mother, allowing her to have an active role in her treatment while simultaneously educating the perinatal social worker about her culture. According to Falade et al. (2023), in establishing a trusting relationship between the perinatal social worker and the expectant Black mother, the perinatal social worker must relinquish the professional and social hierarchy that exists in the treatment process [76]. Placing the mother in the role of expert ensures the treatment rendered by the perinatal social worker is appropriate and in a manner that is respectful of culture and cultural practices.

The third code produced assumptions being made regarding expectant Black mothers. Participants shared experiences of assumptions being made regarding marital status, socioeconomic status, and the number of children they may have. These assumptions contributed to feelings of being judged, minimized, and feeling less than their White counterparts. According to Attansio and Kozhimannil (2017), when an expectant Black mother experiences discrimination, it contributes to feelings of stress and judgment [77]. Societal preconceived judgment of Black women increases the likelihood of implicit bias to present

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in treatment, contributing to the expectant Black mother receiving inadequate treatment. Therefore, perinatal social workers must be present for the expectant Black mother by advocating when bias is being exhibited by medical staff and having an open line of communication with the mother to feel comfortable with the perinatal social worker to share her experience with them.

Theme two was incorporate social work principles into practice when rendering treatment to expectant Black mothers. The focus of the second theme was how the incorporation of social work practices can assist in advocacy efforts by perinatal social workers, in turn, improving the overall birthing experience for expectant Black mothers. Participants within each group discussed when basic social work practices are absent during perinatal treatment, it negatively impacts the birthing experiences of the expectant Black mother. The first code produced within this theme was empathy.

Empathy is an essential component required by perinatal social workers when attempting to establish a healthy therapeutic relationship [78]. Participants shared their experiences regarding the lack of empathy exhibited during their birthing experience by medical staff and their perinatal social worker. Participants mentioned being scolded by their medical doctor and receiving no advocacy from their perinatal social worker contributing to fear of future pregnancies, feeling vulnerable, and within a voice. Participants shared how their perinatal social worker failed to attempt to establish rapport with them only engaging when documentation needed to be completed. The treatment from their perinatal social contributed to feeling ignored and requests for help delayed receiving minimal advocacy. Participants expressed empathy is needed when rendering services to Black women due to possible trauma experienced in the past related to working with social workers. According to Murrell and Fleury (2024), when the relationship between the perinatal social worker and expectant Black mother is established with empathy and understanding, the mother feels safe and has confidence in their social worker [79]. This closes the gap between perinatal social workers and expectant Black mothers and produces positive birthing outcomes. Additionally, it acknowledges the concerns and perceptions Black mothers may have regarding social workers being associated with Child Protective Services (CPS). This includes the perinatal social worker taking the time to explain their role to the Black mother and how they can assist her during and after the pregnancy. The second code produced was advocacy. Advocacy is a necessary component within Black maternal health to ensure expectant Black mothers feel safe during the most vulnerable period of their lives. Advocacy brings change to the lives of individuals who are disadvantaged, disempowered, or discriminated against, the mistrust of healthcare systems and lack of advocacy present barriers that contribute to poor health outcomes [80,81].

Participants spoke of how the lack of advocacy by their perinatal social worker during treatment and birth process contributed to feeling unheard, not having input regarding their treatment, and feelings of fear. Participants spoke of the lack of advocacy experienced during their treatment and birthing process from their

perinatal social worker. Participants further explained their fear associated with not having advocacy from their perinatal social worker contributed to feeling unheard, alone, and fearful. Because of the lack of advocacy during the treatment and birthing process from their perinatal social worker, many Black mothers considered obtaining services from certified doulas because of their fear of not having advocacy present when needed. Advocacy from perinatal social workers is necessary as the perinatal social worker can assist in bridging the communication gap between the expectant Black mother and medical providers. Participants suggested the perinatal social worker to establish rapport and get to know the expectant Black mother, her needs, and concerns to effectively advocate her needs. The final code within the theme was communication. Participants from each sample group agreed that communication is essential within Black maternal health.

Communication is an essential quality that perinatal social workers should possess when working with expectant Black and Brown mothers. Good communication is critical in establishing a true partnership between social workers and expectant Black mothers as it contributes to feeling heard and having a say in their treatment [82]. In addition, perinatal social workers must be prepared to be the liaison between the mother and the medical staff when communicating and advocating, ensuring that the needs and concerns of the mother are heard and addressed. Participants spoke of communicating symptoms they were experiencing only to have their concerns ignored without advocacy from their perinatal social worker attempting to communicate their concern to the medical staff. In addition, participants within each group mentioned the use of triggering language, which contributes to the feeling of anxiety. Participants stressed the importance of perinatal social workers being conscious of certain wording that could be triggering to expectant Black mothers. This includes modifying wording within assessments and ensuring wording is culturally sensitive. Effective communication is critical in establishing a true partnership between the social worker and the expectant Black mother as it contributes to feeling heard and having a say in their treatment [82]. Improving the communication between the expectant Black mother and social worker decreases the chances of mismanagement, delays or failure in diagnosis, and poor patient advocacy [83]. The third theme was the establishment of therapeutic relationships. This theme focused on the importance of perinatal social workers establishing positive therapeutic relationships with expectant Black mothers. The first code produced was believing symptoms as reported by expectant Black mothers. According to Glover (2021), Black women often feel their complaints and concerns are not taken seriously or respected [17]. Glover further explained it is the norm for Black pregnant mothers to have their concerns ignored, contributing to them feeling ignored, feeling that their problems are insignificant, and the culture of pregnant mothers going silent.

Participants within each group reported their symptoms being ignored by their medical team with no advocacy from their perinatal social worker. Participants reported feeling ignored or having minimal interaction with a perinatal social worker. According to Glover (2021), it is the norm for pregnant Black



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mothers to have their concerns ignored, contributing to Black women feeling powerless and that their problems are insignificant, which contributes to the culture of expectant Black mothers being silent [17].

Utilizing empowerment theory, perinatal social workers can position expectant Black mothers in increasing self-advocacy by assisting her in identifying her strengths, equipping her with the necessary tools to adequately advocate for herself. A participant shared her experience of having concerns regarding her health ignored, diagnosed with depression, and was prescribed a psychotropic. It was until she transferred to a Black physician and learned that she had a ruptured fibroid.

Another participant shared that she almost died due to an epidural being administered incorrectly. When she expressed her concerns, she was scolded by her provider. In both instances, neither mother received advocacy from their perinatal social worker, contributing to feeling insignificant and fearful. As advocates, perinatal social workers must acknowledge the mothers' presence and actively listen.

The second code produced was acknowledging the feelings of expectant Black mothers. Gilliam et al. (2024) discovered that Black pregnant mothers experienced various stressors impacted by structural racism and discrimination [84]. These stressors contribute to feelings of anxiety, contributing to Black women feeling uncomfortable birthing in a hospital setting or raising Black children in America. Participants within this study shared having their feelings ignored by their perinatal social workers. Many reported experiencing symptoms of anxiety, related to their pregnancy experience. Participants from each group stressed the importance of perinatal social workers to be present for expectant Black mothers during this vulnerable period. This includes acknowledging the feelings of the mother and most importantly linking the Black mother to the necessary behavioral health services to ensure healthy mental health.

The third code produced was the establishment of trust between the expectant Black mother and the perinatal social worker. According to Glover (2021), Black women find it difficult to trust their providers within the maternal health sector due to the historical treatment of Black women. Participants explained that perinatal social workers made little to no attempt to get to know them personally or establish a relationship with them, only engaging when documentation needed to be completed [17]. Participants agreed that for effective advocacy to occur by the perinatal social worker, the establishment of a trusting relationship between the social worker and the expectant Black mother must be established to ensure that the needs and concerns of the mother are communicated and addressed.

## 7.2. Application and Benefits

This action research study attempted to understand how perinatal social workers can increase the presence of cultural humility within advocacy in Black maternal health. The findings of this

study can be utilized within the fields of social work, maternal healthcare, and within birthing centers. Perinatal social workers and birthing professionals must be aware of the historical treatment of Black women in maternal health that still occur in the present day. This study is critical and necessary as the number of Black women dying due to pregnancy-related complications within the United States is increasing. This study's limitations include reliability and generalizability, as data interpretation is subjective [72]. Reflective thematic analysis was utilized in this study, which allowed the researcher to develop meaning through themes. Reflective thematic analysis does not have a definitive meaning as it allows for various meanings throughout the data. This study sample included 15 individuals from various locations within the United States. Because of the small sample size, the data were not generalizable. This study provides insight from perinatal social workers, Black mothers who had given birth within one year, and certified doulas regarding how to increase the presence of cultural humility within Black maternal health.

## 7.3. Target Audience

The target audience for this study was perinatal social workers; however, this study would benefit healthcare systems and birthing professionals who render services to expectant mothers. This resource guide can assist birthing professionals regarding how to incorporate cultural humility in their advocacy for expectant Black mothers. In addition, this resource guide could improve the therapeutic relationship between the expectant Black mother and perinatal social workers, contributing to enhanced birthing outcomes. The participants in this study were perinatal social workers, Black mothers who had given birth within one year, and certified doulas.

The relationship between the participant groups supported the success of the study. Perinatal social workers collaborate with various systems to support the needs of pregnant and postpartum individuals [50]. By utilizing empowerment theory, the perinatal social workers empower expectant Black mothers to advocate for themselves by assisting them in identifying their voices to advocate for themselves.

## 8. Institution/Setting

This study would benefit the social work profession, particularly perinatal social work, along with other sectors of the birthing profession. When advocating for and providing treatment to expectant Black mothers, cultural humility must be present to ensure that no harm is inflicted. According to the NASW (2021), social workers are obligated ethically to advocate for vulnerable and oppressed demographics while promoting cultural and ethnic diversity [49]. The NASW Code of Ethics (2021) Standard 1.05 states that social workers should know the culture of the individuals to whom they render services, encouraging self-reflection to examine bias and change to promote cultural humility [28]. In addition, the code encourages social workers to render culturally informed service while empowering vulnerable demographics. This study may benefit perinatal social workers, certified doulas, healthcare systems, and other birthing professionals. These

entities and professionals would benefit from this study due to the interventions and methods outlined that can be utilized in Black maternal health in the deliverable and the resources provided. This resource guide can aid perinatal social workers regarding the negative experiences and traumas experienced by Black mothers when previously working with social workers. By being equipped with this information, it can assist perinatal social workers increasing their advocacy for Black mothers within the treatment and birthing process especially with medical providers. In addition, this study provides healthy strategies for creating a healthy patient-social work relationship.

### 8.1. Beyond the Local Setting

This study can be utilized by perinatal social workers and other birthing professionals who provide services to expectant Black mothers in improving their incorporation of cultural humility practices in advocacy. Ethically, social workers are responsible for meeting the cultural needs of their patients [49]. The lack of cultural humility within Black maternal health allows expectant Black mothers to be exposed to further harm. In addition to assisting perinatal social workers, this data can also assist other birthing professionals in increasing cultural humility within their advocacy efforts for expectant Black mothers. The themes of this study, which included applying culture within practice, incorporating social work principles, and establishing therapeutic relationships maybe helpful in sectors outside of social work practice. The field of obstetrics is comprised of providers from various cultural backgrounds that render services to pregnant mothers.

However, the maternal mortality rate of Black women in the United States continues to increase surpassing their White and Hispanic counterparts. This resource guide would be beneficial to healthcare systems as the data from this study can be utilized to develop and implement cultural humility trainings for medical professionals and perinatal social workers regarding the importance of respecting patient's culture, incorporating culture within advocacy, which, in turn, assist in improving the patient provider relationship concentrating centering the mother's needs and the power dynamics are balanced, and the needs of marginalized communities are met [85].

### 8.2. Implications for Professional Specialization

The Black maternal rate within the United States continues to increase annually. According to Brinlee (2017), in the United States, for every 100,000 births, Black women account for 43.5 deaths [86]. This study explored how perinatal social workers can improve advocacy through cultural humility practices. Perinatal social workers are the voices for the expectant Black mothers who are often too fearful of advocating for themselves as they do not want to be perceived as "angry" or "complaining." The findings of this study can improve the experiences of expectant Black mothers by assisting perinatal social workers in understanding the lived experiences, trauma, and fears of expectant Black mothers. Healthcare systems would find the data helpful as it can be utilized to developing and implementing cultural humility trainings during onboarding and continuing education trainings as a method to

improve the birthing experiences of expectant Black mothers. In addition, data from this study can be utilized to build on future research regarding Black maternal health.

### 8.3. Recommendations for Practice

The themes (a.) applying culture within the practice, (b.) incorporating social work principles, and (c.) establishment of therapeutic relationships were identified as methods in improving advocacy by perinatal social workers. The three stakeholder groups that participated in this study were multifaceted. The recommendation section outlines the incorporation of cultural humility into advocacy.

### 8.4. Applying Culture within Practice

Participants in this study verbalized the importance of incorporating culture/cultural practices in treatment and advocacy within Black maternal health. Participants explored the importance of the presence of cultural humility when working with expectant Black women, ensuring no harm is inflicted while respecting the culture of the mother. Furthermore, participants discussed how cultural humility is a continuous process and that perinatal social workers should actively engage in assisting in the establishment of a positive therapeutic patient-social worker relationship contributing to positive birthing experience of expectant Black mothers. As social workers engage in the cultural humility framework, they recuse themselves as the expert, elevating the Black mother into the position. The literature states cultural humility is a framework utilized for working with marginalized demographics assisting social workers to increase their thought process regarding Black women, which improves birthing outcomes and experiences of the mother [25]. It is recommended that hospital and birthing center administrators incorporate cultural humility training into their onboarding process for all medical and perinatal social workers. This training will provide learners with an understanding of culture, cultural practices, belief, and values of Black mothers as it relates to pregnancy and childbirth, the importance of cultural practice, and respect for diversity. In addition, another recommendation is ongoing continued education training, cultural competency assessments, and accountability mechanisms, creating a culturally sensitive and anti-racist environment essential for ensuring equitable care for Black women. By incorporating cultural practices into birthing plans and advocacy for Black women, perinatal social workers can promote respectful, dignified, and equitable maternity care that honors the cultural diversity and experiences of Black mothers, resulting in the likelihood of positive outcomes.

### 8.5. Incorporation of Social Work Principles

Participants in this study discussed how social work principles are necessary in the advocacy for expectant Black mothers effectively. The three key social work principles identified were empathy, the need for advocacy, and communication. Participants spoke of how the lack of empathy experienced during the treatment and birthing process contributed to feelings of feeling alone, anxiety, and fear of future pregnancies. Participants also agreed that empathy assists in reducing stigma and discrimination experienced by expectant Black mothers while creating a safe and supportive environment

where expectant Black mothers feel comfortable without fear or mistreatment. In addition, participants shared that when perinatal social workers exhibit empathy, it fosters trust as well as decreases stigma by acknowledging and validating their experiences. Perinatal social workers play an essential role as advocates within Black maternal health. Participants emphasized that advocacy should be rooted in the perspectives and experiences of the expectant Black mother with her voice centered and in participating in the decision-making process related to treatment. It is recommended that perinatal social workers increase advocacy for expectant Black mothers by acting as liaisons between the mother and healthcare providers by clarifying misunderstandings, ensuring the mothers' cultural beliefs and preferences are integrated into care, most importantly advocating through empowerment. Advocacy through empowerment includes providing resources, information, and knowledge as it relates to navigating the healthcare systems, encouraging mothers to assert their rights, and making informed decisions. Finally, it is recommended that perinatal social workers increase communication by actively listening to gain a full understanding of the concerns, experiences, and needs of the mother while providing a safe space for them to speak freely and being sensitive to culture when speaking to Black mothers while acknowledging cultural differences including non-verbal cues.

#### **8.6. Establishment of Therapeutic Relationship**

Participants within this study spoke of the importance of perinatal social workers establishing positive therapeutic relationships with expectant Black mothers during treatment and within advocacy. Participants spoke of having their symptoms and concerns dismissed or ignored by medical professionals with minimal to no advocacy from their perinatal social worker. This contributed to feelings of distrust towards the medical team and their perinatal social worker, resulting in the expectant Black mothers seeking advocacy services from certified doulas. The statistical data supports that Black women are three to four times more likely to die during the perinatal period, contributing to symptoms of anxiety in the expectant Black mother receiving perinatal treatment. Therefore, it is imperative that the perinatal social worker be present, listen, and most importantly, advocate for the mother when symptoms and concerns are reported by mom. Participants spoke of how the lack of acknowledgment by their medical team and minimal to no advocacy from their perinatal social workers negatively impacted them mentally. The lack of acknowledgement contributed to exacerbated stress, anxiety, and depression, contributing to poor mental health outcomes during this vulnerable period. Participants further explained when expectant Black mothers feel that their emotions are understood and respected, they feel comfortable sharing concerns, discussing symptoms, and engaging in open communication.

Finally, participants spoke of the lack of establishment of a trusting relationship with their perinatal social worker. This contributed to having minimal trust in their medical team and feeling alone with little to no advocacy. Participants shared that when perinatal social workers render services to expectant Black mothers, efforts should be made to establish trusting and positive therapeutic relationships

with the expectant Black mothers. In addition, participants shared that transparency and honesty should be present in all interactions with Black mothers in establishing trust, including providing clear explanations of procedures, risks, and treatment options.

It is recommended that perinatal social workers utilize active listening skills when rendering services to expectant Black mothers within a cultural humility framework. Active listening skills include listening to and believing expectant Black mothers when symptoms are reported. Most importantly, communicating with the medical team and advocating for expectant Black mothers when they express that they are not heard. Also, recognizing and validating the feelings of the expectant Black mother is important. When this is done, it contributes to the expectant Black mother feeling heard. Recognizing and validating the emotions of the Black mother provide person-centered care. Active listening assists in the establishment of trust, which is the foundation of effective care, and building trust with the expectant Black mother to address disparities, promote equity, and ensure mothers receive high-quality patient care.

The researchers' findings from this study were utilized to develop the resource guide, outlining the previously mentioned recommendations. The resource guide will be available to various public and private healthcare systems, certified doulas, and other professionals. The recommendations detail multiple methods for perinatal social workers to utilize when working with expectant Black mothers. Future studies can explore and build on the study to address and decrease the number of Black women dying due to pregnancy-related complications.

#### **9. Conclusion**

This capstone was a qualitative action research. The research explored how perinatal social workers can improve advocacy through incorporating cultural humility within Black maternal health. The finding assisted in developing a resource guide for perinatal social workers as a deliverable. The deliverable included a summary of the project, social work principles, advocacy through cultural humility, and recommendations for the three identified themes. The data detailed within the resource guide can assist perinatal social workers, hospital administrators, certified doulas, and other birthing professionals improve advocacy through a cultural humility framework. Although this research yields helpful information to apply in clinical practice, further research is necessary regarding the discrepancies in Black maternal health. This study provided invaluable information regarding how perinatal social workers can improve cultural humility practice within advocacy. The findings highlighted the importance of utilizing basic social work skills when rendering services to expectant Black mothers, including exhibiting empathy, communication, and advocating when necessary. Furthermore, establishing a therapeutic relationship is essential when working with expectant Black mothers. This includes believing the symptoms when reported, acknowledging the findings of the expectant Black mothers, and, most importantly, establishing trust. Additionally, applying the cultural practices of the expectant Black

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mothers, refraining from making assumptions about expectant Black mothers, and allowing the mother to be an expert. This study produced the importance of perinatal social workers continuing to engage in cultural humility training and cultural awareness as this is an ongoing process in ensuring the safety and well-being of both the mother and the child.

### **Conflict of Interest Statement**

The authors declare that they have no conflicts of interest relevant to this study. No financial, personal, or institutional support influenced the design, analysis, or reporting of this research.

### **Data Availability Statement**

The datasets generated and analyzed during the current study are available at Qualitative Data Repository, <https://doi.org/10.5064/F6DMGKLI>

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#### Appendix A. Deliverable

### Applying Cultural Humility to Black Maternal Health: Resource Toolkit Perinatal Social Workers and Birth Professionals

#### The Toolkit

The resource guide was established as a deliverable from a qualitative action plan. The purpose of this study was to explore how perinatal social workers improve advocacy for the better use of cultural humility practices within Black maternal health.

#### The Resource Guide

Three stakeholder groups participated in this study provided insight regarding how perinatal social workers could improve advocacy for Black expectant mothers through cultural humility. The stakeholder groups were composed of perinatal social workers, Black mothers who have given birth within one year, and certified doulas.

In the United States, Black women are disproportionately affected by adverse pregnancies outcomes including mortality. According to the Center for Disease Control and Prevention (CDC, 2021), in 2021, the maternal mortality rate for Black women was 69.9 deaths per 100,000 live births. The CDC further report that 50,000 women in the United States suffer from pregnancy complications. In addition, Black women are three times more likely to die to pregnancy-related causes when compared to White women.

#### Who is this Resource Guide for?

The information within this guide is useful in assisting perinatal socials, public and private hospital administrators, certified doulas, and other perinatal social workers regarding how to effectively advocacy for expectant Black mothers through the framework of cultural humility.

This resource guide provides information regarding social work practices, ethics, and how to effectively advocacy for expectant Black mothers through cultural humility.

#### Research Summary

Research Purpose: Data was gathered from this research project regarding how perinatal social workers can improve advocacy

through the incorporation of cultural humility within Black Maternal Health. The study intended to answer the research question, "How can perinatal social workers improve advocacy for the better use of cultural humility practice for Black maternal healthcare?"

When social worker's practice from the framework of cultural humility, it increases the likelihood of positive outcomes for both mother and baby, the expectant Black mother feeling heard and having a say in her treatment and decrease the anxiety that many Black mothers experience as it relates to their perinatal treatment.

**Theoretical Framework:** Advocacy is the foundation of social work practice. Social workers are charged with advocating for marginalized demographics who are otherwise unable to advocate for themselves. Part of advocacy includes empowering patients to become their own advocates.

The theoretical framework utilized in this study is empowerment theory. The focus of the theory is assisting the patient in identifying the power they possess, how to apply their strength and work towards removing obstacles to success. Empowerment theory includes social workers assisting expectant Black mothers recognize the power within themselves they may not know they may not know they may have to remove the obstacles experience. Expectant Black mothers experience discrimination, stereotypes, and microaggression during perinatal treatment.

**Methodology:** The qualitative action research purpose was to identify how perinatal social workers can improve advocacy through cultural humility within Black maternal health. They study utilized generic inquiry design. Three stakeholder groups participated in semi-structured interviews: perinatal social workers, Black women who have given birth within one year, and certified doulas. The research purposive and snowball sampling techniques. The data was analyzed using reflexive thematic approach. Because of this type of analysis allowed the researcher to apply empowerment theory to contribute to the produced themes and codes.

**Findings:** The analysis produced three themes: (a.) *applying culture within practice* (b.) *incorporating social work principles* (c.) *establishment of therapeutic relationships*. The findings indicated that cultural humility is minimal within Black maternal health especially when it relates to advocacy. Because of the minimal presence of advocacy, it contributes to trauma, not feeling heard or involved in their treatment, and feeling alone during perinatal treatment.

The results showed that perinatal social workers should be more intentional in applying basic social work principles when in efforts to effectively advocate for Black mothers, this includes actively listening to and ensuring the concerns and symptoms of the mother is communicated to her medical team.

**Recommendations:** The recommendations detail various

strategies perinatal social workers can improve advocacy for expectant Black mothers. Perinatal social workers must operate from the lens of cultural humility to decrease the chance of harm to the expectant Black mother and child while increasing the likelihood of positive outcomes in treatment.

**Perinatal Social Workers**

The perinatal period (pre-conception through a baby’s first year of life) can be complicated by such factors as medically high-risk pregnancies, fetal diagnosis, premature/sick newborns, drug use by the pregnant woman and/or her family, familial conflict, legal concerns, parents who have cognitive, behavioral and/or mental health needs, ambivalence about the pregnancy, and poverty. In addition, perinatal social workers work with women and families in assessing strengths and challenges as they approach childbearing, and advocate for the mother and her family within the health care setting and in the community (National Association for Perinatal Social Workers, 2016) [50].

**Role of the Perinatal Social Workers**

Perinatal social workers support individuals, families, and communities through pregnancy and the first year postpartum [50]. Perinatal social workers work in hospitals and various community settings. This can include pediatric hospice, early intervention programs, prenatal drug cessation programs and prenatal diagnosis clinics. Depending on the setting, the role of the perinatal social worker can vary. Such role can include providing clinical intervention, assisting in discharge planning, and case management services provides the essential support to both mother and child.

Applying Cultural Within Social Work practice		Incorporating Social Work Principles
Operating from the framework of cultural humility positions the expectant Black mother as collaborators, allowing social work to accompany them on their path rather than imposing pressure or pretension of leading.		Cultural humility requires social workers to treat each person in a caring and respectful fashion, being mindful of individual differences, and ethnic diversity.
Establishment of the Therapeutic Relationship		
The Code of Ethics is essential to social work practice. Social work engages the expectant Black mother in helping seek to strengthen relationships among people in purposeful effort to promote, restore, maintain, and enhance the well-being of individuals.		

**Applying Cultural Humility into Advocacy within Black Maternal Health**

**Recommendations for Applying Cultural Humility into Advocacy**

**Moving beyond competence**

Recommendations:

- It is recommended that hospitals and birthing center administrators incorporate cultural humility training into their onboarding process for medical staff and perinatal social workers.

- o Training will provide learners with an understanding of culture,

**Code of Ethics**

The foundation of social work is built on addressing the basic needs of individuals paying attention to the needs of individuals and empowerment of people who are oppressed and vulnerable [49].

Social workers are charged with being sensitive to the cultural and ethnic diversity striving to end discrimination, oppression, and other forms of injustice while seeking to enhance the capacity of people to address their own needs [49].

**Cultural Humility in Black Maternal Health**

**What is Cultural Humility**

Cultural humility in Black maternal health. Cultural humility was developed by Tervalon and Murray-Garcia (1998) [5]. It is an intentional willingness to learn and honor the values and customs of the culture, never assuming complete understanding will be reached. Perinatal social workers should never assume complete cultural understanding will be reached; they should always be willing to learn more. The desire for lifelong learning about the values, practices, and beliefs of a culture can have a crucial impact on the patient’s human well-being [6].

**Applying Cultural Humility into Advocacy**

Cultural humility encourages an establish partnership between perinatal social work and expectant Black mother. It allows input from the expectant Black mother regarding her lived experiences. Power dynamics among the expectant Black mother is acknowledged and intentional actions are taken to ensure the power balance between perinatal social workers and the expectant Black mother is balanced [5].

cultural practices, belief, and values of Black mothers as it relates to pregnancy and childbirth.

- o Training will also share the importance of cultural practice, and respect for diversity.

- Another recommendation is ongoing continuing education training, cultural competency assessments, and accountability mechanisms, creating a culturally sensitive and anti-racist

environment essential for ensuring equitable care of Black women.

o This assist in ensuring that perinatal social workers promote respectful, dignified, and equitable maternity care that honor cultural diversity and experiences of Black mothers, resulting in the likelihood of positive outcomes.

### **Incorporation of Social Work Principle**

Recommendations:

- It is recommended that perinatal social workers increase advocacy for expectant Black mothers.

o Advocacy includes acting as a liaison between the mother and healthcare providers and healthcare providers by clarifying misunderstandings, ensuring the mothers' cultural beliefs and preferences are integrated into care.

- Second recommendation is advocating through empowerment.

o Advocacy through empowerment includes providing resources, information, and knowledge as it relates to navigating the healthcare system, encouraging mothers to assert their rights, and making informed decisions.

- Third recommendation is perinatal social workers increase communication.

o Communication is actively listening to gain understanding of concerns, experiences, and needs of the mother while providing a safe space for them to speak freely and being sensitive to culture when speaking Black mother mothers.

### **Establishment of Therapeutic Relationship**

Recommendations:

- It is recommended that perinatal social workers utilize active listening skills when rendering services to expectant Black mothers within a cultural humility framework.

o Active listening skills including listening and believing expectant Black mothers when symptoms when reported.

### **Resources**

This section provides some recommended resources for implementing cultural humility into advocacy within Black Maternal Health.

#### **Books:**

- Oparah Chinyere, J. & Bonaparte, A. D. (2015). *Birthing Justice: Black Women, Pregnancy, and Childbirth*. Routledge Company
- Oparah Chinyere, J., Arega, H., Hudson, D., Jones, Z., and Oseguera, T. (2017). *Battling Over Birth: Black Women and Maternal Health*. Praeclarus Press
- Rainford, M. (2023). *Pregnant While Black: Advancing Justice for Maternal Health in America*. Broadleaf Books
- Roberts, D. (1998). *Killing the Black Body*. Vintage Publisher

### **Podcasts and Video**

- NATAL. <https://www.natalstories.com/listen>
- A Tribe Called Fertility <https://podcasts.apple.com/us/podcast/a-tribe-called-fertility>
- On My Mom: Black Maternal Health <https://www.speaker.com/podcast/on-my-mama-black-maternal-health--6036760>
- For Us: The Black Maternal and Child Health Podcast <https://podcasts.apple.com/us/podcast/for-us-the-black-maternal-and-child-health-bmch-podcast>
- Black Mamas Matter [www.blackmamasmatter.org](http://www.blackmamasmatter.org)

### **Online Resources:**

- Black Mamas Matter Alliance [www.blackmamasmatter.org](http://www.blackmamasmatter.org)
- Center for Black Maternal Health and Reproductive Justice <https://blackmaternalhealth.tufts.edu/>
- National Association of Perinatal Social Workers. <https://www.napsw.org/>
- Black Lives Matter. <https://blacklivesmatter.com>
- National Birth Equity Collaborative. <https://birthequity.org/>
- Perinatal Mental Health Alliance for People of Color. <https://pmhapoc.org/>

### **Resources**

Centers for Disease Control and Prevention. (2021) [1]. Assessed at [www.cdc.gov/reproductivehealth/maternal-mortality/erase-mm/mmr-data-brief-2019-h.pdf](http://www.cdc.gov/reproductivehealth/maternal-mortality/erase-mm/mmr-data-brief-2019-h.pdf)

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National Association of Perinatal Social Workers. (2016) [50]. [www.napsw.org](http://www.napsw.org)

National Association of Social Workers. (2021) [28]. NASW code of ethics. Retrieved at <https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English>

Tervalon, M., & Murrar-Garcia, J. (1998) [5]. Cultural humility versus cultural competence: A critical distinction in defining physician training outcomes in multicultural education. *Journal of Healthcare for the Poor and Underserved*, 9, 117–125. <https://doi.org/10.1353/hpu.2010.0233>

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