

# Black Experiences in Pregnancy, Childbirth, and Postpartum in Kitsap County

The Black Infant Thrive  
Community Survey, 2024

*Black Infant*  
**THRIVE**



KITSAP PUBLIC  
HEALTH DISTRICT



# Black Experiences in Pregnancy, Childbirth, and Postpartum in Kitsap County: The Black Infant Thrive Community Survey, 2024

July 2025

Kitsap Public Health District

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## ABSTRACT

Introduction: Reflecting national and statewide trends, infant mortality in Kitsap County, WA, was more than three times higher for Black babies than white babies over the past decade. Only half of Black pregnant people in Kitsap receive adequate prenatal care—where care started in the first trimester and included  $\geq 80\%$  of recommended visits throughout pregnancy. The Kitsap Public Health District established the Black Infant Thrive (BIT) program, which aims to provide targeted support to Black birthing parents and families to mitigate the impact of adversity and promote optimal maternal health and child development.

Methods: To inform BIT strategies, we administered an online and in-person community survey from July-December 2024 to understand the needs and challenges that Black families experience during pregnancy, childbirth, postpartum, and infancy in Kitsap County. We collected qualitative and quantitative data on healthcare experiences, support and resource needs, and program recommendations, with questions informed by socioecological models of perinatal health. We used a thematic analysis approach to identify key findings.

Findings: Participants included 38 individuals who self-identified as Black/African American women, were recently pregnant (2021-2024), and lived in Kitsap County. To improve care and health outcomes for Black birthing people and families, key themes from participants' experiences suggest the following are needed: 1) culturally competent and quality perinatal care, 2) families advocate for themselves to ensure needs are met in healthcare, 3) families have strong support systems, and 4) families and providers have knowledge of local community resources. Suggested strategies include educating providers, supporting a diverse healthcare workforce, offering support groups, and holding events for families to connect and learn about resources.

Implications: Listening to Black perinatal experiences led to specific, actionable steps for local public health and community partners to support the health and wellbeing of Black birthing people and families.

*Keywords: Perinatal care, racial justice, maternal and infant health, public health, community voice*  
*Word count: 295*

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## INTRODUCTION

### BLACK INFANT THRIVE

In the US, Black babies have the highest infant mortality rate of any racial or ethnic group<sup>1</sup>. In Kitsap County, over the past decade, the mortality rate for non-Hispanic Black babies was more than three times the rate for non-Hispanic white babies<sup>2</sup>. The risk of death among Black pregnant people is also disproportionately high. In Washington, the maternal mortality rate for non-Hispanic Black people is more than 2.5 times the rate for non-Hispanic white people<sup>3</sup>. These disparities are linked to systemic racism, implicit bias in healthcare, and unequal access to quality care<sup>4,5,6</sup>. In Kitsap County, only 50% of non-Hispanic Black pregnant people received adequate prenatal care in 2021-2023, according to the Adequacy of Prenatal Care Utilization Index (Kotelchuck Index), which defines adequate prenatal care as receiving care in the first trimester and completing at least 80% of the recommended visits<sup>7</sup>.

Disparities in healthcare access, healthcare quality, and other structural factors that influence the health of Black babies and families are well documented<sup>7,4,8</sup>. Work is needed to more thoroughly examine Black families' experiences to inform local efforts<sup>9</sup>.

One of the five guiding principles for the Kitsap Public Health District (KPHD) is Equity. The District is committed to all people in Kitsap County having a fair and just opportunity to live safe and healthy lives. In May 2021, the KPHD Board of Health declared racism a public health crisis, which commits the Health Board and KPHD to taking specific, meaningful actions to address institutionalized and systemic racism<sup>10</sup>. To further this work, KPHD established Black Infant Thrive (BIT) to support the health and wellbeing of Black infants and families.

The goals of BIT are to reduce disparities in Black maternal and infant health outcomes in Kitsap County. The program provides targeted support to Black mothers and families to mitigate the impact of adversity and promote optimal maternal health and child development within the community. Informed by the socioecological model of health, BIT works to change conditions at the individual, interpersonal, organizational, and community levels to prioritize culturally competent care, reduce barriers to accessing health services, and improve maternal and child health outcomes.

Specifically, BIT aims to:

- 1) Improve individual knowledge of prenatal and postpartum care resources that are culturally appropriate and welcoming (Individual level)
- 2) Increase social networks for Black families to build interconnected communities of support (Interpersonal level)
- 3) Strengthen partnerships with local organizations to improve service delivery for prenatal and postpartum families. (Organization level)
- 4) Foster civic engagement and community leadership to promote conditions that improve maternal health (Policy/community level)

### COMMUNITY SURVEY

To inform the BIT program, we administered a community survey. **The goal of the survey was to understand the needs and challenges that Black families experience during pregnancy, childbirth, postpartum, and infancy in Kitsap County.** The findings will help BIT develop program strategies and coordinate services to address the needs and challenges of the community. We will also share findings with Kitsap healthcare providers and community organizations to facilitate cooperative efforts to serve Black families.

## METHODS

We used a convenience sampling approach for the survey. There were 38 survey participants who met the following eligibility criteria: self-identify as Black/African American, were recently pregnant (2021-2024), and lived in Kitsap County during or after pregnancy. Using a combination of multiple choice and open-ended questions, we asked about healthcare experiences during prenatal care, childbirth, and after childbirth (i.e., postpartum), communication and trust with healthcare providers, sources of support, information gaps, community resources used and needed, and recommendations for the BIT program. Survey questions were designed based on BIT program objectives and factors identified in a review of the literature that influence healthcare experiences and health outcomes<sup>9, 5, 11, 6</sup>.

Most surveys were completed online, and ten were completed in an interview format in person or by phone. Surveys were offered in English and took about 30 minutes to complete.

The survey was open from July to December 2024. We promoted the survey on the KPHD website and social media accounts including five posts each on Facebook, X (formerly Twitter), and Instagram, and by distributing fliers at health clinics and social service providers (e.g., WIC). The BIT program coordinator promoted the survey at eight local community events hosted by Rose and Bloom Co., YWCA, KPHD (Just the Essentials and *Aftershock* movie screening), Peninsula Birth and Baby Exposition, and Doc Luv the Kids (three events). They additionally promoted the survey by emailing the link to community partners and community members who expressed interest at outreach events. The program coordinator's connections and involvement within the community were vital to recruiting participants for the survey. The coordinator also administered the interviews.

To identify key findings from survey responses, we reviewed responses across surveys to code text and identify common themes (i.e., thematic analysis). We considered the following questions when developing themes: 1) Is this a theme that represents a pattern across participants? 2) Does the theme tell us something about the needs of the community? 3) Is there enough data to support that this is a strong theme? We then grouped common themes into key findings within survey topics including healthcare experiences, sources of support, information needs, resources, and participants' recommendations for the BIT program.

This activity was reviewed by the Washington State Institutional Review Board, deemed not research, and was conducted consistent with applicable federal law and local and state policies.

More details are described in APPENDIX I. DETAILED SURVEY METHODS.

## KEY FINDINGS

The themes within each topic are described below in order from most to least frequently reported by participants. Details and additional supporting quotes are presented in APPENDIX I. DETAILED RESULTS

1. **Components of a successful BIT program.** Participants said a successful BIT program would include: (a) culturally competent and quality perinatal care, (b) families advocating for themselves to ensure needs are met in healthcare, (c) opportunities for families to strengthen their support systems, and (d) information sharing about local resources. Recommended activities to accomplish these goals included educating providers, supporting a diverse healthcare workforce (including doulas and

midwives), offering support groups, and holding community events for families to connect and learn from one another.

*“The lack of resources in Kitsap is overwhelming especially for [B]lacks. We need ppl of color in these places to feel more comfortable and understood.”*

*“I think having resources to help [B]lack moms to help their children would be helpful. Also, having a community to rely on is major.”*

*“Help mothers understand their resources. Such as insurance covered breast pumps, lactation support, what to expect with birth if things may not go as planned.”*

2. **Healthcare experiences during pregnancy, childbirth, and postpartum.** Most (68%) participants rated their prenatal care positively, and 40% described a mostly positive experience during childbirth. While over half of participants (66%) said they trusted their healthcare providers, more than one-third (34%) of participants said that they did not. The primary contributors of positive, supportive healthcare experiences during pregnancy, childbirth, and postpartum were: communication and shared decision making with providers, access to healthcare, and availability of Black and culturally competent healthcare providers.

For the participants who had negative experiences receiving prenatal care or during childbirth, the following were key themes: limited provider availability delayed the start of prenatal care and made consistent and personalized care difficult, and there was inadequate time to identify health complications during appointments. Some participants' concerns were dismissed, particularly pain and labor progression.

*“My [OB] for my [second child] was extremely kind, caring and listened to my concerns. I had many fears and concerns after my [first child's] pregnancy and my doctor helped me come up with a birth plan, something I didn't have with my first. Having an [OB] that made me feel reassured and prepared for my [second child] being born made my second pregnancy feel easier.”*

*“It was very hard to connect with the provider. A lot of their websites said that they had OB shortages and the time frames to get in office were very extensive. So, a lot of my prenatal care came actually from the emergency room [...].”*

*“Having ppl that under[stand] what it is to be me and be pregnant. Black women die from childbirth everyday bc healthcare do not take us serious.”*

3. **Importance of support systems for pregnant people, new parents, and people who experience pregnancy loss.** Family- and community-based opportunities to strengthen support systems are needed, especially for single parents, military families, and mothers who experienced pregnancy loss. About 40% of participants discussed mental or emotional health in their responses about support and resources; of whom 60% described needing more mental health support or care, including postpartum check-ins and better access to mental health care. Based on a survey question, mental wellbeing was usually or always a concern for 21% of participants during pregnancy and 24% during the 12 months postpartum. Increased paid parent leave and accessible childcare would also strengthen families' support systems, support mental health, and increase access to care.

*“being a call away of if im struggling just running down different ideas or resources. Being a listening ear.”*

*“My job i wish they supported me and were more easy on me with coming back to work so soon.”*

*“I have an older son so if I ever needed childcare it was hard to find trustworthy childcare, I would end up missing appointments or having to reschedule sometimes.”*

4. **Information gaps and patient education.** Although most participants felt informed about pregnancy (75%), only about half felt informed about childbirth (55%) and the postpartum period (55%). In the healthcare setting, many participants wanted to better understand their options for care and reasoning for care decisions made in pregnancy and childbirth. Many participants also felt uninformed and unprepared for a cesarean section. In addition, there were missed opportunities for patient education about warning signs during pregnancy and after birth. Some participants searched for information themselves to find reassurance. Finally, participants wished they had known more about what to expect postpartum, especially around mental health, including when and where to seek help.

*“this was my second pregnancy so I felt pretty informed except for the reason why I got a C-section. It happened very [fast] and I felt like I didn’t have a choice in a decision if I wanted to [or] not.”*

*“It would have been helpful to know more about “kick counting” why it’s important, and when/how to start doing it. I felt like it was somewhat sprung on me and I didn’t really appreciate the importance or value in the moment.”*

*“I didn’t know [postpartum] would take a year.”*

5. **Resource needs.** Aligning with many themes above, participants said they needed reliable and affordable childcare, mental health care, transportation, lactation support, and opportunities for physical activity during and after pregnancy. Food insecurity was a common concern; half of participants said they accessed Women, Infants & Children (WIC) services at some point during or after pregnancy. About one in five participants said the food they bought usually or always did not last and they did not have money to buy more during pregnancy (21%) and in the 12 months after giving birth (18%).

*“I didn’t have a car and so it was hard to get to some of my appointments and I had to reschedule a lot of appointments.”*

*“There was an incident where I kept missing my appointments due to not having transportation, the staff told me I was going to lose services and I got really emotional over that but once I expressed to them my situation they were empathetic toward me.”*



## **DISCUSSION & IMPLICATIONS**

With this survey, we aimed to more thoroughly examine the needs and challenges that Black families experience during pregnancy, childbirth, postpartum, and infancy in Kitsap County to inform local efforts. We explored this in the contexts of the healthcare setting, sources of support for parents and families, and access to information and community resources. Findings offer actionable insights for Black Infant Thrive program strategies and the broader healthcare community to improve Black maternal and infant health outcomes.

### **Healthcare provider training and diversity of workforce**

From experiences in the healthcare setting, we learned that families need better access to culturally competent and racially diverse healthcare providers of different types (i.e., midwives, doulas, OBGYN), as well as increased communication, trust, and shared decision-making between families and their providers. This echoes the stories of Black birthing people elsewhere<sup>9, 12, 13</sup> and aligns with recommendations for reducing racial disparities in maternal and infant health outcomes in the literature. Such recommendations, informed by Black perinatal experiences, include increasing cultural humility and competence among all health professionals, increasing racial and cultural diversity in the health workforce, and investing in doulas and other trusted patient support professionals who help advocate for patients and increase agency<sup>9, 14, 6, 12, 15</sup>. These efforts help to address implicit racial bias and discrimination, which is associated with low quality of care, poor communication, worse health, and undertreatment of pain for Black patients<sup>16</sup>, and increased mortality for Black infants<sup>17</sup>. In this survey, some participants described similar experiences. More than one third said they did not trust their healthcare providers, and some participants were not taken seriously about their pain, labor progression, and concerns during childbirth, contributing to traumatic experiences. Others specifically said their race or their child's race contributed to the dismissive or inadequate care they received.

At the local level, potential strategies to address these challenges include opportunities for provider trainings, workforce development efforts, and equipping healthcare providers and organizations with information on existing resources such as Black doulas practicing in the area.

### **Healthcare access and resource needs**

Another strong theme from healthcare experiences was access to timely and quality care. This included instances of delayed initiation of prenatal care and limited time to adequately address concerns during care appointments. Prenatal care access for all Kitsap residents was identified as an important issue in the county's most recent Community Health Assessment<sup>18</sup>. In 2021-2023, only 53% of non-Hispanic Black birthing people started prenatal care in the first trimester and 50% received adequate prenatal care (defined as starting care in the first trimester and attending at least 80% of recommended visits)<sup>7</sup>. In the current survey, a larger proportion (76%) started prenatal care in the first trimester, which may reflect our outreach efforts focused in health services venues. Still, survey participants discussed challenges with transportation, time off work, and childcare, making it difficult to access care. Local community programs can support healthcare access by reducing such barriers.

Mental health care access was another strong theme from participants' experiences. Many participants wanted information on when and where they should seek support locally. Many also wished they had more postpartum check-ins with their healthcare providers so they could better screen for mental health concerns and connect patients to care. Considering access issues across the broader healthcare system, local efforts can help patients find care by increasing awareness of all available care options and facilitating connections.

### **Support systems and support groups**

We also learned from participants that family- and community-based opportunities to strengthen support systems are needed, especially for single parents, military families, and mothers who experienced pregnancy loss. Community building and social support systems have been identified as key steps in addressing Black maternal and infant health disparities elsewhere<sup>11, 9</sup>. To implement this, participants suggested a range of events to meet needs, including community and kid-friendly events, groups for mothers to connect and rest, and more specific support groups. In addition to offering such events in the community, local organizations can advocate for structural policy changes that reinforce these supports for families. For example, childcare and paid parental leave make it easier for families to grow their community support systems and access health care, thereby increasing opportunities for maternal and infant health and family economic stability.

### **Information sharing and patient education**

Finally, there are opportunities to address knowledge gaps around perinatal care and resources for providers and Black birthing families. Specifically, many participants felt uninformed and unprepared for a cesarean section, despite this being a relatively common delivery method. In 2021-2023, more than a third (36%) of deliveries to Black individuals in Washington were cesareans<sup>19</sup>. This was higher than the cesarean rate for American Indian/Alaska Native (25%), Hispanic (28%), and white (28%) individuals, and similar to Asian or Pacific Islander individuals (34%). Even among low-risk pregnancies, Black individuals had the highest cesarean rate (33%)<sup>19</sup>, indicating these differences are not due to underlying risk alone. Racial bias among healthcare providers and the medical field's history of performing experimental cesareans on enslaved people are important factors in understanding these rates and should inform providers' approaches to discussing this procedure with their patients.<sup>20, 21</sup>

Other opportunities for increased information sharing included warning signs for pregnancy complications and the availability of mental health services. These findings can help providers prioritize information sharing efficiently during limited available time with patients. In addition, local pregnancy and childbirth classes and community organizations can focus on these topics when working with Black birthing families and other communities of color.

### **LIMITATIONS**

This survey had several limitations. First, we used a convenience sample, meaning anyone who was eligible was welcome to participate. People who decided to participate may differ in meaningful ways from those who decided not to participate and those who did not learn about the survey. In addition, the survey was not intended to be representative of all Black families in Kitsap County, nor was it intended to compare experiences between Black families and other groups. The survey instead provides valuable detailed insight and nuance about some families' experiences and needs, particularly among those interested in or aware of Black Infant Thrive and who might benefit from future activities of this community program. Like most qualitative studies, the survey findings also help generate more questions to investigate with quantitative data. For example, future work may investigate racial disparities in birth interventions (e.g., c-sections) in Kitsap County, specifically, which is documented at the state level and elsewhere.

Second, most (74%) participants completed the survey online. We were not able to ask follow up questions for clarification or elaboration, which would have otherwise been possible in interviews or focus groups. However, the online format provided more anonymity and convenience for participants, which were important to prioritize given the sensitivity of pregnancy and childbirth experiences as well

as the busy schedules of families with young children. To aid in interpreting open-ended survey responses, we used information from the multiple-choice questions for context, and the BIT coordinator and analyst discussed responses that were unclear during the coding process.

Third, seven participants were currently pregnant at the time of the survey, two of whom said in their survey responses that they had not previously given birth. Some of the pregnant participants may have not been able to answer some questions or they may have answered questions about prenatal care in the context of their current pregnancy, instead of past births. We decided to retain their responses in the analysis because we could learn from their recent prenatal care experiences.

Finally, data collection and analysis are inherently influenced by implicit biases and the identities of those leading the work. As best practice, we described the primary members of our team in APPENDIX I. SURVEY TEAM POSITIONALITY to aid interpretation of survey findings. We acknowledge that the primary analyst identifies as a white woman, which inherently shaped the ways in which responses were understood and synthesized, despite having experience in qualitative methods and building in self-reflection and discussion with the BIT coordinator throughout analysis. Considering this, we prioritized transparency in the analysis and reporting of more detailed findings and quotes so that others can understand how key findings were produced from the data (APPENDIX I. DETAILED RESULTS).

## LESSONS LEARNED

We learned several lessons from designing and implementing this survey that may be informative for other community-based programs and future data collection with Black pregnant people and families.

First, in-person survey outreach was the most effective method of recruiting eligible participants. The BIT program coordinator, who conducted the outreach and recruitment, attended many events that served families, pregnant people, and the Black/African American community in Kitsap County. Advantages of this approach must be weighed against limitations including lack of anonymity of participants (if they complete the survey at the event) and time constraints for participants who were often attending events with their children or other family members.

Second, we realized that the survey questions were not trauma-informed with respect to individuals experiencing pregnancy loss, who were eligible to participate. Future data collection and program communications should consider experiences of pregnancy loss, stillbirth, and infant death. Moreover, we may consider asking about loss directly in future surveys so that we can learn more about the community's need for support, coping resources, and grief ministries, which could inform future BIT program activities.

Third, online surveys that are open to the public and promote gift card incentives are targeted by bots and spammers. Although we designed the survey with several protections such as ReCAPTCHA technology ("check the box to verify you are human") and without automatic delivery of digital gift cards, we received over 800 potential bot and spam survey records. Most of these records were within the same day the survey was shared on social media. This required a substantial amount of staff time to establish automated and manual screening protocols to identify invalid records and verify eligible participants. Manual screening included reviewing responses and contacting hundreds of individuals by phone or email addresses provided at the end of the survey in order to deliver the gift card incentive – the vast majority had invalid contact information or were not eligible for the survey. These challenges should be considered alongside the advantages of an anonymous online survey, the sensitivity of the survey topic, especially for individuals with traumatic or distressing experiences, and the busy schedules

of families with young children. We selected this survey format for its accessibility and confidentiality. We offered gift cards to recognize the time and experience that individuals shared with us.

## ACKNOWLEDGMENTS

We are extremely grateful to the participants who took time to share their experiences and recommendations. This project was funded by Foundational Public Health Services and a Strengthen Families Locally Washington PAVE Grant. The PAVE Grant funded the gift card incentives and paid for a portion of staff time allotted to survey administration. This project used REDCap, a secure web platform for building and managing online databases and surveys, which is supported by the grant UL1 TR002319.

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## APPENDIX I

### DETAILED SURVEY METHODS

#### DESIGN & POPULATION

We used a cross-sectional survey design and a convenience sampling approach. Individuals were eligible to participate if they met the following criteria: self-identified as Black or African American, were pregnant or gave birth in the past three years (approximately 2021-2024) and lived in Kitsap County during or after pregnancy. We used birth certificate data from Kitsap residents to roughly estimate the size of the target population for this survey. In 2021-2023 (the most recent years available for analysis), there were approximately 500 live births to Kitsap residents who reported Black/African American race.

We developed the survey questions based on BIT program objectives and factors that influence perinatal experiences and health outcomes, such as support, trust and communication with healthcare providers, access to care and basic needs, and information needs<sup>9, 5, 11, 6</sup>. We asked a combination of multiple choice and open-ended questions and collected both quantitative and qualitative data. Topics included experiences with healthcare and support during pregnancy, childbirth, and postpartum, as well as recommendations for BIT. We also collected limited demographic information including ZIP code, age group, self-described gender, self-described race/ethnicity, and preferred language. The survey was available online, on paper, and in an interview format in person or by phone.

Before opening the survey to the public, we pilot tested the survey with five individuals at KPHD, revised the survey based on feedback, and then pilot tested with five individuals from the community who were eligible for the survey. No additional revisions were made after the community member pilot surveys. We completed the community pilot surveys in April 2024 and included the responses in the final sample.

The public launch of the survey, planned for June 2024, was delayed by approximately one month so that KPHD could assess the need for and update its gift card policy for community activities such as this. The policy ensures that the purpose and distribution of gift cards is aligned with best practices for equitable community engagement.

#### OUTREACH & DATA COLLECTION

The survey was open from July to December 2024, was offered only in English, and took about 30 minutes to complete. We promoted the survey on the KPHD website and social media accounts including five posts each on Facebook, X (formerly Twitter), and Instagram, and by distributing fliers at health clinics and social service providers (e.g., WIC). The BIT program coordinator promoted the survey at eight local community events hosted by Rose and Bloom Co., YWCA, KPHD (Just the Essentials and *Aftershock* movie screening), Peninsula Birth and Baby Exposition, and Doc Luv the Kids (three events). They additionally promoted the survey by emailing the link to community partners and community members who expressed interest at outreach events. The program coordinator's connections and involvement within the community were vital to recruiting participants for the survey. The coordinator also administered the interviews.

Prior to participating, individuals reviewed information about the survey and provided informed consent by answering the screening questions on the first page (APPENDIX II). We offered eligible participants a Kroger grocery gift card of \$30 for surveys and \$45 for interviews. The BIT program coordinator contacted participants to arrange delivery of the gift cards by mail or pick up at the KPHD office. Participants must have provided an email address or phone number at the completion of their survey to be contacted about receiving the gift card. This step was important to ensuring those included in our

final analytic sample were indeed individuals eligible for the survey and were not survey responses generated by bots or spammers (See *Screening for eligible participants*).

This activity was reviewed by the Washington State Institutional Review Board, deemed exempt from review and not considered human subjects research, and was conducted consistent with applicable federal law and local and state policies.

Survey data were collected and managed using REDCap (Research Electronic Data Capture) tools hosted at the University of Washington. REDCap is a secure, web-based software platform designed to support data capture and management for research studies and assessment activities.<sup>22, 23</sup>

## ANALYSIS

*Screening for eligible participants.* Because the survey was accessible to the online public, promoted on social media, and offered a gift card, the survey collected hundreds of records created by bots and ineligible respondents who target surveys offering incentives (i.e., false responders)<sup>24, 25</sup>. Bots (defined as computer software programmed to perform automated tasks for users) and false responders are a growing concern for data quality in online survey research<sup>25, 26</sup>.

We used a multi-step process to screen out ineligible records (bots and false responders) and screen in eligible participants for the final analytic sample. Most of the 921 completed records were sign-ups for interviews (576, 63%), due to the branching logic on the survey introduction page, and the rest were survey records (345, 37%).

First, we designed an automated protocol that flagged records likely generated by bots or false responders. Records with any of the following were flagged: all questions unanswered, screening and interview sign-up questions completed in less than 30 seconds, survey questions completed in less than three minutes, or a non-Kitsap ZIP code was entered in response to our bot screening question (this was not related to eligibility screening questions). We then applied a manual screening protocol on the remaining records by reviewing survey responses and flagging records with any of the following: multiple identical open-ended responses within a record or across other records, nonsensical responses to open-ended questions, all multiple choice answered with the first option and all other questions unanswered, screening or survey completed between 12AM-4AM local time, or the ZIP code provided in the demographics section was not a real US ZIP code. We applied these criteria conservatively by thoroughly reviewing records and attempting to contact records we were unsure about after applying the manual screening protocol (see next step below). Using the automated and manual screening criteria, 294 (85%) of the total completed survey records and 429 (74%) of the total interview sign-up records were flagged as a potential bot or false responder. Of these, 36 survey records and 325 interview sign-up records were flagged for additional screening via contact attempts (see second step below). After this additional screening, all of the flagged records were excluded from analysis (diagram shown in APPENDIX III).

Second, the BIT program coordinator contacted records by phone or email. These records included those flagged for additional screening in the first step (361) and the remaining 41 potentially eligible survey records and 147 potentially eligible interview sign-up records. The BIT coordinator contacted each individual at least twice over the course of two weeks. Many of those contacted had an invalid phone or email, did not respond, or requested a digital gift card and stopped responding after learning that digital gift cards were not available. Two eligible individuals scheduled an interview but were lost to follow-up.

At the end of this process, we confirmed eligibility for 38 survey participants, including ten participants who completed the survey in an interview format with the BIT program coordinator. Only two individuals said they did not want to be contacted for a gift card—they were pilot participants and were included in the final sample.

*Qualitative data analysis.* In the final sample of participants, we analyzed responses to open-ended questions using a thematic qualitative analysis approach which iteratively identifies common themes across participant responses. The analyst first reviewed all open-ended responses to identify themes and ideas to examine in analysis; then translated these into codes that were applied to each response. The codes were a combination of concepts identified in the data and codes that had been pre-defined based on the survey topics and the literature.

The analyst then examined coded text across participants to develop themes that represented patterns of meaning. We also summarized responses to multiple choice questions for additional context and compared coded text and themes between the following groups: those who reported positive versus negative prenatal care experiences, childbirth experiences, and communication experiences with healthcare providers. Preliminary findings were discussed between the analyst and the BIT program coordinator to ensure coordinated understanding of themes and alignment with program goals.

To identify key findings, we considered the following questions when developing themes: 1) Is this a theme that represents a pattern across participants? 2) Does the theme tell us something about the needs of the community? 3) Is there enough data to support that this is a strong theme? We then grouped common themes into key findings within topics of interest: healthcare experiences, sources of support, information and resource needs, and recommendations for the BIT program.

We selected quotes from survey responses to illustrate themes and key findings. For all quotes presented in this report, the analyst removed potentially identifying details and made minor edits to typos and grammar for clarity. These changes are indicated by brackets. We did not adjust spelling or abbreviations as we felt it was important to uphold participants' stories in the ways that they wrote them. Qualitative analyses were performed using MAXQDA 24 software (version 24.7.0).

*Quantitative Data.* The analyst summarized responses to the multiple-choice questions by calculating the proportion of the sample that selected each response. For some responses, such as questions using a 5- or 4-point Likert scale, we grouped responses into categories. For example, we combined "very positive" and "somewhat positive" prenatal care experiences into a single category for positive prenatal care experiences. The purpose of the quantitative analysis was to contextualize the qualitative data from open-ended responses where applicable. Quantitative analyses were performed using Microsoft Excel.

## COMMUNICATING SURVEY FINDINGS

Before widespread sharing of results, we will present the survey results in a community listening session with partners and survey participants who opted to share their email address with the program for this purpose. We will gather reflections and insights and include them in an addendum to the final report as additional context and interpretation around the findings.



## **SURVEY TEAM POSITIONALITY**

Data collection and analysis are inherently influenced by implicit biases and the identities of researchers, which inform the opinions, values, and experiences they hold (i.e., their positionality)<sup>27</sup>. It is best practice to describe researchers' positionality to aid readers in interpreting findings. The two individuals who were primarily involved in this project were the BIT program coordinator and analyst at KPHD. Together, and with input from KPHD staff, they designed and administered the survey. The BIT coordinator led the survey outreach and recruitment, facilitated interviews, distributed gift cards, and supported analysis and report writing. The analyst was the primary data analyst and author of the report. The BIT program coordinator identifies as a Black woman and parent. She has a background in early child learning and development and currently works within the KPHD Parent Child Health Program. The primary analyst is an epidemiologist within the KPHD Assessment and Epidemiology Program who provides epidemiologic support to the Parent Child Health Program. She identifies as a white woman and parent and has experience with quantitative and qualitative public health research. Both individuals are residents of Kitsap County and have received perinatal care in Kitsap County.

## **DETAILED RESULTS**

### **PARTICIPANTS**

Based on eligibility and screening criteria, 38 individuals were included in the analysis. Of these, ten completed the survey in an interview format, nine in person and one over the phone. All participants self-identified as women and reported English as their preferred language. Other demographic information is presented in Table 1.

Participants either received prenatal or delivery care in Kitsap, lived in Kitsap during their pregnancy, lived in Kitsap during the postpartum period, or received care in Kitsap postpartum. Most participants lived in Kitsap County during their entire pregnancy (27; 71%), received prenatal care in Kitsap County (29; 76%), and gave birth in Kitsap County (29; 76%) (Table 2). Because the number of participants was relatively small, all participants' experiences were analyzed together to produce key findings.

Table 1. Self-reported survey participant characteristics

	N=38	100%
Age at the time of survey		
20-29	21	55%
30-39	16	42%
40-49	1	3%
Race/ethnicity (alone or in combination)*		
American Indian/Alaska Native	1	3%
Asian or Asian American	2	5%
Black or African American	37	97%
Middle Eastern or North African	0	0%
Native Hawaiian or Pacific Islander	1	3%
White	2	5%
Hispanic or Latina	2	5%
Currently pregnant		
Yes	7	18%
Current residence**		
Bainbridge	0	0%
Bremerton	17	45%
Central Kitsap	16	42%
North Kitsap	1	3%
South Kitsap	3	8%
Missing	1	3%
What was the year of your most recent birth?		
2020	2	5%
2021	6	16%
2022	4	11%
2023	11	29%
2024	11	29%
Missing	4	11%
Did you live in Kitsap County during any part of your pregnancy?		
Yes, for all 3 trimesters	27	71%
Yes, for 2 trimesters	3	8%
Yes, for 1 trimester	6	16%
No	2	5%

\*One individual did not select Black/African American race in the demographics survey question but was confirmed eligible for the survey after being contacted by the BIT program coordinator.

\*\*Participants were categorized by their ZIP code. Regions are defined by ZIP code groups that roughly align with school district boundaries <sup>28</sup>.

## FINDINGS

### *1. Components of a successful BIT program. How do expecting parents and families envision a successful BIT program in terms of supporting Black babies and families?*

Many participants said that success would look like **culturally competent and quality care for Black families. Suggested activities towards this goal included educating providers and promoting a diverse healthcare workforce**, including increasing access to different provider types like doulas and midwives.

*"Support groups, conferences where health care providers can attend in Kitsap County. I don't think providers are aware there are differences in skin or traits. General education of Bipoc care. [...] is where my daughter receives her care, and I know they are unaware firsthand." –*

*"Medical officials that look like you."*

*"Black mother being happy and treated equally and better health care if they have the money or not"*

Many participants also described success as **Black families and expecting parents advocating for themselves in healthcare** to ensure their needs are met. This included knowing what questions to ask in appointments, when finding a provider, and speaking up about concerns.

*"How to speak up and what questions to ask when picking a provider and once you have that provider what concerns I might have"*

*"Creating a program for black mothers that teach/encourage them how to take care of themselves during and after pregnancy, having individuals of color be visible in places where women are giving birth (potential partnership with the hospital). Giving black mothers access to information on how to advocate for themselves and their baby (what questions to ask when finding a provider, etc.)"*

Additionally, most participants suggested **opportunities for mothers and families to connect, support one another, and learn from one another**. Support groups, especially for mothers, and community events were commonly mentioned. Participants described the importance of **sharing knowledge and supporting mothers**.

*"I think having resources to help black moms to help their children would be helpful. Also, having a community to rely on is major."*

*"Having a supportive community for moms that feel welcomed and not judged."*

*"I would love to see more events catering to giving moms self care opportunities as well as community events involving our kids, to give our kids a place to interact in an area we feel safe while the moms get to interact in a calm & fun environment. Knowing moms can't always get a babysitter I think having kid friendly events would result in better turnouts to certain events!"*

*"i would love to see more activities for moms [but] eventually for the families and dad as well"*

Finally, participants said that BIT could support families by **promoting access to lactation support and resources and mental health resources**.

*"More diverse providers, more lactation supports, more education, more opportunities for community"*

*"Help mothers understand their resources. Such as insurance covered breast pumps, lactation support, what to expect with birth if things may not go as planned."*

## 2. **Healthcare experiences.** *What contributes to positive and negative experiences receiving care in pregnancy, childbirth, and postpartum for Black families in Kitsap?*

Most participants (26; 68%) rated their prenatal care experience as somewhat or very positive (Table 2). Five participants (13%) rated their experience as somewhat or very negative. Six participants rated their experience as neutral (between positive and negative).

When asked to reflect on their childbirth experience, 15 (40%) participants described a mostly positive experience. Half of participants reported having some negative childbirth experiences, with one in four participants reporting a “mostly negative experience” (9, 24%).

While most participants (25, 66%) said they trusted their healthcare providers, **over one-third (9, 34%) of participants said that they did not trust their healthcare providers**, when reflecting on their overall experience receiving care in pregnancy, childbirth, and postpartum.

The themes reflecting positive healthcare experiences and patient-provider trust overlapped substantially and are thus described together below.

### 2A. **Communication and shared decision making with healthcare providers**

Of those who felt positively about their experience with prenatal care and/or childbirth, many participants described **feeling “heard” by their healthcare providers**. Providers took the **time to understand patients’ concerns, adequately address questions, and provide reassurance with thorough explanations or clinical follow up** such as additional testing. Participants in turn felt empowered to raise questions and concerns, which helped them feel more informed about and prepared for handling complications and challenges.

*“My Ob for my [second child] was extremely kind, caring and listened to my concerns. I had many fears and concerns after my [first’s child] pregnancy and my doctor helped me come up with a birth plan, something I didn’t have with my first. Having an ob that made me feel reassured and prepared for my [second child] being born made my second pregnancy feel easier.”*

*“My OB was great ! I felt like i was taken care of and heard throughout my whole pregnancy and birth.”*

*“I also enjoy my midwife just as much as my OB. I feel they both took my concerns seriously and they always ran tests for things I was worried about.”*

*“She never sugar coated anything. Very blunt in the options I have but also letting me be in charge of my journey.”*

*“thorough explanations, willingness to answer my questions, providing resources”*

During labor and childbirth, specifically, many participants’ positive experiences involved having **a say in the type of care they received and understanding their options and decisions**. Examples included pain management, birth plans, and understanding the reasons for an emergency c-section. Participants also commonly mentioned that providers and staff helped them **feel comfortable, physically and**

**emotionally**, reinforcing that providers had the time and capacity to attend to the specific needs of their patients.

*"It was great! Nurses and doctors [...] were excellent. I couldn't have the birth that I wanted (VBAC) but it was in my best interest and they let me attempt natural before having to do a c section."*

*"I had a caesarean and it went good I didn't feel anything and the hospital [...] was so nice they told me what was going to happen before and they let my mom come in and afterwards they gave me my medicine and keep bringing me food and water and donor milk for the baby and teaching me how to breast feed and they made sure I was better before I [went] home and they let me take everything for the room and ask if I needed more they would give it to me and they schedule my baby first doctor appointment at the same hospital with [my baby's] pediatrician and they schedule me a few appointments with the breastfeeding lady to help with me breastfeeding which I loved" –*

*"It was scary and beautiful . The best part was the staff getting me comfortable and ready to bring life to this world ."*

*"Nervousness. Excited. I didn't feel rushed or unheard. I felt like I was taken care of in the facility and my also my child."*

Of the nine participants who described mostly negative childbirth experiences, eight described clinical complications and trauma that were exacerbated by **poor communication and care coordination** from providers and staff. Three participants described experiences where they were **not taken seriously about their pain, labor progression, and concerns during childbirth**, contributing to traumatic experiences.

*"Childbirth I felt like when I had pain the nurse at the time didn't believe me then come to find out when she finally checked I was 9 cm"*

*"The birthing experience was horrible i went [...] and i was in a lot of pain i was 3cm dilated they said i had to be four offered me a morphine shot and sent me home i labored all night by myself and when i went for my docs appt i was 7cm dilated and they told me to rush to the hospital when i got [...] they had no urgency to get me to the back even though i was in a lot of pain after i gave birth with no epidural they made my husband and kid leave even though before hand they said they would be able to stay the entire time so i was left to take care of a newborn alone nurses barely helped me and there was no nursery to take the baby too"*

*"They didn't listen to my Concerns"*

*"I was in active labor for 47 hours at home before they brought me in and actually induced me. I was denied induction 3 times before they kept me due to my amniotic fluid being to low."*

Not all participants who had complicated or traumatic deliveries described their experience negatively. Participants who had positive reflections of challenging times felt **informed about the care decisions that were made and the reasoning for them**.

*"it was an experience that was helped me in the future births and i know what to do now and things differently"*

*"It was difficult because everything happened so fast but it was needed to save me and [baby]"*

## 2B. Provider access and availability

Most participants (29; 76%) began prenatal care in the first trimester, while 18% (7) and 5% (2) began care in the second and third trimesters, respectively (Table 2). Nearly all participants (34; 89%) received prenatal care from OB/GYNs, and 7 (18%) received care from family practice physicians, 3 (8%) from ARNPs, 3 (8%) from nurse midwives (CNM), 5 (13%) from midwives, and 5 (13%) from doulas.

Most participants (33; 87%) had health insurance during their pregnancy and during the 12 months postpartum (31; 82%). Only 58% (22) of participants went to the dentist during their pregnancy.

Most participants (29; 76%) gave birth in Kitsap County (Table 2). The reasons for not giving birth in Kitsap were not living in Kitsap (2), easier to find a provider accepting new patients elsewhere (2), and concerned about quality of care in Kitsap (2). Thirty-three participants (87%) gave birth in a hospital, whereas 2 (5%) gave birth in a birth facility and 3 (8%) gave birth elsewhere or did not specify.

Many participants who had negative experiences receiving care described **limited provider availability which delayed initiation of prenatal care or made it difficult to receive consistent care**. They also described **inadequate time to identify health complications during appointments**.

*"My first appointment took 4 months. They weren't accepting new patients [...]."*

*"Doctors [were] always booked unable to see the doctor regularly and unable to maintain the same doctor throughout the pregnancy seemed like they just passed me along"*

*"It was very hard to connect with the provider. A lot of their websites said that they had OB shortages and the time frames to get in office were very extensive. So, a lot of my prenatal care came actually from the emergency room [...]."*

*"More personal care. OB didn't know name. Needed to be seen sooner due to complications. Was first seen at 4 months. Had [some] issue[s]. Kept going to emergency because I couldn't be seen at hospital. Toward the end I had to see a specialist weekly. Specialist was putting in notes to induce and doctor never read them."*

*"a lot of things could have been avoided if doctors and nurses paid more attention to my charts"*

## 2C. Black providers and cultural competency

Access to **healthcare providers who were Black/African American, Indigenous, or Persons of Color (BIPOC) and providers who were well informed about Black maternal and infant health** positively influenced care experiences. Some participants described difficulties in finding BIPOC providers in the area or needing more providers who are trained in providing culturally competent care.

*"Initially, I was prepared to do an unmedicated childbirth, similar to my first child. However, I did not want to wait until 42 weeks and I was able to be induced at 40 weeks. My BIPOC doula did caution that while I could deny the epidural, the pitocin is often a slippery slope to a medicated birth. I slid down that slope right into having an epidural. The pitocin caused the contractions to be hard and frequent, but the birth wasn't progressing and I decided that I didn't want to continue to be in pain"*

*indefinitely. The pain was not manageable unlike my first, non-induced birth. My doula joined me in the hospital while I got the epidural and we were able to laugh and chat since I was relaxed. My water broke and the baby arrived soon after. I felt the hospital staff were attentive and listened to my requests quickly.”*

*“Finding a Dr went pretty well, not many [African American] Doctors tho.”*

*“I knew how to advocate for myself and the right questions to ask when picking a provider. I wanted a provider that was well versed in understanding the issues pertains to [B]lack maternal health. The providers I spoke to understood the level of care I was looking for and understood and heard every concern I had and addressed them. “*

Seven participants mentioned **racism in healthcare**. The survey did not specifically ask about race or racism as a factor in healthcare experiences, though it may have been an implied topic of interest. Three of these participants discussed their own experiences, where they received dismissive and inadequate care due to their race or their child’s race; **concerns were not taken seriously, especially regarding pain and pregnancy complications**. Other participants discussed this in broader terms as a community issue. They emphasized the importance of accountability for providers’ mistreatment of Black patients. They also highlighted the lack of acknowledgment and education around racial disparities in healthcare.

*“I think overall, the doctors in this area do not listen to the concerns of Black women. They are dismissive when we bring up our concerns. Especially dealing with pain.”*

*“Care that was given to my baby. The doctor was misinformed with issues pertaining to Black people. [My baby] had bad eczema and they kept telling me to put steroid creams on her. i had to change my diet when breast feeding but they never told [me]. There were three visits before [they] referred her to an allergist and this wasn't even done by the primary care doctor. They compared [my baby's] symptoms to white babies a lot.”*

*“The lack of resources in Kitsap is overwhelming especially for [B]lacks. We need ppl of color in these places to feel more comfortable and understood.”*

Table 2. Healthcare experiences and access, multiple-choice survey questions

	N=38	100%
Did you receive prenatal care in Kitsap County?		
Yes	29	76%
No, I received care elsewhere	6	16%
No, I did not receive prenatal care	1	3%
Missing	2	5%
When did you first see your healthcare provider for prenatal care?		
In the first trimester	29	76%
In the second trimester	7	18%
In the third trimester	2	5%
Type of provider seen for care (not mutually exclusive)		
OB/GYN	34	89%
Family Practice Physician	7	18%
ARNP	3	8%
Nurse Midwife (CNM)	3	8%
Midwife	5	13%
Doula	5	13%
Other	2	5%
On a scale of 1-5 please rate your prenatal care experience		
Somewhat or very positive	26	68%
Neutral	6	16%
Somewhat or very negative	5	13%
Missing	1	3%
Did you go the dentist at least once during your pregnancy?		
Yes	22	58%
No	13	34%
I don't know	3	8%
Did you experience any difficulty getting the dental care that you needed during pregnancy?		
Yes	9	24%
No	26	68%
Missing	3	8%
Was there anything you needed during pregnancy that you didn't receive?		
Yes	9	24%
No	26	68%
Missing	3	8%
Did you give birth in Kitsap County?		
Yes	29	76%
No	7	18%
Missing	2	5%
Other birth location if not Kitsap County		
King County	3	-
Pierce County	3	-
Outside of Washington	1	-
In what type of facility did you give birth?		
Hospital	33	87%
Birth center	2	5%
Other/Missing	3	8%
Was there anything that you needed during labor and after your baby was born that you didn't receive?		



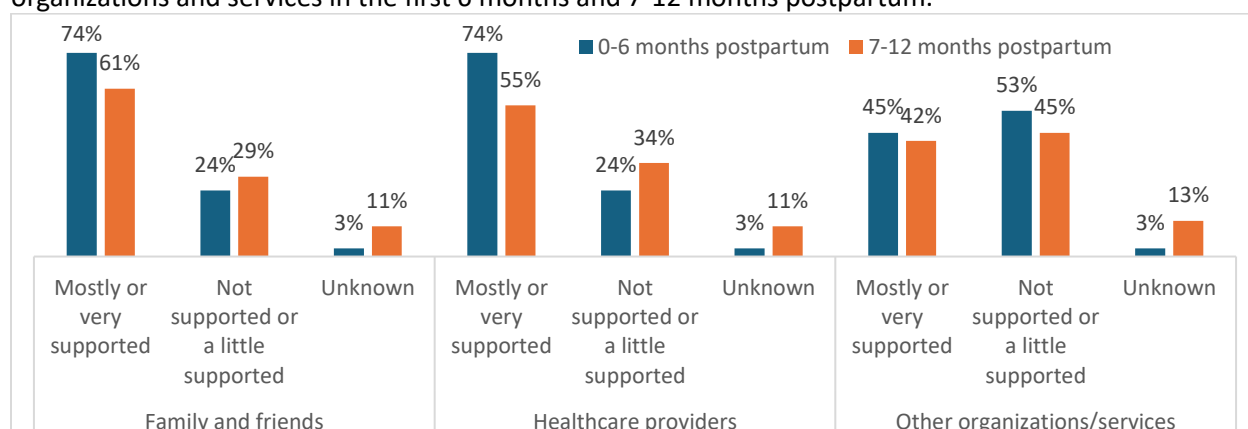
Yes	10	26%
No	27	71%
Missing	1	3%
Where did you receive postpartum care within the 6 months after having your baby? (not mutually exclusive)		
Clinic	19	50%
Hospital	6	16%
Home	4	11%
I did not receive postpartum care*	6	16%
Reflecting on your experiences, did you feel like you trusted your healthcare provider(s)?		
Yes	25	66%
No	9	24%
Missing	4	11%
Did you have health insurance during the entire length of your pregnancy?		
Yes	33	87%
No	3	8%
Missing	2	5%
Did you have health insurance in all 12 months after having your baby?		
Yes	31	82%
No	4	11%
Missing	3	8%

OB/GYN=Obstetrician/Gynecologist; ARNP=Advanced Registered Nurse Practitioner.

### 3. Sources of support. How supported do families feel in the year after birth? What contributes to expecting parents and families feeling supported, and what do families need to feel more supported?

**Family and friends were the primary sources of support for participants during the year after giving birth.** In the first 6 months postpartum, most participants (28; 74%) felt supported by friends and family, and in the 7-12 months postpartum this percentage was slightly lower at 61% (23) (Figure 1).

Figure 1. Self-rated levels of support received from family and friends, healthcare providers, and other organizations and services in the first 6 months and 7-12 months postpartum.



Family and friends were supportive by helping with **logistical aspects such as tasks in the home and childcare** and by **supporting mothers' emotional wellbeing and encouraging rest**. Partners were

particularly important sources of support during the first 6 months after birth and were mentioned less often in responses about the 7-12 months after birth.

*“friends bringing meals, checking on us, and having our home visitor from the military”*

*“My community. Family and friends being physically and emotionally present to support my family.”*

*“Let mother rest. Make sure your partner feels included also.”*

*“Being able to be free to talk about this journey. Feels easy to just be opened.”*

*Support is having people I trust able and willing to care for the baby. Support is having other needs such as a clean house, nutritious food being available. It feels like love!*

Many participants described wanting **family- and community-based opportunities to strengthen the family and friend support system**. These included opportunities for **mothers to connect and share experiences** and **family support groups** and events that include children and partners. Community-based opportunities were particularly important for military families who may not have other family members nearby.

*“Being able to see someone or a group for this whole new journey.”*

*“Support groups for Bipoc families”*

*“support groups . New mom groups or just even a group of other moms would've helped when my fiance went back to work”*

*“Community: more mom and baby activities, family activities with older children. Activities geared to smaller ethnic groups. Something for moms who breastfeed long term. Roles where moms can help new moms.”*

*“My doula and my husband and midwife and my gyno all made me feel supported and I was scared at first to give birth and be away from my family since my husband in the military but the military throw me a whole babyshower and bought me everything I needed and [my] friend and family members came so It was wonderful”*

Healthcare providers, including midwives and doulas, were also important sources of support in the first 6 months after birth, with most participants (28; 76%) feeling supported by their providers during this period (Figure 1). Participants felt supported when healthcare providers **checked in on them and their baby** and when they **were available for follow-up questions or care**. Support was lacking when providers were not able to do these things. Some participants also felt more supported when **providers had lived experience as a parent and as a person of color**.

*“Support is knowing when you go or call you will hear exactly what's needed to help for you and baby”*

*"I loved to see how delicate everyone treated my baby, it was nice to see the love some of my son doctors had for him. All babies are perfectly crafted gifts hand delivered from God, and it made me feel warm to see how many people treated my son as such."*

*"Having ppl that under[stand] what it is to be me and be pregnant. Black women die from childbirth everyday bc healthcare do not take us serious." –*

*"support feels like for me is someone [who's] able to listen fully and still give their professional response , as well as someone for me i would like someone that has been through it before."*

Only about half of participants felt supported in the 7-12 months postpartum (13; 55%). **Many wanted more support for their physical and mental health beyond the first 6 months after birth.**

*"My medical provider in Kitsap County had 0 OBGYN follow-up appointments available. I was put on a waitlist. I was never contacted. Fortunately I didn't have any complications and so I let it go. But essentially felt like the provider doesn't care about the mother once the baby is born."*

*"If there were more checkups for moms after birth. Once it had been decided that I physically healed, I was basically just asked if I also wanted depression medication. I felt I wasn't offered resources or continued support with my mental health."*

*"[...] perhaps another check in with my provider 6-9 months after delivery. I suffered from PPA and when I realized I needed help, I didn't know where I go and felt like I couldn't just make an appointment with my OB."*

Half of participants (19; 50%) received postpartum care at a clinic within the first 6 months after birth, 6 (16%) received care at a hospital, and 4 (11%) received care at home (Table 2). Six (16%) did not receive postpartum care. **Doulas, midwives, and pediatricians** were commonly mentioned as support sources in postpartum.

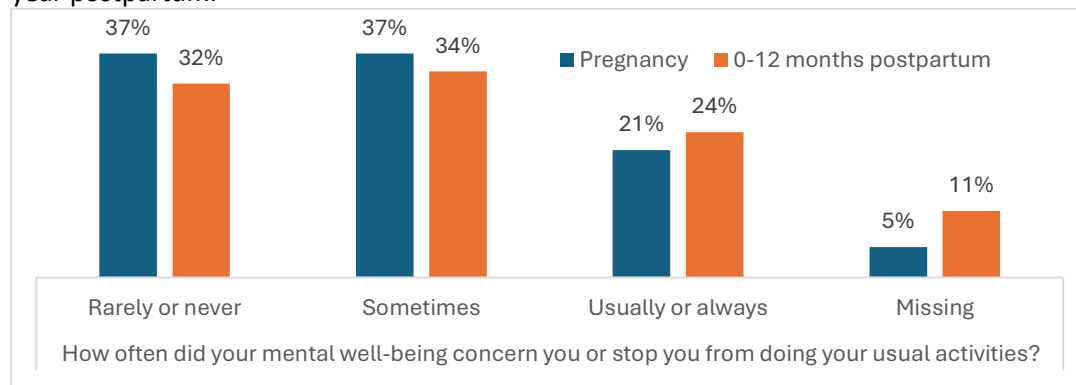
**Mental health support was also important for many participants.** About 40% (15) wanted more support for mental health, including from the health system, such as better **access to therapy and more check-ins from providers**, and from their **social support system**. Based on a survey question, mental wellbeing was usually or always a concern for 21% (8) of participants during pregnancy and 24% (9) of participants during the 12 months postpartum (Figure 2).

*"being a call away of if im struggling just running down different ideas or resources. Being a listening ear."*

*"Having my mental health checked on made me feel validated and supported. Being offered resources for my [child] by organizations like WIC that I otherwise would've never known about had been very helpful."*

*"People around me could've checked on me more, post partum anxiety was very real for me, and at times I felt alone."*

Figure 2. Self-reported frequency of concerns for mental well-being during pregnancy and in the one year postpartum.



**Paid parental leave was another important support for families who had access to it.** Of the five participants who mentioned parental leave, four said they needed more paid time off to care for and be with their baby. Two did not feel supported in their workplace to be able to take the leave they needed.

*"It's great to have support as it helps with me being a good mother. Throughout my pregnancy and after I had the help and support of my mother and husband who also received 3 months leave to care for our child. He picked up the slack in many ways."*

*"More paid time off to be with my baby."*

*"My job i wish they supported me and were more easy on me with coming back to work so soon."*

*"I have a great network of family and friends and my doula who allowed me to recover. My company does not have paid leave, which is pretty disgraceful as a company in a 1st world country (everyone should have paid maternal and paternal leave!) but that is an overall USA capitalistic society issue. I utilized WA PFMLA for bonding time with my baby, so I am grateful for that even though it is pretty minimal. My baby has great pediatric care through my provider." – Participant 36*

*"When I was Active duty military I needed time off to care for myself because my baby was breach, but I was not provided the days off."*

Many participants also experienced **difficulties finding affordable and trustworthy childcare**. This presented challenges in accessing other needed supports and resources such as healthcare, where it is already difficult to schedule a timely appointment due to limited provider availability.

*"childcare options for my other children"*

*"I have an older son so if I ever needed childcare it was hard to find trustworthy childcare, I would end up missing appointments or having to reschedule sometimes."*

*"Lobbying to affect change for all parents at the local and regional government levels for childcare support and subsidies."*

**Participants who experienced pregnancy loss needed more support.** Participants needed support and resources to cope, such as **opportunities to connect with others who experienced loss**. In addition, participants described needing more **specialized and personalized care in subsequent pregnancies**, including additional testing or referrals.

*“Other women who spoke out about miscarriages. [...] More information on handling the grief of miscarriages. [...] How some people still have postpartum response after miscarriage.”*

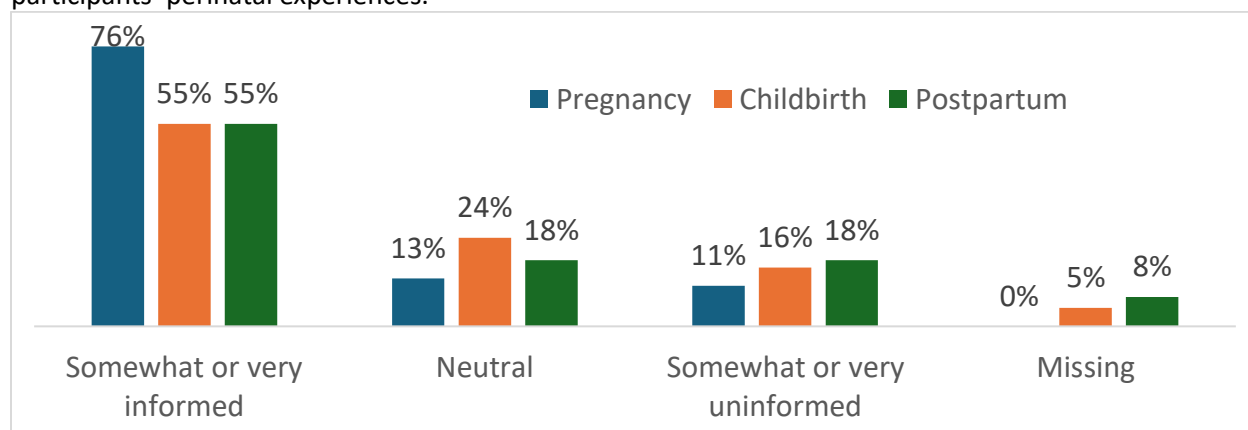
*“Last year I had a still birth so I wanted to know They did ultrasounds and things then the next week [my baby] was dead. I wanted to get more screenings and checkups but they didn't. I just didn't feel okay.”*

When asked about community organizations and services in general, less than half of participants felt supported in the first 6 months (17; 45%) and in the 7-12 months (16; 42%) after birth (Figure 1). Participants' faith was also mentioned as a source of support.

#### 4. **Information gaps.** *What information gaps exist for expecting parents and families about pregnancy, childbirth, and postpartum?*

Although most participants felt informed about pregnancy (75%), only about half felt informed about childbirth (55%) and the postpartum period (55%) (Figure 3).

Figure 3. Self-rated levels of feeling informed about pregnancy, childbirth, and postpartum during participants' perinatal experiences.



In the **healthcare setting**, many participants wanted to **better understand their options for care and the reasoning for care decisions** that were made in pregnancy and childbirth. This centered mostly around childbirth experiences where participants did not feel well informed about the options available to them and the decision made as labor progressed. For some participants, this made it difficult to cope with challenges and pain during labor and delivery.

*“Why I was getting the C-section and that I had a choice [to] decline”*

*“[I wish I knew more about] My options for birth”*

*"If even one of my questions had been answered with even "you might have to go natural" I would've felt more prepared. If they had explained what my labs had to do with my platelets & what information they needed in order for me to get the epidural, maybe I would've felt more secure in waiting."*

*"I needed more information on what exactly was going on with my health. I did have to stay longer like a week because I had preeclampsia."*

*"The possibility of back labor. It was so painful and I had no knowledge that it was even a thing. If I would've know. Sooner I would've tried many things to get my baby positioned better."*

In addition, there were **missed opportunities for patient education about warning signs during pregnancy and after birth**. Some participants searched for information themselves to find reassurance.

*"It would have been helpful to know more about "kick counting" why it's important, and when/how to start doing it. I felt like it was somewhat sprung on me and I didn't really appreciate the importance or value in the moment."*

*"i feel like after care and what happens is more important to learn like things that may be expected but everyone doesnt think about [that], for me it was my first shower at home after birth i was dripping blood terribly bad and thought something was wrong so had to look it up and learned it was normal."*

*"Everything I needed to know I learned from my own research. The doctors don't go over anything with you. They just make sure baby's fine and brushes any concern under the rug. Luckily nothings been a big deal but I wish I would've been given a heads up about weight gain, what's normal to feel and what's not, I feel like I've panicked a few times for no reason."*

*"Explaining more information that was in the folder. This baby was different than my other pregnancies."*

Many participants **felt uninformed and unprepared for a cesarean section**.

*"this was my second pregnancy so I felt pretty informed except for the reason why I got a C-section. It happened very [fast] and I felt like I didn't have a choice in a decision if I wanted to [or] not"*

*"Process of c-section. It happened so fast and wasn't planned."*

*"More about c-sections. I felt ready for and informed about vaginal deliveries and felt wildly unprepared for what to expect when I was wheeled in for my c-section. While not the ideal or most common delivery method, I could have done with more information on it ahead of time so I didn't feel so blindsided when that was my reality."*

**Many participants wished they had known more about what to expect postpartum, especially impacts on mental health.** This ranged from understanding expected changes and timelines, and when to seek care for additional support. In addition, participants wanted more information about available mental health services.

*“What does postpartum look like to some people. Different examples.”*

*“I didn't know [postpartum] would take a year.”*

*“It would have been helpful to know that it comes in waves. Also to know that it isn't something that only affects you for the first couple of weeks. Lastly, I would say it would've been helpful to know that sometimes it doesn't hit until six months or later.”*

*“The baby blues. Didn't have it with this one but it was so tough with the first one.”*

*“More information on post-partum mental health conditions and local and available resources to take if you need support. I got a list of mental health providers in one of my packets during pregnancy, but I couldn't see any of them because they either didn't take my insurance or weren't seeing new patients. I needed a vetted list or help finding support”*

#### **5. Resource needs.** *What resources in the community do expecting parents and families need? What resources do families use?*

Related to themes above around needs for support, common resources that participants needed were reliable and affordable **childcare, mental health care, transportation, lactation support, and opportunities for physical activity**. Based on a survey question, 68% (26) of participants said they would have liked to know more about local resources to support physical activity during their pregnancy and 71% (27) said they would have liked this during the postpartum period. **Transportation was specifically needed to help some participants access healthcare.**

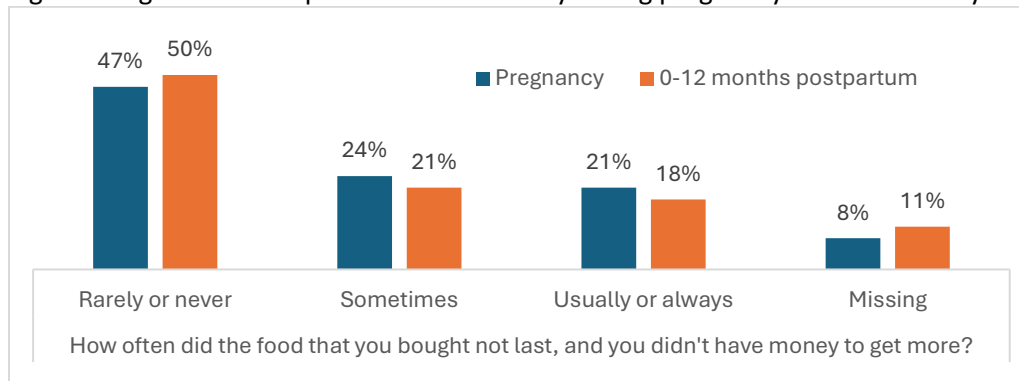
*“I didn't have a car and so it was hard to get to some of my appointments and I had to reschedule a lot of appointments. Through insurance (state insurance) I could have gotten a paratransit (I believe that's what it is called) but they never answered the phone.”*

*“Transportation options to appointments”*

*“There was an incident where I kept missing my appointments due to not having transportation, the staff told me I was going to lose services and I got really emotional over that but once I expressed to them my situation they were empathetic toward me. So their communication was good, they listened to me well, and they allowed me some grace after that.”*

**Food insecurity was a concern for some participants.** Half of participants said they accessed **Women, Infants & Children (WIC) services** at some point during pregnancy or after having their baby. During pregnancy, 21% (8) of participants said the food they bought *usually or always* did not last and they did not have money to buy more (Figure 4). This was similar in the 12 months after giving birth (18%, 7).

Figure 4. Figure 4. Self-reported food insecurity during pregnancy and in the one year postpartum.



Other resources that some participants used were public housing, food assistance, Mama Moves, House of Hope, Parent Child Assistance Program (PCAP), Kitsap Community Resources, First Steps, Apple Health (Medicaid), military family programs, and peer-led parent support groups such as PEPS and Families of Color Seattle (FOCS).



## APPENDIX II

### SURVEY INFORMATION AND SCREENING QUESTIONS

**Please read the information below before agreeing to participate.**



#### **PURPOSE OF THE SURVEY**

Thank you for your interest in this survey, hosted by Kitsap Public Health District (KPHD). The survey is designed to gather valuable insights into the unique needs and challenges that Black families in Kitsap County experience during pregnancy, postpartum, and infancy. **Results from this survey will help the Black Infant Thrive program and other KPHD programs, Kitsap healthcare providers, and community organizations design, tailor, and coordinate services to better serve the community.**

#### **INTERVIEW OPTION**

For a small number of participants, we are offering the option to complete this survey as an interview over the phone, on Zoom, or in person. **If you are interested in the interview option instead of taking this survey, please complete the interview sign-up form and do not complete this survey. Gabreiel Outlaw-Spencer will contact you to schedule an interview time. Thank you!**

#### **PARTICIPATION IS VOLUNTARY**

You can stop participating at any time. Your decision to participate will not affect any services and benefits you receive. The survey should take about 30 minutes to complete. You can save and come back to your responses before submitting the survey.

We expect about 50 people to participate in the survey.

#### **QUESTIONS WILL ASK ABOUT HEALTHCARE DURING PREGNANCY, CHILDBIRTH, AND AFTER HAVING YOUR BABY**

Questions will ask about your experiences with healthcare during your pregnancy, childbirth, and after having your baby (the postpartum period). Questions will also

ask about your ideas for how this program can support families and people who are pregnant in your community.

Finally, questions will ask for your ZIP code, age category, race/ethnicity, gender, and preferred language. This information will be used to summarize the demographics of the survey participants as a group.

We acknowledge that pregnancy, birth, and parenting experiences can vary greatly, and we welcome individuals with all types of experiences to participate. This includes individuals who have experienced stillbirth or infant loss, loss of custody of their child, or adoption.

### **WHO CAN PARTICIPATE?**

You may participate if all of the following are true for you:

- 1) You identify as Black or African American
- 2) You gave birth in the last 3 years
- 3) You were living in Kitsap County during pregnancy or during at least 6 out of the 12 months after having your baby

### **WHAT WILL HAPPEN TO MY SURVEY RESPONSES?**

Your survey responses will be compiled and summarized with responses from other participants in a written report on key findings. We may include select quotes from survey responses in the report to support the key findings. No identifying information will be included with the quotes or anywhere in the report.

The written report will be shared publicly with survey participants, Black Infant Thrive staff and other KPHD staff, healthcare providers, community organizations, and posted on the KPHD website. The report may also be published in a scientific journal so that public health programs in other areas can learn from the experiences of our community.

Your survey responses will be stored securely on a password-protected data management server with Kitsap Public Health District. Only authorized staff from the Epidemiology team will have access to the data.

### **COMPENSATION**

You will have the option to receive a \$30 gift card for participating in this survey. To receive a gift card, please enter your email address or phone number on a separate form at the end of this survey. Your contact information will not be connected with your survey responses.

**WHAT ARE THE POSSIBLE RISKS OR HARMS IF I TAKE PART?**

Some participants may experience emotional discomfort when recalling their experiences with pregnancy, childbirth, and postpartum in response to survey questions. Participants may skip any question they are not comfortable answering and they may stop participating at any time.

There is a risk of possible loss of confidentiality if the secure storage of survey responses fails or is breached. Many safeguards are in place to minimize this risk.

**WHAT ARE THE POSSIBLE BENEFITS IF I TAKE PART?**

By sharing your experiences and perspectives, your participation in the survey will help community programs create a more inclusive and supportive environment for Black families to thrive during pregnancy and early childhood. There are no expected direct benefits to individual participants of the survey.

Participants are invited to stay connected with the Black Infant Thrive program to learn more about future events and resources by entering their email address below.

**WHO CAN I CONTACT WITH QUESTIONS?**

You can contact Gabreiel Outlaw-Spencer at KPHD (gabreiel.outlaw-spencer@kitsappublichealth.org, 360-233-7379) with questions about this survey or the Black Infant Thrive program.

**Please circle your responses.**

**Do you agree to participate in this survey?**

- a. Yes
- b. No

**Are all of the following true for you?**

- You identify as Black or African American
- You gave birth in the last 3 years

- You were living in Kitsap County during pregnancy OR during at least 6 out of the 12 months after having your baby

- a. Yes
- b. No

## **INTERVIEW OPTION**

For a small number of participants, we are offering the option to complete this survey as an interview over the phone, on Zoom, or in person.

- We will close this option after 10 people complete an interview
- Individuals may not participate in both the interview and online survey
- The interview may take 45-60 minutes to complete
- Participants will receive a \$45 gift card for completing the interview
- KPHD will contact you to schedule an interview

### **Are you interested in completing an interview instead of the online survey?**

- a. Yes

*Thank you for your interest! Please enter your contact information on the Interview Sign-Up Form so that KPHD can contact you to schedule an interview. If we close the interview option before you are able to complete an interview, you will be invited to take the online survey instead. You can return this survey form to Gabreiel Outlaw-Spencer or other KPHD staff member.*

- b. No

### **Want to stay connected with Black Infant Thrive?**

Whether or not you participate in the survey, we invite you to join our email list!

Email: \_\_\_\_\_

Circle all that apply:

- a. I would like information about events and resources for Black birthing people and families in Kitsap
- b. I would like information about the results of this survey

c. I would like to offer feedback on the results of this survey

Your email will not be connected with your survey responses.

## BLACK INFANT THRIVE COMMUNITY SURVEY

### **SURVEY INSTRUCTIONS**

This survey has a mix of multiple-choice questions and open questions (meaning they cannot be answered with “yes” or “no”).

**Please circle your responses to the multiple-choice questions.**

In the open questions, please share the level of detail you are comfortable with and what you would like the Black Infant Thrive program to understand about your experiences during pregnancy, childbirth, and after having your baby. Aim to answer these questions in about 3-7 sentences.

You may skip any questions on this survey.

There are multiple pages to this survey. You may go back to previous pages to review or change your responses.

### **1. Enter the month and year of your most recent birth.**

**Month:** \_\_\_\_\_

**Year:** \_\_\_\_\_

### **2. Are you currently pregnant?**

- a. Yes
- b. No
- c. I don't know

**The questions on this page are about your experience receiving prenatal care (note: prenatal care is healthcare received during pregnancy). Please think about your most recent birth to answer the following questions.**

**3. On a scale of 1–5, please rate your overall experience receiving prenatal care.**

1	2	3	4	5
Very negative	Somewhat negative	Neutral	Somewhat positive	Very positive

**a. Share your experience receiving prenatal care. What went well, what could have been better? What was it like for you?**

**b. Was there anything you needed during pregnancy that you didn't receive?**

- a. Yes
- b. No

**If yes, what were some things that you needed?**

- c. Reflect on staff communication with you during your prenatal care experience. What went well, what could have been better, and how did it make you feel?**

- 4. On a scale of 1 to 5 how informed did you feel about pregnancy? Note: this includes before you were pregnant and when you were pregnant.**

1	2	3	4	5
Very uninformed	Somewhat uninformed	Neutral	Somewhat informed	Well informed

- a. What would have been helpful to know more about, if anything?**



**The questions on this page are about your birth experience, including labor and delivery. Please think about your most recent birth to answer the following questions.**

**a. Share your overall experience with childbirth. What was it like for you?**

**b. Was there anything that you needed during labor and after your baby was born that you didn't receive?**

- a. Yes
- b. No

**If yes, what were some things you needed?**

- c. Reflect on staff communication with you during your birth experience. What went well, what could have been better, and how did this overall experience make you feel?**

- 5. On a scale of 1 to 5 how informed did you feel about childbirth (before your delivery)?**

1	2	3	4	5
Very uninformed	Somewhat uninformed	Neutral	Somewhat informed	Well informed

- a. What would have been helpful to know more about, if anything (before your delivery)?**

**The next set of questions are about your experience after having your baby, known as the postpartum period.**

**6. On a scale of 1 to 4, how well supported did you feel in the first 6 months after your baby was born?**

**Support from healthcare providers:**

1	2	3	4
Not supported at all	A little supported	Mostly supported	Very well supported

**Support from family and friends:**

1	2	3	4
Not supported at all	A little supported	Mostly supported	Very well supported

**Support from organizations or other services:**

1	2	3	4
Not supported at all	A little supported	Mostly supported	Very well supported

**a. What helped you to feel supported, if anything?**

**b. What would have helped you feel more supported, if anything?**

**7. On a scale of 1 to 4, how well supported did you feel in the 7 to 12 months after your baby was born?**

**Support from healthcare providers:**

1	2	3	4
Not supported at all	A little supported	Mostly supported	Very well supported

**Support from family and friends:**

1	2	3	4
Not supported at all	A little supported	Mostly supported	Very well supported

**Support from organizations or other services:**

1	2	3	4
Not supported at all	A little supported	Mostly supported	Very well supported

**a. What helped you to feel supported, if anything?**

**b. What would have helped you feel more supported, if anything?**

- 8. On a scale of 1 to 5 how informed did you feel about the postpartum period?  
Please think about the 12 months after having your baby for this question.**

1	2	3	4	5
Very uninformed	Somewhat uninformed	Neutral	Somewhat informed	Well informed

- a. What would have been helpful to know more about, if anything?**

**The next questions on this page are about your overall experience during pregnancy, childbirth, and postpartum.**

- 9. Throughout your pregnancy and in the 12 months after having your baby, did you encounter any difficulties with finding and getting the care that you needed?**

- a. Yes
- b. No

**If yes, what were those difficulties?**

**10. If you could change one thing about your experience receiving healthcare before, during, or after the birth of your baby, what would it be?**

**11. Reflecting on your experiences did you feel like you trusted your healthcare provider(s)?**

- a. Yes
- b. No

**If yes, what helped foster trust and connection for you?**

**If no, what would have helped foster trust and connection with your healthcare provider(s)?**

**The next few questions are about the Black Infant Thrive program. We are interested in how this program can support Black mothers and families in having positive and healthy pregnancy, birth, and postpartum experiences in the future. Your perspective and lived experience can help inform our next steps.**

**12. Support can mean different things to different people. What does support look like to you during pregnancy, birth, and postpartum? How does it feel?**

**13. What activities and outcomes do you want to see from the Black Infant Thrive program? What would success look like?**

**14. What recommendations do you have for improving care for Black mothers and families during pregnancy, childbirth, and after childbirth in Kitsap County?**

**15. Please list the community organizations and programs that you sought for services or support during your pregnancy, childbirth, or postpartum (e.g., child birth classes, New Parent Support, WIC, Mama Moves, First Steps)**

**The purpose of the following questions is to gather more context around your most recent pregnancy, birth, and postpartum experience.**

**16. Did you live in Kitsap County during any part of your pregnancy?**

- a. Yes, for the 1<sup>st</sup> trimester only
- b. Yes, for the 2<sup>nd</sup> trimester only
- c. Yes, for the 3<sup>rd</sup> trimester only
- d. Yes, for 2 of the 3 trimesters
- e. Yes, for all 3 trimesters
- f. No, I lived outside of Kitsap County during all 3 trimesters

**17. Did you receive prenatal care in Kitsap County? (Note: prenatal care is healthcare received during pregnancy.)**

- a. Yes
- b. No, I received care outside of the county.

Please specify other county: \_\_\_\_\_

- c. No, I did not receive prenatal care
- d. I don't know

**18. When did you first see your healthcare provider for prenatal care?**

- a. In the 1<sup>st</sup> trimester
- b. In the 2<sup>nd</sup> trimester
- c. In the 3<sup>rd</sup> trimester
- d. I did not receive prenatal care
- e. I don't know

**19. Please circle the type of healthcare provider you saw for the majority of your care.**

- a. Obstetrician/Gynecologist (OB/GYN)
- b. Family practice physician
- c. Advanced Registered Nurse Practitioner (ARNP)
- d. Nurse midwife (CNM)
- e. Midwife
- f. Doula
- g. Other: \_\_\_\_\_



**20. Did you go to the dentist at least once during your pregnancy?**

- a. Yes
- b. No
- c. I don't know

**21. Did you experience any difficulty getting the dental care that you needed during pregnancy?**

- a. Yes
- b. No

**If yes, what were those difficulties?**

**22. Did you give birth in Kitsap County?**

- a. Yes
- b. No

**If no, specify county and state where you gave birth:**

---

**If no, what led you to deliver your baby outside of Kitsap County?  
Please circle all that apply.**

- a. I did not live in Kitsap County
- b. It was too expensive to deliver in Kitsap
- c. It was easier to find a provider who was accepting new patients outside of Kitsap
- d. It was easier to find a provider who accepted my health insurance outside of Kitsap
- e. It was easier to travel to a hospital/birthing facility outside of Kitsap
- f. I was concerned about quality of care in Kitsap
- g. I was transferred to a different hospital during labor
- h. Other reason: \_\_\_\_\_

---

**23. In what type of facility did you give birth?**

- a. Hospital
- b. Birthing center
- c. At home
- d. Other: \_\_\_\_\_

**24. Where did you receive postpartum care within the 6 months after having your baby? Circle all that apply.**

- a. Clinic
- b. Hospital
- c. At home
- d. I did not receive postpartum care
- e. Other: \_\_\_\_\_

**25. Did you experience periods of time when your mental well-being concerned you or stopped you from doing your usual activities?**

**During pregnancy:**

- a. All the time
- b. Very often
- c. Sometimes
- d. Rarely
- e. Never
- f. I don't know

**In the 12 months after having your baby:**

- a. All the time
- b. Very often
- c. Sometimes
- d. Rarely
- e. Never
- f. I don't know

**26. How often did the food that you bought not last, and you didn't have money to get more?**

**During pregnancy:**

- a. Always
- b. Usually
- c. Sometimes
- d. Rarely
- e. Never
- f. I don't know

**In the 12 months after having your baby:**

- a. Always
- b. Usually
- c. Sometimes
- d. Rarely
- e. Never
- f. I don't know

**27. Would you have liked more information about local resources and activities to support physical activity?**

**During pregnancy:**

- a. Yes
- b. No
- c. I don't know

**In the 12 months after having your baby:**

- a. Yes
- b. No
- c. I don't know

**28. Did you have health insurance such as Medicaid or a private insurance plan?**

**During your entire pregnancy:**

- a. Yes
- b. No
- c. I don't know

**In all 12 months after having your baby:**

- a. Yes
- b. No
- c. I don't know

**The remaining questions are demographics questions. We will use this information to summarize the participant sample to better understand the perspectives and experiences shared in the survey.**

**29. What is your zip code?** \_\_\_\_\_

**30. What is your age?**

- a. Less than 20
- b. 20-29
- c. 30-39
- d. 40-49
- e. 50 or older
- f. Prefer not to answer

**31. How do you describe your gender?**

- a. Woman
- b. Man
- c. Transgender
- d. Nonbinary
- e. Prefer to self-describe: \_\_\_\_\_
- f. Prefer not to answer

**32. How do you describe your race and ethnicity?** Circle all that apply.

- a. American Indian/Alaska Native
- b. Asian
- c. Black or African American
- d. Middle Eastern
- e. Native Hawaiian or Pacific Islander
- f. White
- g. Hispanic
- h. Prefer to self describe: \_\_\_\_\_
- i. Prefer not to answer

**33. What is your preferred language?**

- a. English
- b. Spanish
- c. Tagalog or Filipino
- d. Mam
- e. Other: \_\_\_\_\_
- f. Prefer not to answer

**34. How did you learn about the Black Infant Thrive program? Circle all that apply.**

- a. Social media
- b. Community organization email
- c. Kitsap Public Health District
- d. Flier
- e. Word of mouth
- f. Other: \_\_\_\_\_

**35. How did you learn about this survey? Circle all that apply.**

- a. Social media
- b. Community organization email
- c. Kitsap Public Health District
- d. Flier
- e. Word of mouth
- f. Other: \_\_\_\_\_

**Thank you for your participation!**

**By sharing your experiences and perspectives, you are contributing to the creation of a more inclusive and supportive environment for Black families to thrive during these critical stages. Thank you for helping make a difference in the lives of Black birthing people, infants, and their families.**

### APPENDIX III

#### DIAGRAM OF SCREENING FOR ELIGIBLE PARTICIPANT RECORDS

