Recognizing Black Women's Voices Beyond the Threshold

Culturally Responsible Pain communication with Black women

Head for the Hills Conference
October 24, 2026

Presenters
Wendy Lewis, PhD, ALPS, LPC, Clinical Director, PAAC Infinite Pathways
Roshay Richardson, LCCE Doula/Breastfeeding Coordinator, Virginia Rural Health Association



Presenters Have No Financial Relationships to Disclose



Purpose

Share lived experiences while introducing factors that mitigate medical mistrust regarding pain in women of color specifically Black maternal pain.

Identify ways to deliver culturally responsible communication with Black women experiencing Maternal pain, while creating welcoming environments and addressing access barriers to maternal pain care

Respectful Maternal Pain Care for Black Women

- The evidence supports making this an organizational priority. In 2024, the U.S. maternal mortality rate for Black women was 44.8 deaths per 100,000 live births, compared with 14.2 for White women. These figures describe a serious disparity, not an individual woman's prognosis. *Many of these death occur unnecessarily due to symptoms such as pain being ignored.*

- A statement evidenced by data derived from the Centers for Disease Control(CDC) Maternal Mortality Rates in the United States, 2024, March 6, 2024 and the American Center on Gynecology(ACOG) Racial and Ethnic Inequities in Obstetrics and Gynecology august 15 2024

Learning Objectives

1. Define culturally responsible communication and explain its role in effectively assessing and discussing maternal pain across diverse populations.
2. Identify at least three cultural and social factors—including beliefs, language, health literacy, stigma, and mistrust experiences—that influence how individuals perceive, express, and manage pain.
3. Demonstrate communication strategies that promote trust, respect, and understanding when discussing maternal pain.
4. Evaluate environmental and organizational practices that contribute to welcoming, inclusive, and culturally responsive maternity care.
5. Apply inclusive language, culturally relevant materials, and trauma-informed approaches throughout the maternal care experience.
6. Recognize socioeconomic, transportation, language-access, and systemic barriers affecting access to maternal pain care.
7. Develop actionable solutions to reduce or eliminate barriers within their programs or service settings.
8. Explain how doulas can advocate for mothers' voices, preferences, and concerns while collaborating with the clinical care team.
9. Identify opportunities to offer or refer mothers to doulas and Certified Professional Midwives (CPMs), consistent with local regulations, clinical needs, and available services.
10. Integrate culturally responsive and equity-focused practices to improve engagement, outcomes, and satisfaction among diverse populations.

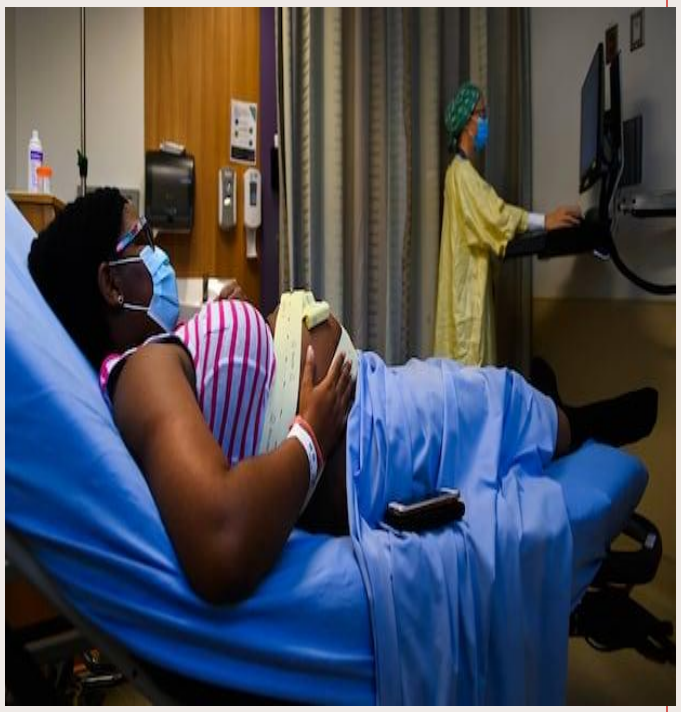


Black Maternal Pain Disparities Research

Cedars-Sinai Investigators Find Racial and Ethnic Disparities in Pain Management in Large Childbirth Study

Why Maternal Pain Equity Matters

- Black women may experience inequities in the recognition, evaluation, and treatment of maternal health concerns.
- Research and professional guidance identify factors that can contribute to inequitable care:
- Racial and gender stereotypes.
- Implicit and explicit bias.
- Historical and contemporary discrimination.
- Dismissal of reported symptoms.
- Differences in access to high-quality care.
- Social and structural barriers affecting health and recovery.
- Maternal pain may occur during pregnancy, labor, vaginal or cesarean birth, and postpartum recovery. Pain can also signal a serious complication that requires prompt evaluation.
- .
- References: ACOG (2024), Racial and Ethnic Inequities in Obstetrics and Gynecology; Hoffman et al. (2016).





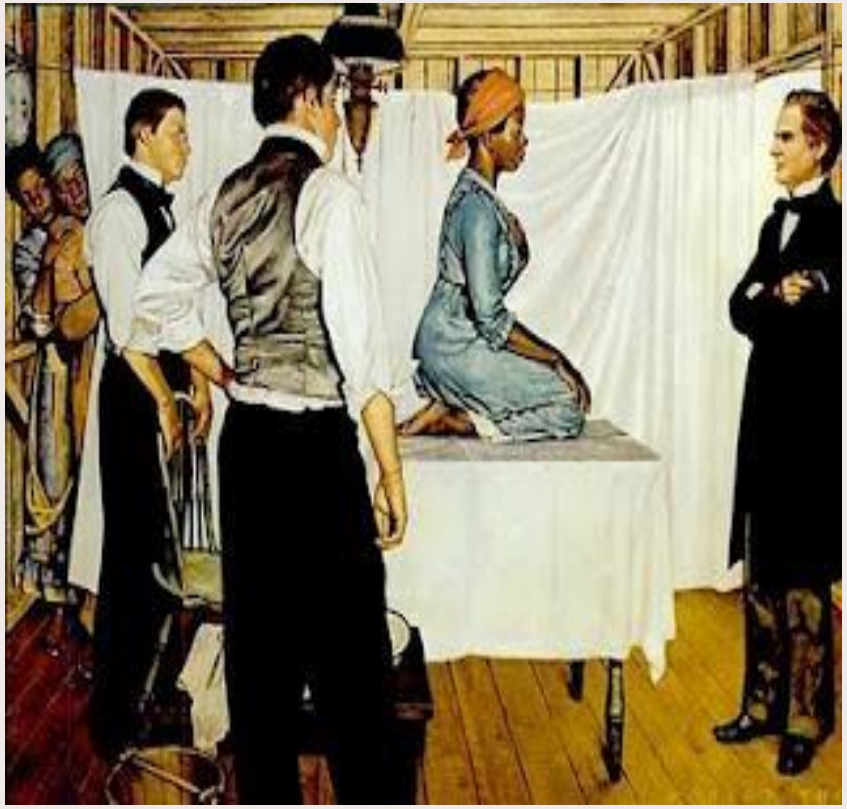
Lived Experiences Understanding Medical Mistrust Among Black Women

Understanding Mistrust

- Mistrust may arise from personal experiences, family experiences, community experiences, historical mistreatment, or concerns about discrimination in healthcare.

A mother may worry:

- “Will anyone believe me when I say I'm in pain?”
- “Will I be labeled difficult if I ask questions?”
- “Will my birth preferences be respected?”
- “Will someone explain a procedure before performing it?”
- “Will my concerns be taken seriously if I disagree with a recommendation?”
- “Will I be treated differently because of my race, age, income, or insurance?”



Medical Mistrust Historically

Lucy, Anarcha, Betsey

HeLa-Henrietta Lacks



Understanding Mistrust and previous Experiences How Providers Can Respond

- Avoid becoming defensive when a mother expresses mistrust.
- Acknowledge the concern without demanding that she justify it.
- Explain what she can expect during her care.
- Ask permission before examinations and procedures.
- Provide choices whenever clinically appropriate.
- Follow through on promises and communicate delays honestly.
- Apologize and work to repair harm when a concern has been dismissed.

- *Suggested language:"I understand that trusting a healthcare team can be difficult when you are worried about whether your concerns will be heard. I want to understand what matters to you and work with you to provide respectful care."*
- Reference: ACOG (2024), Racial and Ethnic Inequities in Obstetrics and Gynecology.

Cultural Factors Affecting Pain



- Family Influence
- Spiritual Beliefs
- Health Literacy
- Community Norms
- Stigma

Cultural and Social Facotrs that Influence maternal Pain

Beliefs and traditions

Some mothers may value particular birth practices, family involvement, spiritual support, or nonpharmacologic pain-management approaches.

Response: Ask which practices matter to the mother and discuss how they can be accommodated safely.

Language and health literacy

Medical jargon, unfamiliar terminology, or language differences can interfere with informed decision-making.

Response: Use plain language, qualified interpreters when needed, and teach-back.

Stigma and social expectations

Some women may feel pressure to appear strong, avoid asking for help, or continue caring for others despite pain.

Response: Normalize asking for help and explain that reporting pain is not a sign of weakness.

Cultural and Social Factors that Influence Maternal Pain continued

Mistrust and previous experiences

Previous discrimination, dismissal, or traumatic care can influence willingness to disclose symptoms or accept recommendations.

Response: Listen, validate concerns, explain choices, and provide consistent follow-through.

Family and community influences

Family members may provide valuable emotional support but may also have different opinions about pain relief, childbirth, or recovery.

Response: Ask the mother whom she wants involved and keep her preferences central.

- *Key reminder: These are possibilities to explore, not assumptions to make about Black women.*

Addressing Barriers to Equitable Pain Care

WHAT does it Feel Like to Seek Help for Pain and Not Be Heard?

- Recognizing each person's experience of pain
- Building Trust through respectful communication
- Promoting safe, inclusive trauma-informed environments
- Improving access to timely appropriate pain care

Culturally Responsible Communication

- Exercise Active Listening
- Humility
- Avoid Assumptions
- Ask Persons Served how they prefer to communicate and make decisions
- Core skills
- Active listening.
- Empathy and validation.
- Plain-language explanations.
- Open-ended questions.
- Teach-back.
- Shared decision-making.
- Clear documentation and follow-up.



Responding to Maternal Pain Before Birth Prenatal visits are opportunities to build trust and prepare for pain management. Ask about:

- Previous birth experiences and what the mother would like to be different.
- Concerns about examinations, procedures, and pain relief.
- Preferences regarding movement, positioning, breathing, massage, and medication.
- Cultural, spiritual, or family practices she would like considered.
- Whether she would like a doula, midwife, or other support person involved.
- Transportation, insurance, childcare, and scheduling needs.
- Develop a collaborative birth and pain-management plan
- Preferred comfort measures and available pain-relief options.
- Questions the mother wants answered.
- Communication preferences and consent practices.
- Who she wants present during labor and birth.
- What to do if pain changes unexpectedly.
- How to obtain urgent help and postpartum follow-up.

Responding to Maternal Pain during Labor and Birth Respectful Communication

Respectful communication includes:

- Asking what the mother is experiencing and what support she wants.
- Providing regular updates about labor progress and clinical findings.
- Explaining proposed interventions before proceeding whenever circumstances permit.
- Obtaining informed consent for examinations and procedures.
- Offering available pain-relief options without shame or pressure.
- Respecting requests for a support person, including a doula, within applicable safety and facility policies.
- Reassessing pain and responding when the mother's needs change.

Responding to Pain After Childbirth

- Ask about pain before discharge and during follow-up.
- Explore how pain affects sleep, walking, feeding, emotional well-being, and daily activities.
- Explain medication instructions and other comfort measures.
- Ask about medication concerns, side effects, affordability, and access.
- Arrange follow-up and explain when to seek urgent care.
- Include the mother's recovery goals and preferences in the care plan.
- Urgent warning signs include:
- Severe or worsening abdominal or pelvic pain.
- Chest pain or difficulty breathing.
- Severe headache, vision changes, or fainting.
- Heavy bleeding.
- Fever or other signs of significant infection.
- Severe pain or swelling in one leg.
- *These symptoms warrant urgent medical assessment; call emergency services for potentially life-threatening symptoms..*
- Reference: CDC, Hear Her Campaign and Urgent Maternal Warning Signs.

Communication Strategies



- Open-ended questions
- Reflective listening
- Teach-back methods
- Validation of concerns
- Shared decision-making

- Example: "Can you tell me more about how the pain is affecting your daily activities?"

Communication Strategies that promote trust

Instead of saying	Consider saying
“You're overreacting.”	“I can see this is distressing. Tell me what you are experiencing.”
“That's normal after birth.”	“Some discomfort can occur after birth, but let's assess your symptoms and determine whether further evaluation is needed.”
“You should have followed the plan.”	“What made the plan difficult to follow? Let's explore what would work better.”
“The doctor knows best.”	“Let me explain the recommendation, answer your questions, and discuss your preferences with the clinical team.”
“Your doula is interfering.”	“Let's clarify everyone's role and work together to support the mother's needs and safety.”
“You don't need to worry.”	“What concerns you most? Let's discuss what we know and what needs further assessment.

Supportive Language Examples

Instead of: “You need to be stronger.”
: “Respond with: You are working hard. What would help you most right now?”
Instead of: “You don't need medication.”
Respond with: “Let's review the pain-relief options available to you so you can decide what best meets your needs.”
Instead of: “That's just how childbirth feels.”
Respond with: “Tell me what you're feeling. I want to understand your pain and determine what support and assessment you need.”
Clinical priority: New, severe, unusual, or rapidly worsening pain must be assessed promptly rather than automatically attributed to normal labor.
.

References: WHO (2018), Recommendations: Intrapartum Care for a Positive Childbirth Experience; ACOG (2019), Approaches to Limit Intervention During Labor and Birth

Creating Welcoming Environments
Environmental factors that influence trust:



- Inclusive signage
- Representative materials
- Respectful language
- Trauma-informed practices
- Diverse staff representation

- Patients should feel welcomed, respected, and safe

Creating a Welcoming Maternity Care Environment

- Physical environment
- Provide clean, private, comfortable spaces.
- Display accessible directions and clear information.
- Accommodate mobility, disability, and sensory needs.
- Protect privacy during examinations and discussions.
- Visual environment
- Use respectful, culturally relevant images and materials.
- Include Black mothers and families across different ages, body types, abilities, and family structures.
- Provide understandable information about birth options, pain relief, and postpartum recovery.

Environment



Interpersonal environment

- **Greet mothers respectfully and introduce every team member.**
- **Ask how they wish to be addressed.**
- **Explain delays and procedures.**
- **Welcome questions and feedback.**
- **Avoid stigmatizing labels such as “difficult” or “noncompliant.”**

Organizational environment

- **Train staff in culturally responsive communication and bias awareness.**
- **Establish clear expectations for informed consent and respectful maternity care.**
- **Create accessible complaint and patient-feedback systems.**
- **Include patient and community representatives in improvement efforts.**
- **Monitor equity in patient experience and access to services.**

Reference: HHS Office of Minority Health, National CLAS Standards.

Trauma Informed Care

Trauma-informed care recognizes that some mothers may have experienced trauma, discrimination, violence, or previous distressing healthcare encounters.

Four practical commitments

1. Safety and privacy

Explain what will happen and protect confidentiality.

2. Choice and consent

Seek permission before touching or performing examinations. Explain alternatives when available.

3. Collaboration and empowerment

Ask what matters to the mother, offer meaningful choices, and respect her right to ask questions.

Reference: SAMHSA (2023), Practical Guide for Implementing a Trauma-Informed Approach.

Trauma Informed Care Cont.

- 4. Cultural and historical awareness

Recognize that healthcare systems have not treated every community equitably. Avoid requiring mothers to disclose personal trauma to receive respectful care.

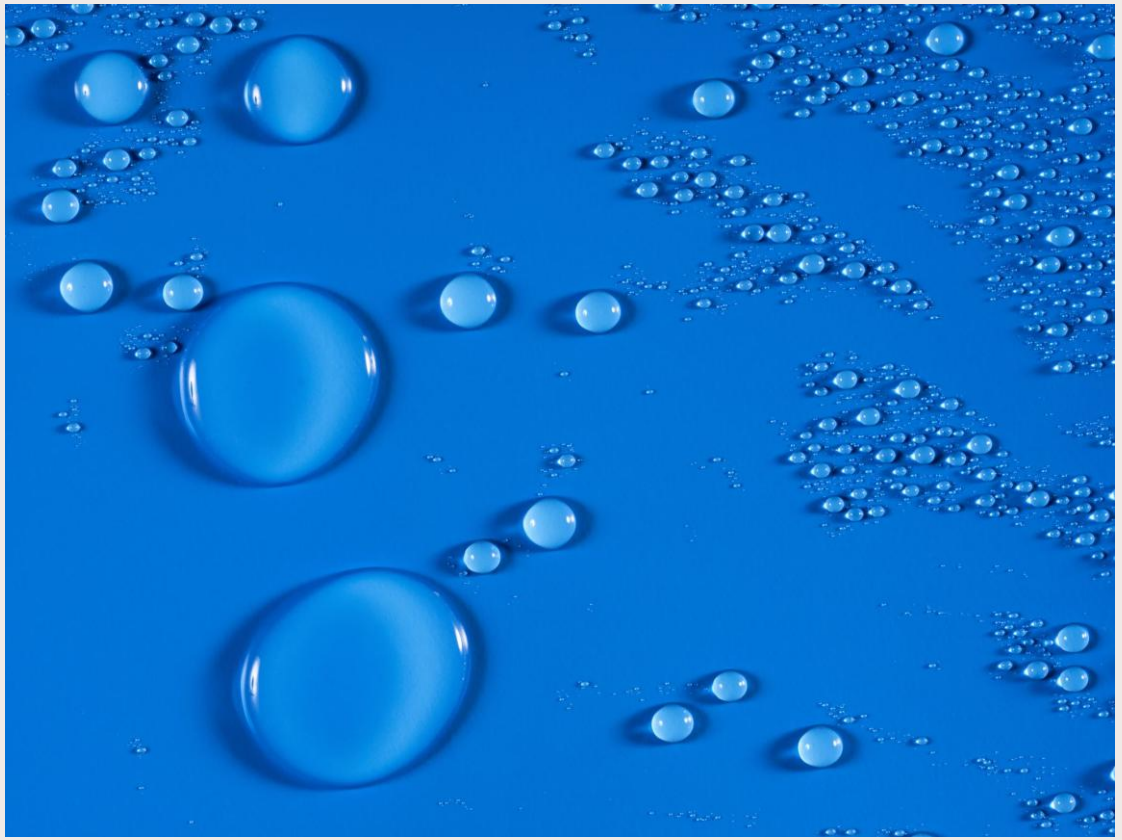
- Suggested language:
- "I will explain each step before proceeding. You can ask questions, and we will discuss your choices. What would help you feel safer and more comfortable?"

In emergencies, clinicians should communicate clearly and act promptly while preserving dignity and involving the mother in decisions as much as circumstances allow.

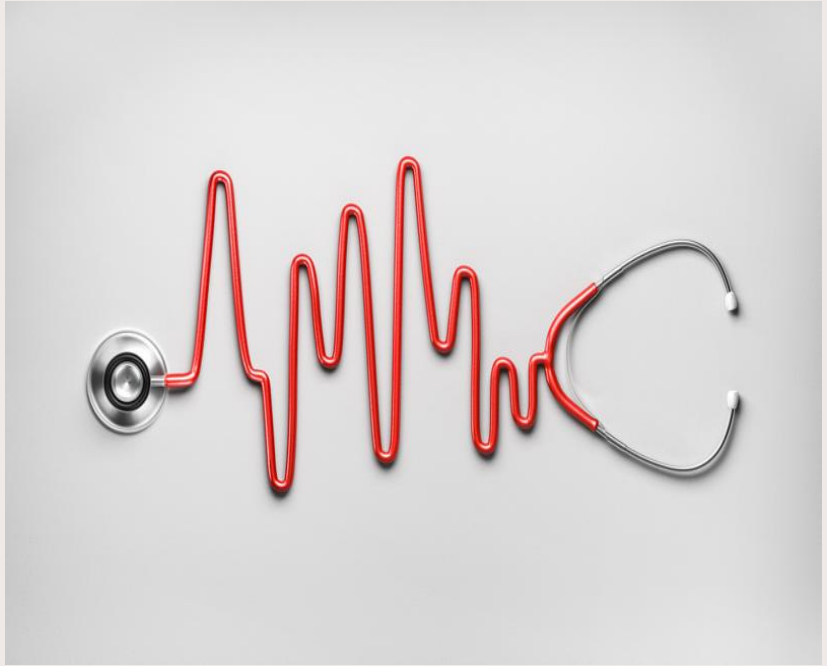
- Reference: SAMHSA (2023), Practical Guide for Implementing a Trauma-Informed Approach

Access Barriers in Rural Communities

- Transportation limitations
- Workforce shortages
- Distance to specialty providers
- Financial concerns
- Broadband limitations affecting telehealth



Recognizing Access Barriers



Family and work responsibilities

- **Childcare needs.**
- **Inflexible schedules.**
- **Limited social support.**

Systemic barriers

- **Discrimination or dismissal of symptoms.**
- **Long waits for appointments.**
- **Limited access to culturally responsive providers.**
- **Inadequate coordination between community and hospital services**.
- Support services may also be difficult to access. Doulas, CPMs, lactation support, behavioral health care, and postpartum services may be unavailable locally, unaffordable, or not covered by a family's insurance.
- *References: ACOG (2024), Addressing Social and Structural Determinants of Health in the Delivery of Reproductive Health Care; CDC Hear Her Campaign.*

Recognizing Access Barriers

Financial barriers

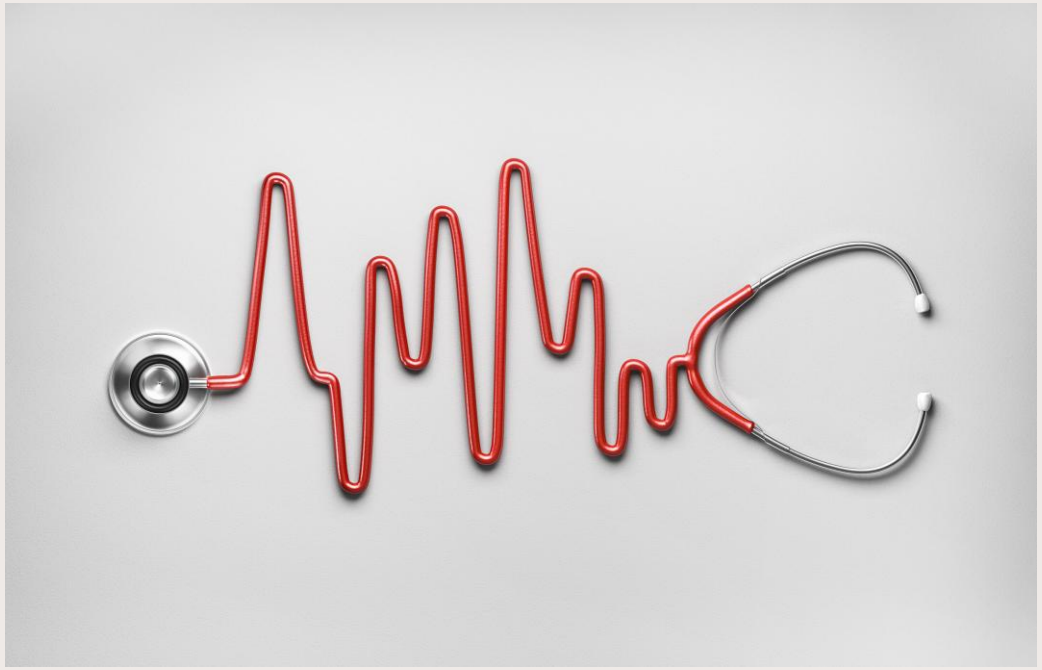
- Insurance gaps and out-of-pocket costs.
- Unpaid time off and medication expenses.
- Limited coverage for doulas or midwifery services.

Transportation and geography

- Long distances to maternity facilities.
- Limited public transportation.
- Lack of reliable transportation for postpartum appointments.

Language and health literacy

- Lack of qualified interpreters.
- Complex instructions or referral requirements.
- Limited digital access.
- Family and work responsibilities



Actionable Solutions

- Evidence-based solutions:
- Community health workers
- **Doulas**
- Telehealth support
- Flexible scheduling
- Partnerships with trusted local organizations

MIDWIVES & DOULAS

HOW THEY CAN IMPROVE BLACK MATERNAL OUTCOMES



Offering Doulas and CPMs: A Practical Access Strategy

- Programs can make support more accessible by building referral pathways rather than simply providing families with a list of providers.
- Recommended actions
- Ask every mother whether she would like information about doula and midwifery services.
- Maintain an updated list of qualified providers, service areas, costs, credentials, and availability.
- Explore insurance benefits, Medicaid coverage where applicable, community-funded programs, and grant-funded support.
- Develop partnerships with community-based maternal health organizations.
- Explain differences among doulas, CPMs, CNMs, and obstetric clinicians.
- Discuss the planned birth setting, transfer arrangements, and emergency care pathways when relevant.
- Provide language assistance and accessible referral materials.
- Follow up to determine whether the mother was able to obtain the service.
- Example screening question:
- “Would you like additional support during pregnancy, birth, or postpartum recovery? We can discuss doula services, midwifery options, and other resources that may be available to you.”
- Equity principle: Offering a referral is not the same as ensuring access. Programs should identify and

Doulas as advocates for mother's voices

- A doula provides nonclinical emotional, informational, and practical support during pregnancy, labor, birth, and sometimes postpartum recovery, depending on the services offered.
- Doulas can help by:
- Encouraging mothers to express concerns and ask questions.
- Helping mothers communicate their birth preferences.
- Supporting informed, shared decision-making.
- Providing comfort measures such as positioning, breathing, reassurance, and massage when appropriate.
- Helping mothers understand information provided by the clinical team.
- Noticing when a mother feels unheard and respectfully drawing attention to her concerns.
- Supporting the mother in requesting reassessment or clarification.
- Helping connect families with community resources and postpartum support

Example of doula advocacy:

- “The mother is telling us that her pain has changed and she is concerned. Could the clinical team reassess her and explain the next steps?”
- What doulas do not replace
- Doulas do not independently diagnose complications, prescribe medications, or replace licensed clinicians responsible for medical assessment and treatment.
- The goal: A collaborative care team in which the doula supports the mother's voice and the clinical team responds appropriately to her concerns.
- Reference: ACOG (2019), Approaches to Limit Intervention During Labor and Birth.



Case Study A Mother is Saying Her Pain is Being Ignored

- Scenario
- A Black mother is several hours postpartum after a cesarean birth. She reports worsening abdominal pain and says that her pain medication has not helped. A staff member tells her that discomfort is expected after surgery.



Case Study Scenario

A Black mother is several hours postpartum after a cesarean birth. She reports worsening abdominal pain and says that her pain medication has not helped. A staff member tells her that discomfort is expected after surgery.

- What concerns should be explored immediately?
- How might bias influence assessment?
- What communication strategies would demonstrate respect and validation?
- Discuss how listening, reassessment, and shared decision-making improve outcomes

Integrating Equity-Focused Practices

- Monitoring outcome data—Collect stronger data by empowering State post partum pain treatment panels disaggregating data by race and Incorporate family member interviews into:
- Reviewing disparities
- Providing bias education
- Incorporating patient feedback
- Establishing continuous quality improvement efforts



Discussion Questions

- What are the biggest barriers in your community?
- How can your organization improve trust?
- How could doula programs support Black mothers?
- What changes can be implemented within the next 90 days?



Organizational Action Plan

- **Use a Plan–Do–Study–Act approach to improve maternal pain equity.**
- **Plan**
  Identify one barrier through patient feedback, staff observations, and review of service data.
- **Do**
  Pilot an improvement, such as a standardized maternal pain reassessment process or a doula referral pathway.
- **Study**
  Measure whether the change improves patient experience, access, communication, and follow-up.
- **Act**
  Refine the process, address gaps, and expand successful practices.
- **Suggested 90-day priorities**
- **Days 1–30: Review existing pain assessment, consent, referral, and patient-feedback practices.**
- **Days 31–60: Train staff, establish referral partnerships, and pilot improvements.**
- **Days 61–90: Review results with mothers and community partners, revise procedures, and establish**



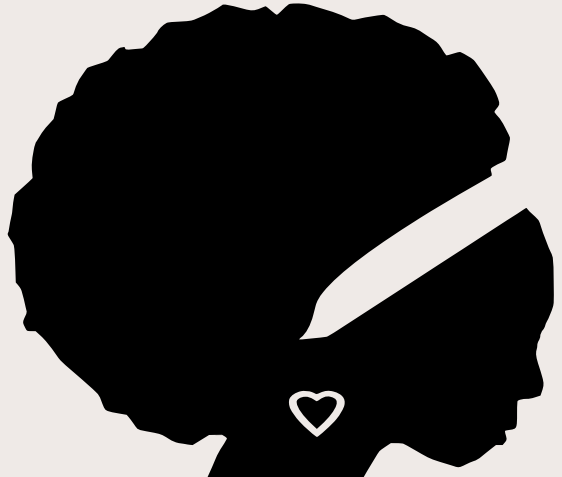
Organizations Assessment Continued Measures of Success



- Patient-reported respect and involvement in decisions.
- Timely response to maternal pain concerns.
- Percentage of eligible mothers offered doula or midwifery referrals.
- Successful referral completion.
- Patient understanding of pain-management plans.
- Postpartum follow-up completion.
- Differences in access and experience across patient groups.
- Collect and review data responsibly, protect confidentiality, and investigate inequities rather than assuming a cause.

Skills Practice Hear Her Believe Her

- Activity: 8–10 minutes
- In pairs or small groups, practice a conversation with a mother who reports pain and expresses concern that she has not been heard.
- Participants should:
- Invite the mother to describe the pain in her own words.
- Acknowledge the concern without minimizing it.
- Ask what she needs and what matters most to her.
- Assess whether urgent clinical evaluation is required.
- Explain options and next steps in understandable language.
- Invite the doula or chosen support person into the discussion with the mother's permission.
- Identify financial, transportation, language, or follow-up barriers.
- Confirm the plan and who is responsible for the next step.
- Debrief
- Did the mother have an opportunity to speak without interruption?
- Was her pain taken seriously?
- Were her choices and consent respected?
- Was the doula's role understood?



Key Takeaways

Key Takeaways and Commitment to Action

Respectful maternal pain care requires:

- Listening to mothers and taking their reports of pain seriously.
- Recognizing how racism, bias, mistrust, and previous experiences may affect care.
- Communicating respectfully before, during, and after childbirth.
- Protecting bodily autonomy, privacy, and informed decision-making.
- Welcoming doulas as advocates and support partners.
- Offering access to qualified midwifery services, including CPMs where appropriate and legally available.
- Providing culturally relevant education and trauma-informed support.
- Addressing transportation, affordability, language access, and service availability.
- Measuring patient experience and improving systems when inequities are identified

VOICES

- *Every mother deserves to be heard. Every mother's pain deserves careful assessment. Every mother's preferences deserve respect. And every mother deserves a fair opportunity to access the support and care she needs.*

Thank you



Wendy Lewis wlewis155@yahoo.com
Roshay Richardson

References

- References
- Hoffman, K. M., Trawalter, S., Axt, J. R., & Oliver, M. N. (2016). Racial bias in pain assessment and treatment recommendations and false beliefs about biological differences between Blacks and Whites. Proceedings of the National Academy of Sciences, 113(16), 4296-4301.
- Ruben, M. A., & Stosic, M. D. (2024). Documenting race and gender biases in pain assessment and a novel intervention designed to reduce biases. The Journal of Pain, 25(9), 104550.
- American College of Obstetricians and Gynecologists. (2023). Racial and ethnic disparities in obstetrics and gynecology.
- Centers for Disease Control and Prevention. (2024). Working together to reduce Black maternal mortality.
- Naomi H. Greene, Sarah J. Kilpatrick, Racial/Ethnic Disparities in Peripartum Pain Assessment and Management, The Joint Commission Journal on Quality and Patient Safety, Volume 50, Issue 8, 2024, Pages 552-559,
- National Institute on Minority Health and Health Disparities. (2024). Maternal health and health equity resources.
- World Health Organization. (2023). Standards for improving quality of maternal and newborn care in health facilities.
- Welch, W., Connor, Beth (2026) Medical Mistrust in Appalachia: Helping Patients and Providers Communicate with Cultural Humility Edition: 1, First Edition Published by: The University of Tennessee Press page 107
- CE/CME References Slide (APA 7th Edition)

References

- American College of Obstetricians and Gynecologists (ACOG). (2024). Racial and Ethnic Inequities in Obstetrics and Gynecology. Committee Statement.https://www.acog.org/clinical/clinical-guidance/committee-statement/articles/2024/09/racial-and-ethnic-inequities-in-obstetrics-and-gynecology2. American College of Obstetricians and Gynecologists (ACOG). (2024). Addressing Social and Structural Determinants of Health in the Delivery of Reproductive Health Care. Committee Statement.https://www.acog.org/clinical/clinical-guidance/committee-statement/articles/2024/11/addressing-social-and-structural-determinants-of-health-in-the-delivery-of-reproductive-health-care3. American College of Obstetricians and Gynecologists (ACOG). (2019). Approaches to Limit Intervention During Labor and Birth. Committee Opinion.https://www.acog.org/womens-health/clinical-guidance/committee-opinion/articles/2019/02/approaches-to-limit-intervention-during-labor-and-birth4. Centers for Disease Control and Prevention (CDC). Hear Her Campaign: Urgent Maternal Warning Signs.https://www.cdc.gov/hearher/maternal-warning-signs/index.html

References

- 5. Centers for Disease Control and Prevention, National Center for Health Statistics. (2026). Maternal Mortality Rates in the United States, 2024.https://www.cdc.gov/nchs/data/hestat/hestat113.htm6. Hoffman, K. M., Trawalter, S., Axt, J. R., & Oliver, M. N. (2016). Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites. Proceedings of the National Academy of Sciences, 113(16), 4296–4301.https://doi.org/10.1073/pnas.15160471137. North American Registry of Midwives (NARM). Certified Professional Midwife (CPM) Credential.https://narm.org/8. Substance Abuse and Mental Health Services Administration (SAMHSA). (2023). Practical Guide for Implementing a Trauma-Informed Approach.https://www.samhsa.gov/resource/dbhis/practical-guide-implementing-trauma-informed-approach9. U.S. Department of Health and Human Services, Office of Minority Health. National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care.https://thinkculturalhealth.hhs.gov/clas/standards10. World Health Organization (WHO). (2018). WHO Recommendations: Intrapartum Care for a Positive Childbirth Experience.https://www.who.int/publications/i/item/9789241550215

Reference

- 11. American College of Obstetricians and Gynecologists (ACOG). (2019). Continuous Labor Support and the Role of Doulas. See ACOG guidance on continuous emotional support in labor and birth.https://www.acog.org/womens-health/clinical-guidance/committee-opinion/articles/2019/02/approaches-to-limit-intervention-during-labor-and-birth

- *Reference note: Organizational policies, state laws, credentialing requirements, insurance coverage, and clinical protocols should be checked before implementing referral or scope-of-practice recommendations. The case study and communication activities are educational tools, not diagnostic instruments.*