OBJECTIVE
Maternal and infant morbidity and mortality are urgent health equity issues in North Carolina and nationally. As part of our collaborative Postnatal Patient Safety Learning Lab (PSLL) through UNC Chapel Hill, The Ohio State University, and North Carolina State University, we sought to describe birthing parent accounts of postpartum safety. The purpose of investigating their perspectives is to uncover aspects of care that impact survival and health, especially for marginalized groups.

STUDY DESIGN
Following review and approval (UNC Biomedical IRB #19-1900), potential participants were identified through the electronic medical record or by clinicians. Individuals were eligible if they were at least 18 years of age, the birthing parent of a liveborn singleton or twins, ≥37 + 0 gestational weeks (94.9%) and had a vaginal delivery (61.5%), and their characteristics included:

RESULTS
Forty recent mothers participated. Most participants gave birth a 37 + 0 gestational weeks (94.9%) and had a vaginal delivery (61.5%), and their characteristics included:

<table>
<thead>
<tr>
<th>Ethnicity and race</th>
<th>n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>17 (42.5)</td>
</tr>
<tr>
<td>Non-Hispanic Black</td>
<td>13 (32.5)</td>
</tr>
<tr>
<td>Non-Hispanic white</td>
<td>4 (10.0)</td>
</tr>
<tr>
<td>American Indian/ Alaska native</td>
<td>2 (5.0)</td>
</tr>
<tr>
<td>Asian</td>
<td>2 (5.0)</td>
</tr>
<tr>
<td>More than one race</td>
<td>2 (5.0)</td>
</tr>
<tr>
<td>Language spoken at home</td>
<td></td>
</tr>
<tr>
<td>English</td>
<td>24 (60.0)</td>
</tr>
<tr>
<td>Spanish</td>
<td>16 (40.0)</td>
</tr>
</tbody>
</table>

Women felt supported with their postpartum care when clinicians acknowledged them, were affirming, sensed what they needed and responded to it, clearly communicated, and addressed health needs with the family.

The multidisciplinary PSLL team is integrating these and other study findings to prioritize domains for multi-level interventions, which will be co-designed with patient and clinician stakeholders to transform the system of care.

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Birthing Parent Definitions of Postnatal Unit Safety
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These indicators of safety are consistent with a reproductive justice framework. Our data include related definitions of respectful maternity care. Mothers described clinicians demonstrating respect through:

- Aware of you and your needs
- Present and mindful
- Asking for permission
- Communicative
- Cultural, racially responsive
- Empathetic, nonjudgmental
- Timely with care

Birthing parent definitions of postpartum safety included infant and maternal health outcomes, mother not feeling alone, feeling safe, clinician awareness of family needs, following protocols, physical support, SDoH resources, privacy, bedside manner, responsiveness, clear communication, information access, and care coordination.

Safety following childbirth is multifaceted.

Postnatal safety definition themes by birthing parent ethnicity and race.

HISPANIC

- Privacy
- Responsiveness
- SDoH resources
- Mom feeling competent with infant care

NON-HISPANIC BLACK

- Not feeling alone
- Baby outcomes
- Keeping track of baby
- Mom physical health
- Mom emotional health
- Following protocols
- Clinicians attentive and caring
- Information access
- Mom feeling in control

Physical support

Clinician awareness

Clear communication

Bedside manner

Care coordination

NON-HISPANIC WHITE & OTHERS

- Information access
- SDoH resources
- Mom feeling competent with infant care

- Mom emotional health
- Mom physical health
- Information access
- Mom feeling in control

- Mom feeling in control
- Baby outcomes

Privacy

Responsiveness

SDoH resources

Mom feeling competent with infant care

Clinician awareness

Clear communication

Bedside manner

Care coordination

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