

BRIEF REPORT

Exploring the Values of Black Women Seeking Prenatal Care at a Free, Faith-Based Clinic

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Introduction: Black women in the United States face numerous barriers accessing high quality prenatal care. We sought to understand the experience of Black women getting prenatal care in a free faith-based medical clinic and to explore their experiences with staff and clinicians at the clinic.

Methods: From August 2022-January 2023, we conducted qualitative interviews with 14 Black women. Interviews were recorded, transcribed, and coded by 2 researchers. After coding, researchers identified emerging themes through standard qualitative methods. The study was IRB reviewed and approved.

Results: Patients identified meaningful relationships with clinic staff; the impact of a faith-based institution; the complicated relationships with clinicians; and the value of wrap-around services as key aspects of care.

Conclusions: This study highlighted the importance of interpersonal relationships and building trust. Findings support prior research showing Black women's preference for race- and gender-concordant prenatal care and this being an important contributor to trust. (J Am Board Fam Med 2025;38:927-932.)

Keywords: African Americans, Ambulatory Care Facilities, Faith-Based Organizations, Interpersonal Relations, Minority Health, Pregnancy, Prenatal Care, Qualitative Research

Background

Disparities in fetal, infant, and maternal mortality are worsening nationally.¹⁻⁴ In 2021, Black women were 13.5% less likely to receive prenatal care in the first trimester and twice as likely to give birth with no or late prenatal care compared with non-Hispanic White women.^{2,3} A variety of factors may limit access to care for Black women during pregnancy including culturally inappropriate care, poor

treatment in the system related to racism, inconsistent social support, and limited trust in the health care systems which have mistreated or neglected them in the past.^{5,6}

Early access to prenatal care can identify risk factors that lead to morbidity and mortality and may be a vehicle through which disparities can be identified and addressed. Researchers have suggested that non-Hispanic Black women may be more likely to use public safety net clinicians such as free clinics, because they engender trust, offer broader support systems, are in closer proximity to the neighborhoods where Black women live, and have a historic role in the communities they serve.⁷ However, little is known about how or why these safety net clinics attract and retain Black women for prenatal care. In this study, we interviewed Black women who obtained care through a free Detroit clinic and used qualitative methods to better understand decision making around where to receive prenatal care. Specifically, we queried why women chose a free, faith-based clinic, and factors impacting their experiences with physicians and clinic staff.

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Methods

Overview and Objectives

This study used a general qualitative descriptive approach^{8,9} of reproductive-age Black women in Detroit, Michigan. We recruited patients from Luke Clinic, a free faith-based clinic in Detroit, Michigan which offers prenatal, postpartum, and infant care.¹⁰ The clinic is held twice monthly, staffed by a rotating group of family medicine physicians and a consistent group of volunteers with ties to the local communities. Volunteer staff filled all necessary clinic roles including nursing, technicians, ultrasonographer, and medical assistant roles. Clinic staff were composed of individuals of a variety of racial and ethnic backgrounds. The clinic provides wrap-around services including ultrasound, labs, free medications, education, immunizations, insurance navigation, and tangible supplies.

Potential participants were identified by clinic staff, approached by interviewers, or recruited through a flyer. Interviews were conducted until thematic saturation was reached, which was defined as the point when no new codes were needed to adequately represent the data through consensus of the research team. Eligible participants self-identified through verbal response to open-ended questions as Black or mixed-race Black women who were pregnant or within 1 year postpartum at the time of the interview and had at least 1 visit at Luke as a patient before the interview. We limited recruitment to English-speaking women who were born in or had immigrated to the United States more than 15 years ago. We obtained verbal informed consent before the interview and offered a gift card as appreciation for participation.

Data Collection

As validated qualitative interview tools were not available, the research team reviewed existing literature to identify preferred aspects of clinical care for this population and developed a structured interview guide. The guide included background, demographic information, lived experience and preferences, trust in physicians, and an exploration of how clinic services affected decision making processes. The interview questions were piloted with a volunteer participant before the start of the study. Two investigators who identify as Black women medical professionals (and who were not acquainted with any

participants) conducted private 15 to 30 minute interviews.

Data Analysis

The interviews were digitally recorded, transcribed, and deidentified. Transcripts were coded through interactive steps informed by inductive-deductive thematic analysis.⁸ Two team members independently reviewed and annotated transcripts to develop a set of codes, and the full team refined the codes and created a code dictionary. Two transcripts were independently coded by 2 members of the team, blinded to each other's work, until codes achieved at least 85% agreement using Cohen's Kappa. Two reviewers then applied the codes to all the transcripts, and the team mapped codes to thematic schema. A descriptive matrix was used to synthesize responses.¹¹ Transcribed interviews were coded in Dedoose (www.dedoose.com, v.9.0). The study was deemed exempt after review by our Institutional Review Board.

Results

From August 2022 to January 2023, 14 of 16 invited women participated in interviews. One transcript was excluded from analysis, as review found the woman did not meet all study criteria. All participants self-identified as either 'Black' or 'African-American.' The average age of participants was 27.2 (\pm 6.7), range 21 to 40. On average, women had 3 pregnancies and 2 deliveries at the time of the interview. Ten participants were pregnant, and 3 postpartum. Four themes emerged surrounding relationships with clinic staff and physicians, the role of religion and faith, the impact of race on the patient-physician relationship, and the availability of wrap-around services.

Meaningful Relationships with Clinic Staff

Of the thirteen participants, 8 described strong connections with clinic staff and cited this relationship as the primary reason they continued receiving care at the Luke Clinic. (Table 1) Participants noted that they are frequently asked about their needs and subsequently provided with both tangible and emotional support. The phrases "like family" and "safe haven" were used to describe the atmosphere at the clinic. Two women reported that relationships with staff developed during particularly difficult times of their lives, such as after a relationship breakup or an unplanned pregnancy.

Table 1. Participant Reflections on Meaningful Relationships with Clinic Staff (Total n = 13)

“Um, I’m very, um, I have real bad social anxiety, so I don’t, I’m not comfortable at a lot of places. So when I first came here, it was like everybody’s open and I bring my oldest daughter here when I came the first time and they was all playing with her, talking to her. And normally when I go to my other, uh, doctor’s appointments, you most likely can’t even bring your kid.” (Participant #2)

“Oh, [the Luke Clinic staff] are amazing. [laughter] They help me out when needed. If I have any questions, comments, or concerns, I know I can just call them or shoot them a text and they’ll respond as soon as they can. They actually help me out a lot with housing and all types of stuff. . . I was looking for a family feeling. I wanted to feel comfortable to be able to express myself and feel like, “Okay, you’re heard.” So that was really my main goal. I went to two different hospitals. I didn’t get it from them.” (Participant #12)

“One person that works here, she will literally text me like, “Hey, what you doing? Have you ate today? Like what you”—and I be like, yes! She’s like, ‘I’m coming over.’ She literally said, “I, me and the kids sick but we’ll be over there next week.” I’m like, oh my gosh. I’m like, Okay. They really treat you like family here.” (Participant #7)

“Here at the Luke Clinic, I um, I really grew to like these ladies. And they don’t forget me. They know who I am. When I come, come through the door and that’s cool. So, it’s like, oh, I feel welcomed here. feel a little piece of love. So, it influenced me to want to come back, you know.” (Participant #3)

“So, no matter what, I wasn’t going back to [Detroit hospital] . . . here. . . I was a priority and I mattered. . . it was a very rocky time. . . Coming here was the only time anybody would even ask like, ‘Are you okay?’ So just at that time, it was just the support.” (Participant 11)

Interviewer: “Do you feel like you trust the clinicians here? . . . To have your best interest at heart and give you good advice and take good care of you?”
Participant: “No, and yes. I don’t feel like they have ill intentions towards me, but because of history, I feel maybe my best experience or best what not, would, would not be in their hands specifically.” (Participant 8)

The Role of Religion or Faith

No women reported feeling uncomfortable receiving medical care in a church building, though all were initially surprised by the location. (Table 2) While most were ambivalent about the presence of religious symbols, several women reported that the familiar environment made them feel more comfortable.

Value of Race-Gender Concordance

Many participants expressed a preference for race-gender concordance with their physician. They felt that a Black woman physician would have a deeper understanding of their health. Some women attributed this to trust, stating that physicians who look like them are more reliable in providing personalized care. (Table 3)

Complicated Patient-Physician Relationship

All participants reported feeling respected by the physicians, but when asked how much they trusted their physician, most expressed some level of hesitation. Women explained that physicians could be trusted to not cause harm but could not be trusted to care about them as individuals.

Availability of Wrap-Around Services

All participants appreciated the value of wrap-around services and many stated that this contributed to their feeling cared for by clinic staff, even if

Table 2. Participant Comments on the Role of Religion or Faith (Total n = 13)

“. . . I’m able to look up and say thank you God or pray while I’m here or whatever. Just in my own head. . . I believe in God from I was in foster care at 13 and aged out. So, I know he done brought me through a lot. So, it kind of make me feel kind of comfortable. I don’t mind. . . even though it’s a clinic and a church or so, I’m kind of OCD a little bit. So, I’m like, “Oh my goodness, this church is dusty. It’s old. [buckle] Who does this?” But in the same token, it was more of. . . I just didn’t want to go anywhere else. . . When you come in, it was just more support. You get greeted at the table. . . So just to come and be in the atmosphere for the couple hours, it just felt really relaxing, relieving. I didn’t feel alone in the world in that moment.” (Participant #11)

“Um, I, I had read up on it a little bit and then at first when I first went to the, to the Luke Clinic. . . thinking that this, it was the doctor’s office. . . And come to find out it’s in a church! . . . I didn’t know that it was like actually in the church. So that was cool too because, you know, I was brought up Christian. Um, so that’s a good thing. I don’t really mind it being in the church. I don’t really mind, um, you know, the whole bolier than thou. I’m here for it, you know, I’m an open, I’m an open book now cuz I’m older, I’ll see beyond the Christian, Christianity, but that’s neither here nor there. But, um, it, it is, like I said, it is a good environment. It’s good spirits here, it’s good energy here.” (Participant #3)

“Uh, it hasn’t [affected me]. It hasn’t. I be around Christians all the time. My mom’s a Christian, so, you know. . . it makes me feel more comfortable.” (Participant #2)

“[Being in a church building] made you feel more at home, it made you feel, um, a little bit more safe, more protected. Um, like I said, it was a trying time for me. When I started, I was grieving, terribly, so bad, so I felt like, okay, you know, well at least I’m here. And, and it kind of helped. Um, and my husband said, when I came back home, he said, Well, did you like it? I said, ‘Yeab.’ He said he was surprised, like, ‘you just don’t like new places.’ So, yeab, it, it helped for me. You know, I’m not a, I believe in God for sure, but I’m not a big religious person. So, um, it helped. It definitely did.” (Participant #6)

Table 3. Participant Experiences of a Complicated Patient-Physician Relationship (Total n = 13)

“Um, pretty good. [My relationship with the Luke Clinic clinicians is] touch and go. You know, they’re nice. . . I feel like I’ve been getting the best care that I could possibly be getting here. . . . I, I say all the time that stuff happens for a reason. So maybe, you know, I didn’t get an all Black care clinician because maybe they wasn’t going look into me how I wanted them to or you know, maybe they wasn’t gonna treat me the way that I wanted them to. . . everything happened for a reason. That’s how I look at things. So, or maybe shoot, when it’s time for me to wanna have my second baby, I got better insurance <laugh> and I can go and get that care. You know? But right now it all happened for a reason. And I’m glad that reason happened. You know, cuz I enjoy coming. Like I said, I look forward to coming to my doctor’s appointments and hearing my baby’s heartbeat and all of that. So it’s real nice.” (Participant #3)

“100%. They treat me like a person that’s seen and they listen to me, that’s a big thing. And I feel in our community because they could hear you, but are you listening to me? Because they’ll say, “Well I don’t think you need such and such.” Oh the men are the worst, the men doctors are the worst. But I’ve had some good ones so let me not put them all in the box. [laughter] . . . And I’m like, “No, where are the women? Can I get a woman?” . . . So yeah, it’s a big difference.” (Participant #11)

“They listen and they help as much as they can as long as you speak up. . . You can’t trust nobody in this world, not even yourself. So, but far as as much, yeah I trust them. <laugh>. [How much do you feel like your clinicians care about you and your babies?] Oh, a lot. Yeah. Definitely. Every time they get sick, they on it.” (Participant #9)

they did not need specific services. One participant reported she had found a “family feeling” at the Luke Clinic that she was unable to find in other prenatal care settings.

Discussion

The Black women in this study overwhelmingly endorsed the importance of receiving prenatal care in a context that developed community around them. In line with previous studies, we found that meaningful relationships with clinic staff were a leading explanation for why these Black women chose to receive their prenatal care at a free, faith-based clinic rather than in a standard clinic or hospital setting.

Several studies have described the ideal characteristics of prenatal care for Black women including that physicians emphasize patient-centered care.^{12,13} Positive interactions with clinicians and staff are a key predictor of satisfaction.¹⁴ Our study confirmed that Black women prefer care from clinicians that demonstrate these characteristics and supports previous findings that Black women prefer receiving gender and racially concordant care.¹⁵

While another study measuring trust in prenatal care for Black patients highlighted the distinction between interpersonal trust between a patient and clinician versus social trust in an institution or organization, our study is among the first to describe that the patient-physician relationship may not necessarily be the most important factor affecting whether a Black woman will be satisfied with her care and return for future visits.^{1,6} Even if the patient does not feel that she completely trusts her physician, other factors, including her relationship with clinic staff members, a welcoming environment, and integration

of wrap-around services can positively affect her perception of care. Research has also explored numerous social and structural barriers to care for Black women, and clinics that address these issues upfront may be perceived as more trustworthy.¹⁴ Pregnant Black women reported social support and faith as important components for managing COVID-19 pandemic stress, and spirituality has repeatedly been shown to be an important coping mechanism for many Black women.¹⁶⁻¹⁸

This was a small qualitative study in a faith-based clinic. The close-knit nature of the clinic empowered participants to freely and truthfully share their experiences. The depth and the complexity of their conveyed experiences were a strength of this study.

This study aims to assist teams providing care to Black pregnant women to attract and retain this population. Findings can be used to develop research questions aimed at strengthening the physician-patient relationship and can be practically applied to support the development and maintenance of wrap-around services. While these results begin to characterize the importance of community and relationships in this population, knowledge gaps regarding factors that drive trust-building between patients and physicians still exist. Future research should focus on how to strengthen the physician-patient relationship, especially among gender and racially discordant pairs.

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The corresponding author had full access to all the data in the study and takes responsibility for the integrity of the data and the accuracy of the data analysis.

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Appendix: Interview Guide

Construct/Concepts	Questions
Background and Demographic Information	<ol style="list-style-type: none"> 1. What cultural or ethnic background do you most closely identify with? 2. How old are you? 3. What is the highest level of education you have received? 4. How many times have you been pregnant? <ol style="list-style-type: none"> a. How have those pregnancies ended? 5. How long have you been a patient at the Luke Clinic? <ol style="list-style-type: none"> a. Did you get your pregnancy related care at the Luke Clinic for all of your pregnancies?
Decision-making about care	<ol style="list-style-type: none"> 1. How did you find out about the Luke clinic? 2. How did you decide to be a patient at the Luke Clinic? <ol style="list-style-type: none"> a. If this is not your first pregnancy, where did you obtain care for prior pregnancies? b. If you have not obtained care at the Luke clinic in previous pregnancies, what made you switch your care to the Luke Clinic? c. Have you attempted to receive care anywhere else? If so, what was the outcome of that attempt? 3. Can you share with me what you look for when you decide where to get your prenatal care (or care during pregnancy)? <ol style="list-style-type: none"> a. What kind of physical environment do you hope to experience? b. Does the racial makeup of the staff affect your decision at all? c. Does the racial makeup of the clinician team affect your decision at all? d. If you have children, does the ability to bring your children with you affect your decision at all? e. Does the provision of supplies (clothing, food) affect your decision at all? f. How much does having health insurance affect your decision? g. How much does proximity to your home or workplace affect your decision? h. How much do the opinions or recommendations of your family and friends affect your decision? i. Are there any factors that would influence you to not receive care at a certain location?
Lived experience and preferences	<ol style="list-style-type: none"> 1. What does it mean to you to receive 'high-quality' care? <ol style="list-style-type: none"> a. Can you tell me about an experience you have had that was an example of high-quality care? <ol style="list-style-type: none"> (i) What are the factors that contributed to your experience? (ii) Do you feel that your race affected your experience? (iii) Do you feel that the race of your clinicians affected your experience? (iv) Do you feel that the race of the staff affected your experience? (v) Do you feel that your financial status affected your experience? (vi) Do you feel that your level of education affected your experience? b. Can you tell me about an experience where you felt like you didn't receive high quality care? <ol style="list-style-type: none"> (i) What are the factors that contributed to your experience? 2. What has been your experience with other prenatal care clinics? (if applicable) <ol style="list-style-type: none"> a. Tell me about your relationship with your clinician(s). b. How much did you feel respected when you interacted with them? c. How much did you trust them? Why? d. How much did you feel that your clinician cared about you and your baby? e. Did you face any barriers to obtaining high-quality care while receiving care at another PNC clinic? <ol style="list-style-type: none"> (i) If so, what were they? 3. What has been your experience with the Luke Clinic? <ol style="list-style-type: none"> a. Tell me about your relationship with your clinician(s) at the Luke Clinic. b. How much do you feel respected when you interacted with them? c. How much do you trust them? Why? d. How much do you feel that your clinician cared about you and your baby? e. Do you face any barriers to obtaining high-quality care while receiving care at the Luke Clinic? If so, what are they?
Factors intrinsic to Luke Clinic	<ol style="list-style-type: none"> 1. The Luke Clinic works with doctors and nurses from the University of Michigan. Were you aware of that before you came here? <ol style="list-style-type: none"> a. If so, how did that affect your decision to obtain care at Luke? 2. The Luke Clinic is a Christian faith-based organization. Were you aware of that before you came here? <ol style="list-style-type: none"> a. If so, do Christian symbols present in the building make any impact on your experience at Luke? b. Does the location of the Luke Clinic inside of a church make an impact on your experience here? c. Have you been involved in any religious practices while visiting the Luke Clinic, such as prayer with a staff member? 3. Is there anything that you wish were different about your experience at Luke Clinic? 4. What would you say is the main reason you visited the Luke Clinic for the first time? 5. What would you say is the main reason you continued to receive your care at the Luke Clinic? 6. Is there anything else you would like to share with us about your care at Luke Clinic? 7. Is there anything you wish were different about your prenatal care in general?