



AMETHIST

**AMETHIST@Penn:**  
Achieving Maternal  
Empowerment  
and Transforming  
Health through  
Implementation  
Science and  
Training

## RESOURCE

### **LIBERATORY DESIGN MATERNAL HEALTH PROJECT USE CASE**

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*The following is an example of applying liberatory design to a research project. To learn more about liberatory design, reference the “AMETHIST, Liberatory Design” resource.*

A research team in Alabama is creating a learning curriculum for maternal health care workers in the city of Prichard. The goal of this curriculum is to combat the racial disparity of delivery-related complications that have been impacting Black birthing people in the area. The medical centers in Prichard are less funded and staffed compared to other cities in the state so, the intervention they create needs to be both **effective** and **feasible** given their resource constraints. At the start of the project, the team discusses the mindsets they want to center throughout the project and decide upon **embracing complexity, focusing on human values, and attending to healing**.

The team knows that this disparity is impacted by intersections of race, gender, socioeconomic status, and history. They want to ensure that they create project conditions that help them understand the full context they’ll be working within before developing solutions. Additionally, at the end of the day, the team acknowledges that they are working with human beings and the stories that they hear may be traumatic for many of them. They commit to authentically connecting with these individuals, uplifting their stories, and creating clear protocols on how to attend to the well-being of those they work with.

## PROCESS

*The team conducts the following project activities to align with the modes outlined in liberatory design and ensure the integration of their selected mindsets. As a reminder, the modes do not follow a particular order and can be placed and replicated at any point throughout the project lifecycle.*

### See the System

At the start of the project, the team studies the existing data on delivery-related complications among Black birthing people in the Prichard area and compares that to data from other cities across the state. They also study the history of maternal healthcare in the area and read personal narratives from local maternal health workers and birthing people. After learning more about the maternal healthcare landscape in this community, they decide that focusing on the implementation outcomes of **cost**, **feasibility**, and **acceptability** would be critical in ensuring that the curriculum would be something the community could use long-term after proving its effectiveness.

### Empathize

To further understand the local maternal healthcare landscape, the team goes out and speaks with local birthing people and maternal healthcare workers to understand their perspective of the current healthcare landscape. To ensure community members feel safe to share, all team members are trained in effective and thoughtful communication. They also work with a consultant who specializes in trauma-related conversations to help them plan and facilitate community interactions.

### Inquire

To support their communal sense-making, the team creates a community advisory board (CAB) that includes local birthing people and healthcare workers to serve as dedicated advisors throughout the project. They also host open community discussions at the local community center whenever there's an important inflection point in the project that they want expanded community input on.

### Notice/Reflect

During their first meeting, the research team and CAB create sets of reflection questions to be used in all project-related meetings. The question sets are designed for each of meeting type that occurs during the project: weekly research team check-ins, bi-monthly CAB meetings, quarterly project retrospectives, and ad-hoc greater community meetings. The questions were inspired by the project mindsets and were collectively refined to apply to the project.

### Define

The team invites their CAB to pull themes out of the quantitative and qualitative data they collected. They then discussed whether the themes they pulled felt applicable to their experiences and were critical components to address within the overall curriculum. Through this, the team and community co-designed a **model** of the local maternal healthcare landscape to help guide their project.

### Imagine

When hosting curriculum design sessions, the research team always includes different methods of participation to ensure the process is accessible to all CAB members. This looks like hosting both in-person and virtual community discussions, ensuring all materials follow preset visual and linguistic accessibility guidelines, and structuring these sessions so that public and private input can be shared. The CAB helped them to identify curriculum components that were relevant to their community, could be implemented feasibly given the resource constraints, and used language that felt accessible to the community.

### Prototype

During one of the design sessions, the team finds that some ideas are popular with certain stakeholder groups while others had major concerns about them. To better understand these concerns, they host a meeting for CAB members to discuss the pros and cons of the different ideas. After identifying the ideas that would not be harmful to individuals during testing and could be feasibly done, the team creates multiple prototypes of the curriculum that reflect the different ideas raised during the design sessions. The team also works with the CAB to design the survey questions they'll give to maternal healthcare workers who test the prototype and the success/failure criteria of each prototype.



## Try

The team collaborates with the CAB to identify the most effective and least disruptive way of testing the different curriculum prototypes in local healthcare centers. In addition to the survey questions that prototype testers fill out after completing the curriculum, the team also invites them to future project meetings to involve them in the prototype iteration process.

## OUTCOME

The team and community stakeholders designed a curriculum that could be feasibly used in even the city's least funded healthcare center. 87% of the maternal healthcare workers who engaged with the curriculum rated it as **effective** or **highly effective**. Following the implementation of the curriculum in 85% of the city's local healthcare centers, there was a 22% decrease in delivery-related complications overall and a 38% reduction for Black birthing people specifically.

### Continuous collaboration with community members allowed the research team to:

- Create a model that maps out the maternal healthcare landscape of the Prichard area and its contributing factors
- Ensure that the voices most impacted by that landscape were uplifted and centered
- Understand and contextualize the different types of data collected during the project
- Identify the most feasible methods of implementing the curriculum in their community
- Create relationships with the community that helped them to evaluate the penetration and sustainability of the curriculum over time

### Regular reflection practices throughout the project allowed the research team to notice:

- When their experiences at high-resource institutions affected their proposed ideas for under-resourced ones
- When they attempted to make decisions that favored those with greater levels of power and access
- When there was notable homogeneity of voices at the forefront of CAB meetings and greater community discussions
- When their thoughts were grounded in assumptions rather than facts

