BirthX

BIRTHX WHITE PAPER

Transparency and accountability

Changing the culture of maternity care

By the BirthX Team · Updated November 2026

> **This paper, and BirthX's mission, is dedicated to the Black women and birthing people whose concerns about their pregnancies were not heard, and to those who lost their lives to racism and neglect in maternity care.**

SUMMARY

Why this paper, and why now

Too many families in the United States go through pregnancy and birth without being heard. Most pregnancy-related deaths are preventable,[3,4] and about 1 in 5 mothers say they were mistreated during maternity care.[5] This paper looks at what the newest evidence shows, what respectful care looks like, and why transparency and accountability are the missing pieces.

Key takeaways

- **The U.S. is still behind.** It has the highest maternal mortality of any high-income country,[2] and Black women die at about three times the rate of White and Hispanic women.[1]
- **Mistreatment is common and unequal.** Black, Hispanic and multiracial mothers, and those with public or no insurance, report it most often.[5]
- **Respectful care works.** Clear information, real consent and continuous support improve birth experiences, and major U.S. and global bodies now set standards for it.[13,14,15,16]
- **Families need a safe way to be heard.** Patients already rely on online reviews to choose care,[19] but nothing gathers what pregnant people say about respect and safety in maternity care. BirthX is building that.

Words we use

We say **pregnant and birthing people** so every person who gives birth is included, including transgender men and nonbinary people. We say **women** or **mothers** when a study uses those words.

Maternal health

The health of women and birthing people during pregnancy, birth and the postpartum period.

Pregnancy-related death

A death during pregnancy or within a year after, caused or worsened by the pregnancy. Review committees study each one.[3]

Mistreatment

Care that is disrespectful, abusive or coercive: being ignored, shouted at, threatened, or given procedures without consent.[5,7] Some researchers and advocates call this obstetric violence.

Respectful maternity care

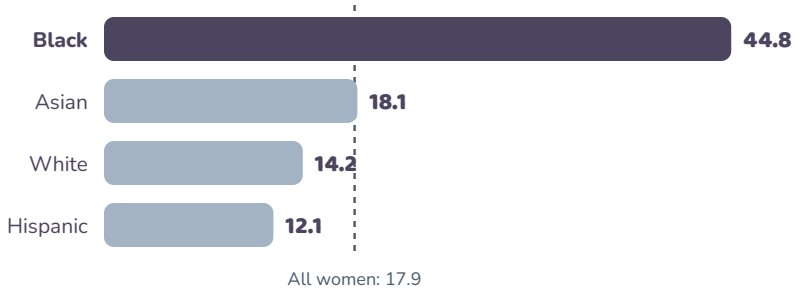
Care that protects dignity, privacy and choice, is free from harm, and includes shared decisions and continuous support.[13,14]

THE CRISIS IN NUMBERS

The U.S. maternal health crisis

In 2024, 649 women died of maternal causes in the U.S., a rate of 17.9 deaths per 100,000 live births.[1] That rate barely changed from 2023, and the gap between groups did not close.

Maternal deaths per 100,000 live births, by race and Hispanic origin, 2024



Source: CDC National Center for Health Statistics, 2024 final data (released March 2026).[1] Changes from 2023 were not statistically significant.

3×+

The Black maternal death rate is more than three times that of White and Hispanic women.[1]

80%+

Pregnancy-related deaths that review committees judged preventable, year after year.[3,4]

35%

U.S. counties that are maternity care deserts, with no birthing hospital, birth center or obstetric clinician.[11]

Higher than any peer country

The United States has the highest maternal mortality rate among high-income nations, even after rates fell from their pandemic peak.[2] Peer countries with very few maternal deaths have more midwives, guaranteed postpartum visits and paid leave.[2]

Most of these deaths can be prevented

State Maternal Mortality Review Committees look at every pregnancy-related death in detail. They have found more than 80% preventable in every recent year of data, including 85.7% in 2022.[3,4] Many deaths happen weeks or months after birth, after families have left the hospital.[4] Preventable means something could have gone differently: a symptom taken seriously, a follow-up visit kept, a concern acted on.

WHAT FAMILIES REPORT

Mistreatment is common, and unequal

In a 2023 CDC survey of about 2,400 mothers, 1 in 5 said they were mistreated during pregnancy or delivery care, and 29% said they faced discrimination.[5]

Mothers who reported mistreatment during maternity care



Source: CDC Vital Signs, Maternity Care Experiences, United States, April 2023.[5]

45%

Mothers who held back from asking questions or sharing concerns with their provider.[5]

About 40%

Black, multiracial and Hispanic mothers who reported discrimination during maternity care.[5]

The pattern holds across studies

The Giving Voice to Mothers study, designed with families themselves, found that 1 in 6 people in the U.S. reported mistreatment. The most common forms were being shouted at or scolded and being ignored or refused help.[6] Rates were higher for women of color and for hospital births, and mistreatment increased with unexpected interventions and disagreements with providers.[6]

The problem is not only American. A World Health Organization study in four countries observed that 42% of women experienced physical or verbal abuse, stigma or discrimination during birth.[7]

WHO IS AFFECTED

Who faces the most risk

Mistreatment does not fall evenly. Research points to the same groups again and again.

Race and ethnicity

Black, Hispanic and multiracial mothers report the most mistreatment and discrimination.[5,6] Black women also face the highest maternal death rate.[1]

Income and insurance

Mothers with public or no insurance report more mistreatment than those with private insurance.[5] Income, weight and age were among the most common reasons given for discrimination.[5]

Age and education

Younger and less-educated women are more likely to be mistreated during birth.[7]

LGBTQ+ families

Transgender and nonbinary people describe being misgendered, having their identity erased, and meeting providers who lack basic knowledge.[8,9] Reviews call for better training and inclusive language.[8]

When consent is not real

Loss of autonomy, threats and being ignored are among the most common forms of mistreatment people report.[6] In the WHO four-country study, some women had cesareans, episiotomies and vaginal exams without consent.[7] Informed consent means hearing the benefits, risks and alternatives, and being free to say yes or no.[15] Without that, a person is no longer at the center of their own care.

Why it matters

A frightening or disrespectful birth can stay with a person long after. About 4.7% of mothers develop birth-related PTSD, and 12.3% have significant symptoms.[10] These symptoms can affect daily life, relationships and bonding with a new baby.

Mistreatment also changes behavior. When 45% of mothers hold back questions or concerns,[5] warning signs can go unshared, and that matters when most pregnancy-related deaths are preventable.[3,4]

Not about blaming individuals. Most clinicians want to give good care. Mistreatment grows from structural norms, staffing pressure and power imbalances, so the fix has to change systems, not only people.[18,21]

WHAT WORKS

Respectful care improves outcomes

The evidence on what helps is clear, and the standards already exist. The challenge is making them the norm everywhere.

Respectful maternity care

The WHO recommends respectful maternity care for every birth: dignity, privacy, confidentiality, freedom from harm, informed choice and continuous support.[13] AWHONN's 2022 framework turns this into U.S. nursing practice, and hospitals can now earn Respectful Maternity Care designation.[14]

Shared decisions and real consent

ACOG calls informed consent and shared decision-making ethical duties in obstetric care.[15] AWHONN asks nurses to confirm consent for every intervention, including routine and repeated care, and to document refusals.[14]

Continuous support

Continuous support in labor, such as from a doula, is linked to fewer cesareans and instrumental births, shorter labors and more positive birth experiences.[16] Doulas work best when care teams treat them as part of the team.

Empathy is clinical, too

Fear and stress can disrupt the oxytocin that drives contractions and supports bonding.[17] A calm room, clear communication and a team that listens are part of safe care, not extras.

What respectful care sounds like

INSTEAD OF

"We need to start Pitocin now."

TRY

"Your labor has slowed. Here are your options, including waiting. What questions do you have?"

What gets measured gets fixed

The WHO's 2014 statement on ending disrespect and abuse in childbirth called for data on respectful care, systems of accountability and support for health workers.[12] Quality improvement in maternity care depends on hearing directly from the people receiving it.[12,21]

ACCOUNTABILITY

Transparency needs a place to live

Families already look for each other's experiences. They just don't have a place built for maternity care.

84%
Patients who check online reviews before booking care (2025 industry survey).[19]

57%
Patients who say they don't leave feedback for their providers.[19]

1 in 3
U.S. counties with no birthing facility or obstetric clinician, so many families have little choice of provider.[11]

The gap

General review sites rate parking, wait times and bedside manner. They don't ask what matters most in birth: Was I listened to? Was I asked before a procedure? Was my support person welcome? Did I feel safe? Without that information, families choose a provider blind, and patterns of mistreatment stay hidden.

What a maternity care review platform can do

- **Give families a safe place to be heard,** with questions built on respectful maternity care standards.[13,14]
- **Help future parents choose care that fits them,** including care that respects their identity, culture and birth preferences.
- **Surface patterns, not just single stories,** so the experiences of Black, Indigenous, LGBTQ+ and low-income families are counted.
- **Create public accountability** that rewards respectful care and gives health systems a reason to improve.[12,21]

Policy is moving in the same direction

The federal Momnibus Act, first introduced as the Black Maternal Health Momnibus Act in 2020, was reintroduced in Congress in March 2026 as a package of 14 bills.[20] It includes the Tech to Save Moms Act, which supports digital tools for maternal health, and bills on the perinatal workforce, data collection and social needs.[20] At the state level, 13 states have passed Momnibus laws in whole or in part.[22]

ABOUT BIRTHX

Where BirthX fits

OUR MISSION

BirthX exists to close the information gap in maternity care. We put evidence-based childbirth education in every family's hands, in words they understand and formats that fit their lives, so they can walk into their care informed and confident.

Our vision

BirthX is creating a movement toward informed, patient-centered maternity care, where every family has access to quality childbirth education.

Our approach

We give you clear, evidence-based information about your options, then trust you to decide what's right for your body, your baby and your birth. Our role is to help you understand what's possible, not to tell you what to choose.

The problems we're solving

The evidence in this paper points to the same gaps families describe to us. Each one shapes what BirthX builds.

THE PROBLEM	HOW BIRTHX HELPS	
Finding respectful, inclusive care is hard	Provider directories and crowdsourced reviews	Building
Most resources are one-size-fits-all	Content for mothers and birthing people, partners and fathers	Today
There is too much conflicting information	Clear, curated, stage-specific guidance, cited to current sources	Today
Families feel alone	Shared stories, directories and, in time, community forums	Planned
Resources shut people out	Plain language and accessible design for every ability, literacy level and language	Today
Many families are missing from the story	Diverse representation, including non-traditional families, gender-diverse people and fathers	Today
It is hard to know which providers to trust	A transparent review system	Building

We focus on the communities most often mistreated in birth, especially Black, Indigenous and LGBTQ+ families, and we write for everyone in the room: mothers and birthing people, partners and fathers.

What we're building

A maternity care review platform

A safe place for families to share how they were treated during pregnancy and birth, and for future parents to find care that respects them. Reviews will be built around respectful maternity care: being listened to, informed consent, support and safety.

ABOUT BIRTHX

How BirthX works

Five goals guide everything BirthX makes, and four pillars hold it up. We label what exists today and what is still ahead, because transparency starts with us.

Five core goals

01
Empower diverse audiences
Give mothers, birthing people, partners and fathers knowledge and tools that fit their experience, so each feels seen, supported and ready.

02
Bridge gaps in maternity care
Be a trusted go-between for families and providers, addressing disparities and promoting fair access to good care.

03
Foster community and support
Build a safe, inclusive space where families connect with others who have been there.

04
Promote practical preparedness
Offer tools families can use right away, like checklists, shopping lists, education modules and BirthBot tips, for every stage.

05
Champion inclusion and access
Remove cultural, language, cost and technology barriers so every family can use BirthX.

Four strategic pillars

Inclusive excellence
- Identity-responsive design across every feature **Today**
- Content toggles for mothers and birthing people, partners and fathers **Today**
- Multilingual content that keeps cultural context **Planned**
- Accessibility: WCAG AA minimum, AAA wherever possible **Today**

Educational innovation
- Evidence-based content for each stage **Today**
- Many ways to learn: articles, printables and texts **Today**
- Expert-led sessions and self-paced modules **Planned**
- Practical tools to use right away **Today**

Community engagement
- Anonymous provider reviews and recommendations **Building**
- Moderated peer support forums **Planned**
- Safe spaces to share stories and ask questions **Planned**
- Connections to local support networks **Planned**

Technology and access
- BirthBot: AI-powered childbirth education by text **Today**
- Mobile-first, responsive websites (no app to download) **Today**
- Strong privacy and security **Today**
- Printable guides that work offline **Today**

What BirthX offers today

The BirthX blog
Plain-language articles on pregnancy, birth and postpartum, each cited to current U.S. sources.

Printable guides
One- and two-page handouts, like “The cascade of interventions,” with questions to bring to appointments.

BirthBot
Childbirth class, one text at a time. Evidence-based tips by text for pregnant people and their support people. $5.99 a week.

CALL TO ACTION

What we can do together

Changing the culture of maternity care takes everyone in the room.

Families

- Learn your options before labor.
- Ask for benefits, risks and alternatives, and for time to decide.
- Bring a support person or doula.
- Share your experience so the next family can choose well.

Clinicians and hospitals

- Adopt respectful maternity care standards and pursue RMC designation.[14]
- Make consent a conversation, every time.[15]
- Welcome doulas as part of the team.[16]
- Ask for patient feedback and act on it.

Partners and funders

- Invest in tools that let families be heard.
- Fund community doulas and midwives.
- Support data on respectful care.[12]
- Partner with BirthX to bring education to families in maternity care deserts.[11]

Know more. Fear less.

When families know their options and have a place to be heard, care becomes more transparent, providers become more accountable, and birth becomes safer for everyone. That is the culture change BirthX is working toward.

Childbirth class, one text at a time.

Join BirthBot at **birthbot.org** or text JOIN to (617) 882-7724. $5.99 a week. Msg & data rates may apply.

Read and download guides at **birthx.org**.

For education only. Not medical advice — talk with your care team. If you think you or your baby may be having an emergency, call 911 right away.

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This paper updates and replaces the 2022 edition. Data were current as of November 2026. Industry survey figures (19) come from a reputation-management company and are shown as a general signal, not clinical evidence.