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FROM THE FIELD

Project Detroit: Voices for Life - The Power of Storytelling in Reducing Maternal Mortality: Amplifying Voices. Changing Lives

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Abstract

Purpose The purpose of this paper is to describe the design and implementation of the storytelling component of a multi-prong, community-based project that shares the lived experience of Black and Brown women's birthing journey to reduce maternal mortality.

Description Beginning 2021, the Southeast Michigan Perinatal Quality Improvement Coalition (SEMPQIC) worked with community perinatal care providers to administer a multiprong project to reduce maternal mortality in Detroit. The goal of the project was to build upon existing community assets to examine and replicate circumstances and conditions where Black mothers thrive. This article will focus on one component of this four-part effort that included production of storytelling videos of the birthing journey by Black and Brown women.

Assessment A partnership with SEMPQIC and trusted, established community perinatal service providers was the operational foundation to identify 110 perinatal women from Detroit, willing to engage in storytelling training to tell their unique birthing journey story. 22 videos were professionally produced for use in Detroit to offer the lived experience of the current perinatal system of care. The engagement of the women for storytelling led to the development of a broader campaign and tool kit about maternal health called Our Voices Our Births: Hear Us! - Detroit Mothers Speak.

Conclusion SEMPQIC works to reduce maternal mortality and improve the perinatal care system through promotion of racial health equity, using community collaboration for collective impact. This storytelling initiative demonstrates the transformative power of storytelling in addressing the maternal mortality crisis.

Significance

Storytelling has the power to humanize the maternal mortality crisis, amplify marginalized voices and drive meaningful change. It offers a first-person description of the birthing journey and may also work to validate the storyteller with recognition of the power of her voice. Too many women die in childbirth, perinatal storytelling provides opportunity to hear from those with lived experience of ways to improve the perinatal system of care. This initiative supports the value of perinatal storytelling to patient perception of the importance of self-advocacy and improvement in service delivery in the perinatal care system.

Keywords Storytelling · Maternal mortality · Partnership · Birthing journey · Lived experience

Introduction

The Southeast Michigan Perinatal Quality Improvement Coalition (SEMPQIC) is one of nine perinatal quality collaboratives in Michigan supported by the Maternal and Child Health division of the Michigan Department of Health and Human Services (MDHHS). Since its inception in 2015, SEMPQIC has served the tri-county region of Wayne, Oakland, and Macomb counties, which includes the city of Detroit—home to Michigan's largest Black population. For

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Table 1 2018 Michigan PRAMS

SDOH factors	Michigan	Detroit
No prenatal care	0.60%	2.10%
1st trimester Prenatal care (PNC) entry	86.10%	68.7
satisfied or very satisfied with the PNC advice	90%	NA
2-3 negative race related health effects	1.80%	5.20%
6 or more life stressors	6.50%	11.10%
Annual rate of Maternal Deaths (2011-2016)	50.6 – 82.0 per 100,000 live births	79.4 -142.6 per 100,000 live births
Maternal deaths due to pregnancy related complications (2011-2016)	18.1 per 100,000 live births	23.9 per 100,000 live births

decades, this region has faced persistent and unacceptable racial disparities in infant and maternal mortality as compared to the rest of Michigan.(SEMPQIC, 2024)

In 2020, SEMPQIC received a three-year grant from Merck for Mothers' Safer Childbirth Cities initiative to lead Project Detroit: Voices for Life (PD:VFL). This initiative aimed to reduce maternal mortality in Detroit, where 79% of the population identifies as Black. Rather than introducing new, isolated programs, PD:VFL focused on changing systems and conditions that perpetuate poor outcomes. Guided by the "Water of Systems Change" PD:VFL sought to shift practices, relationships, power dynamics, and mental models within perinatal care.(Kania et al, 2018)

Background and Framework

Data from the 2018 Michigan Pregnancy Risk Assessment Monitoring System (PRAMS) highlighted the role of social determinants of health (SDOH) in maternal outcomes (Haak et al, 2019; Sauter & Haak, 2019). Detroit mothers reported significantly lower satisfaction with prenatal care than mothers elsewhere in the state, particularly regarding provider respect, wait times, and communication, see Table 1. Additionally, the Michigan Maternal Mortality Surveillance (MMMS) found that over half of maternal deaths from 2016–2020 were preventable (Limon-Flegler n.d.; Limon-Flegler & Neumayer, n.d.-a & -b).

PD:VFL's four components were:

- Establishing a local Maternal Mortality and Vitality Review Committee in Detroit working collaboratively with MMMS
- Training doulas within the Detroit community to increase doula service availability
- Launching a storytelling campaign centered on Black maternal experiences
- Providing Unconscious Bias and Respectful Care Training to perinatal providers in a major Detroit hospital system

This article focuses on the third component: storytelling.

Methods

Program Design and Framework

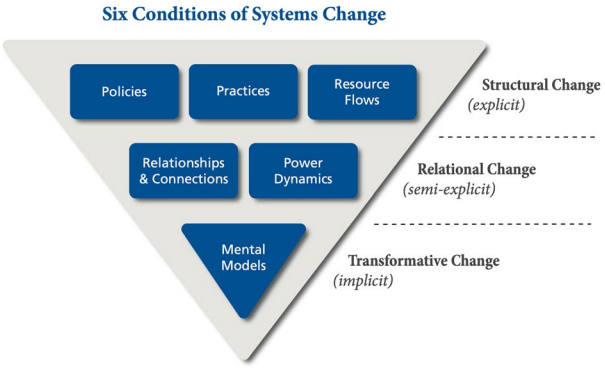
PD:VFL employed the "Water of Systems Change" (WOSC) framework to guide its logic model (Kania et al.,2018). This systems-change approach identified six interrelated conditions: Policies, Practices, Resource Flows (explicit); Relationships and Connections, Power Dynamics (semi-explicit); and Mental Models (implicit). These layers helped partners assess and document change throughout the project. Two objectives were identified for the Storytelling component. Objective 1) Identify 100 women to share stories of maternal vitality for a multimedia campaign (e.g., blogs, video, social media, etc.) by December 2023 from existing community outreach programs; and Objective 2) Engage at least 100 Black mothers to design an empowerment campaign by December 2023. The Logic Model template in Table 2 was completed by the partners at the start of the project and used to guide the work activities.

Table 2 PD:VFL Logic Model Template

Merck for Mothers' Safer Childbirth Cities Initiative – Logic Model Template

Inputs	Activities	Outputs	Outcomes	Impact
Resources required to carry out project activities (partner organizations, staff time, expertise, financial resources, etc.)	Key tasks and actions undertaken (conducting workshops, delivering services, creating resources, establishing relationships, etc.).	Direct results of program activities (number of women reached, providers trained, materials distributed, etc.)	Short- and medium-term changes towards the program's goal (changes in skills, attitudes, knowledge, behavior, etc.)	Overarching Safer Childbirth Cities initiative goals

Table 3 Water of Systems Change - Six Conditions of Systems Change



When reviewing system change conditions as shown in Table 3, Storytelling work aligned most closely with Practices, Relationships, Power Dynamics, and Mental Models. For example, repeated narratives revealed unmet mental health needs in the postpartum period and gaps in how providers honored birth plans. Community programs like SisterFriends Detroit responded by revising how they instructed women to develop and communicate birth plans. The partners also began engaging providers directly on how birth plans were used during delivery.

Partners and Roles

The PD:VFL Program Coordinator—embedded within SEMPQIC—oversaw all project level administrative aspects, data reporting, and monthly partner convenings. Three community-based organizations partnered on the storytelling component: SisterFriends Detroit (SFD), Focus: HOPE, and Black Mothers' Breastfeeding Association (BMBFA). SFD took lead role for this component, supporting the partners' recruitment efforts and problem solving when needed. Each partner recruited at least 33 women with lived experience in Detroit's perinatal care system over the 18 month period. All participants were willing to take the 2 day storytelling training and have their perinatal journey video recorded. They received structured virtual storytelling training facilitated by nationally recognized storyteller Satori (Shakoor, 2024).

Recruitment and Participation

More than 300 women were approached; 110 perinatal women ultimately consented to participate. Each received guidance on storytelling structure, not content, along with gift card stipends. Everyone signed a release of use for the videorecording and associated photos. Training was offered mid-day and evenings to accommodate varying schedules.

In some cases, extra sessions were added to ensure emotional readiness and provide support services as needed. Childcare and meals were also provided during video tapings.

Content Creation and Dissemination

Final videos were recorded in comfortable, familiar locations such as community spaces or partner offices. A total of 22 videos were produced: 20 individual stories of less than 5 minutes, one 11-minute group segment, and a 20-minute panel discussion. A consistent scripted introduction was used for all videos and the SEMPQIC program coordinator provided the recorded voice. Participants helped select branding for the multimedia campaign, named *Our Voices, Our Births: Hear Us! Detroit Mothers Speak.* The Empowerment Toolkit—housed on SEMPQIC's website—features the videos, key perinatal health facts, storyboards, and a user guide (that was created and added post project). The campaign debuted publicly at the 2023 Black Women's Health Summit. See https://www.sempqic.org/hear-us-campaign.

Discussion

Evaluation Findings, Partner Insights, Lessons Learned

The evaluation examined storytelling's impact on individuals, partners, and systems. Of the 110 participants, 65 responded to a post-training survey. Key findings included:

- 97% of respondents had a positive experience sharing their story.
- 95% saw their story or personal experience in a new light.
- Nearly all planned to share their stories more broadly.

- Three top takeaways from training were hearing others' stories, learning how to tell a story, and receiving feedback from both the trainer and participants.

Partner Insights

Partner organizations reported increased clarity about the structural issues affecting Black maternal health. Storytellers validated concerns about provider dismissiveness, lack of patient rights awareness, and insufficient postpartum mental health support. These insights prompted internal reflection among partners, who recommended organizational bias reviews and stronger postpartum follow-up.

Lessons Learned

Several practical lessons emerged that could help mitigate challenges in future projects:

- Clear expectations of participants must be communicated upfront.
- Sensitivity to family obligations is necessary, encourage participants to critically assess availability and scheduling.
- Training participation should be tied to incentives.
- Stories should reflect recent birthing experiences (within 12 months).
- Emotional readiness must be addressed to avoid retraumatization and be prepared to support-with services or referrals-emotional distress that may occur when participants share their story.

Partners also found that:

- Authentic community engagement requires more staff time and funding than anticipated.
- Including doula support in the storytelling session was useful, as many Detroit women had limited exposure to doulas.
- Encouraging those with doula experience to share their story was impactful.
- Partner agencies needed assistance with video review and theme identification.
- Roughly only one-third of women approached agreed to participate, citing fear of retaliation or emotional discomfort as common deterrents.

During the project, a new videographer with expertise in community storytelling was hired to replace the original videographer, which improved the quality of the final videos. Reviewing raw videos, identifying themes and time-stamping video segments for final use were project tasks that may require training for community partners. A group approach made it possible in this project, and the SEMPQIC program coordinator made it a very pleasant event by hosting the group with refreshments, oversized video screen and great notetaking.

Seventeen women expressed interest in continued advocacy or storytelling, and some sought doula certification. The videos have since been used in professional trainings, grand rounds, and medical education. PD:VFL's storytelling work was also featured on the AMCHP BirthWork podcast, elevating local voices to a national audience.

Conclusion

Project Detroit: Voices for Life demonstrates the transformative potential of storytelling in addressing racial disparities in maternal health, particularly within Black and Brown communities of Detroit. Through collaboration, the project successfully supported over 100 perinatal women to share their birthing journey, amplifying their voices and offering invaluable insights into the challenges they face within the healthcare system. The videos are powerful tools for education, advocacy and training, influencing both health providers and the broader community. By centering lived experiences of Detroit's Black women, the project has fostered a culture of self-advocacy and contributed to efforts aimed at improving perinatal care, reducing maternal mortality and advancing health equity. The storytelling component not only amplified community voices but helped reshape perceptions, practices, and policies in Detroit's perinatal care landscape. The results of PD:VFL underscores the importance of community-driven solutions in addressing systemic health disparities, offering a path towards equitable maternal healthcare.

Notes

Link to Project Detroit:Voices for Life full project - https://www.sempqic.org/project-detroit-vfl

Link to Project Detroit: Voices for Life videos - https://www.sempqic.org/storytellers-videos

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Data availability The videos are publicly available on the SEMPQIC and DHEER websites. See www.sempqic.org and www.detroithealthequityresources.org

Declarations

Conflict of interests Alethia Carr is a paid Independent Consultant to SEMPQIC. There are no conflicts of interest to declare. Vernice Anthony is a paid Independent Consultant to SEMPQIC. There are no conflicts of interest to declare. Iris Taylor is a paid Independent Consultant to SEMPQIC. There are no conflicts of interest to declare.

Ethical approval This manuscript adheres to all relevant ethical standards for professional writing, including the accurate presentation of data, proper citation of sources, and full disclosure of any potential conflicts of interest. IRB was not obtained for this project. The paper describes a program and is not research. All information presented is based on reliable sources and is reported transparently.

Consent to participate The authors consent to publication of this paper. All participants in this project provided written consent for the use of their video recording, photographs and personal statements made during this project. The consent explicitly stated participants had no expectation of payment for products of this initiative.

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