The CARES for Black Mothers study seeks to research the experiences of racism, resilience, and birth outcomes among Black American women to create a more nuanced understanding of how social factors associated with race and discrimination impact these disparities. Specifically, we hope to uncover vital information about the kinds of experiences that are most salient for Black maternal and child health and what factors contribute to resilience among Black women and infants in the face of discrimination.

When conducting research among historically underserved populations, there are critical ethical concerns that are vital to acknowledge and address to ensure the protection and respect of study participants. We desire to move beyond unethical research practices that have been historically harmful to underserved populations to produce research that will directly benefit the communities we are working with.

The CARES Team is guided by the following ethical policies and practices:

**Unbiased Research:** We will acknowledge and actively confront biases associated with our population, expectant Black mothers. The CARES team has worked to interrogate biases and stereotypes of Black American women by informing our research questions with Critical Race Theory and the Theory of Embodiment of Race to move beyond problematic uses of race in previous scientific research. Specifically, Dr. Warren’s work actively promotes the production of knowledge and understanding of the experience of Black Americans in order to inform policy and interventions to reduce health disparities.

**Community Accountability:** The CARES team is partnering with community stakeholders that actively engage with the mothers in our study to ensure that we are held accountable to serve the needs of the community. This community-based approach taken by our study will allow us to learn the unique cultural dynamics that are present in the communities we plan to work with so that we can recruit and engage with Black mothers in a culturally competent fashion. Our partnerships with community centers will also help us to connect the mothers in our study with resources, such as family counseling, and will help us return our findings back to the community.

**Transparency:** It is essential that our study team is transparent with participants, community partners, and collaborators during the entirety of this study. Transparency is critical when working with a historically underserved population to ensure that there is no deception about study goals, practices, or findings. The CARES study will produce transparency with the mothers participating in our study by providing mothers with interview questions prior to interviews, fully informing participants of all study procedures in the form of an informed consent, and reporting findings in their entirety following the end of the study. We will be transparent with
collaborators and community partners by informing them at each stage of the project including any changes in study procedures and periodic updates to study progress. This transparency will also keep the study team accountable to our goal of serving the needs of the communities we are working with.

**Conceptualization of Race as a Variable:** Previous health research has shown that failing to conceptualize how race and the effects of race are assessed leads to inaccurate, and often harmful study conclusions. The focus of our study is understanding the impact of racism and discrimination on maternal and infant mortality where we are specifically working with self-identifying Black women. We will clearly define and use the concept of race and how it relates to our research questions and the variables we plan to investigate. In any written material that outlines our research plan and findings, including future publications, race will be defined according to the self-reflection of our participants. We will also use the most current understanding of race according to Critical Race Theory and current anthropological conceptualization of race. Clearly defining race from its social origins will allow us to move beyond previous harmful biological explanations of race, and will help us to better understand how the social influences of race impact health outcomes among our population.

**Participant Empowerment:** This study will be relying on the testimony of expectant Black women to make conclusions about how racism and discrimination can impact health outcomes during pregnancy. Black American women face unique levels of inequity due to the intersectionality of race, class, and gender that opens them up to a new and distinct type of oppression that is far more damaging than race-based inequities alone. We will seek to establish a good rapport with our participants in order to engage with them in a way that recognizes the stigmas, discrimination, and judgement that they may face in their daily lives. That goal can only be accomplished through the active listening and engagement with Black perinatal mothers. The CARES team strives to amplify the voices of the women involved in our study and empower them to speak their truths about how racism and discrimination has impacted their lives and pregnancies. We will accomplish this by formulating our interview and focus group discussions around the experiences and perceptions of these mothers, and by allowing them to have an open and safe space to share those experiences.

**Team Diversity:** Through the incorporation of a multidisciplinary team of diverse researchers, we acknowledge the importance of bringing diverse perspectives and worldviews to this work. The CARES team has previously exemplified critical experience and dedication to ethically engaging with vulnerable populations through specializing in sociobehavioral science, health communication, African American and vulnerable communities, maternal and child health, health inequalities, and health and disease throughout the life course. It is necessary to have a diverse team so that we can incorporate many perspectives into how we conduct our research from the development of the study to data collection and analysis. The multidisciplinary nature
of our research team will also create a system of checks and balances, ensuring that the needs and protections of our population are upheld.

**Ensuring Participant Trust:** We recognize that it is essential to directly address the distrust and fear that is often associated with participating in health research. We recognize that we are in a position of power and privilege as university affiliates, researchers, and outsiders. It is critical that our team acknowledges our position as such before working with participants. Every researcher conducting surveys, interviews, or focus groups will be trained so that participants are treated with respect and in a professional manner. Our study will also work with our community partners to understand the cultural, economic, and social realities of our population so that we can establish trust through cultural humility and displays of cultural consonance. Our team will also conduct interview discussions in an environment that is comfortable and confidential. Similarly, we hope to gain participant trust by explaining our data confidentially to participants prior to interviews.

**Protective Measures for Participants:** Our study articulates sustained safeguards to ensure the continual and ethical treatment of Black American perinatal mothers. All participants in our study will be treated as autonomous agents that are allowed to make their own decisions regarding the continuation of their involvement in our study, as will be explicitly agreed upon in our informed consent document. We will offer reproduction health informational and educational resources for our participants in consideration of access disparities. Not only will we collect informed consent from every participant to understand the scope of our project, we will ensure that this research produces tangible deliverables to participants with the assistance of our community partners, including improved access to counseling and medical resources. These deliverables will act as safeguards in our study by allowing us to provide tangible benefits to the mothers in our study so that the relationship is mutually beneficial. Other safeguards include community partnerships, which will ensure accountability for the research team, and the presence of multiple primary investigators and collaborators, which creates a system of constant monitoring of activities among the research team.

It is our overall commitment to ensure the ethical treatment and protection of the Black mothers who participate in our study. We are dedicated to upholding these ethical considerations throughout the duration of this work.

Sincerely,
Dr. Ma’at
Director