

Supplemental materials for

Lett E, Hyacinthe M, Davis D, Scott KA. Community support persons and mitigating obstetric racism during childbirth. *Ann Fam Med.* 2023;21(3)227-233:.

Supplemental Appendix

Summary of PREM-OB Scale™ suite Development

The senior author (KAS) recruited and led a transdisciplinary and transgenerational team of predominantly Black women scholars, Black women-led community organizations, non-Black health services researchers, and Black mothers and birthing people through traditional and novel survey development processes. The team used an exploratory sequential mixed method study design to develop a psychometrically sound, culturally rigorous measure of patient-reported experiences of obstetric racism during hospitalization for labor, birth, and the immediate postpartum period. Qualitative methods and methodologies include the following five overarching steps: 1) Item pool generation based on development of the key conceptual definition of SACRED Birth and seven theorized domains derived from a critical phenomenological analysis of perinatal expectations and experiences using in-person focus groups in 2019; 2) Literature review of particular key terms and construction of an item pool based on gaps in the ethics and epistemology of patient safety as defined for, by, and with Black mothers and birthing people; 3) Modified Delphi process involving specific subject matter experts to complete iterative review and prioritization of items; 4) Community checking with 2019 focus group participant for further review and revision of domain names, meanings, and measures to ensure alignment and accuracy between lived experiences and theorized domains; and 5) Cognitive interviewing with 2020 Black postpartum patients to elicit feedback on item length, wording, relevance, clarity, their thought processes and any content deficiencies in the draft item pool for their reviewed domain.

For the quantitative phase, pilot testing of 81 items involved administration of an online survey that included additional demographic information, clinical, social, and structural determinants of health, obstetric and neonatal information, and COVID-19 questions. Subsequently, data analysis included 1) evaluation of dimensionality of item pool using confirmatory factor analysis (CFA) and conceptual model-driven bifactor analysis to characterize latent item structure; 2) item inclusion and exclusion based on CFA, correlation analysis, and item content analysis to achieve psychometric adequacy and conceptual precision among the resulted three measures; 3) analysis of unidimensional item sets and item score development using item response theory, and 4) establishment of criterion validity.²⁵