Positionality Statement

*Positionality* broadly refers to social position or social location. The term can be used to understand how social positions and locations relate to power (who has access to what) and how this shapes identity and experience. As Reich, et. al. delineated, “Qualitative research considers the positionality of both the researcher and the researched as core aspects of inquiry to understand how knowledge and experience are situated, co-constructed, and historically and socially located. This methodological expectation for reflexivity does not just allow for richer data, but also requires researchers to consider power within and surrounding the research process and to employ an ethic of care for their subjects and for the overall work of qualitative research.”¹ This aligns with the shared leadership model that our multi-disciplinary team is committed to that centers partnerships and addresses social location and power - not only in the design and execution of the research project, but also in our composition as a research team.² As such, describing our identities and social location via the “positionality statement” below is an important element of this work.

Our team has a broad and diverse background with authors identifying as Black women (n=6), White women (n=5), clinicians or birth workers (n=7), community-based clinicians (n=4), mothers (n=11), and individuals impacted by CVD in pregnancy/postpartum (n=5). Achieving equitable CVD-related health care requires a commitment to listen to Black women and recognize that their input is vital for meaningful solutions to pregnancy-related morbidity and mortality. The majoritarian narrative in the United States is White and middle class, which embodies the racist supposition that Black people should assimilate to fit within the dominant standard.³ Counter-narratives by Black women are critically important to challenge the perceived wisdom of those at society’s center by providing a context to understand and transform established belief systems.⁴ Our commitment to the counter-narrative in this

The authors provided this information as a supplement to their article.
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research is reflected in our community-academic partnership, leveraging the lived experience of Black women in all aspects of study planning, implementation and evaluation.

**Self-Authored Positionality Statements**

Author #1: I identify a cis-gender, White woman, mother and wife. I am the descendent of colonizers and settlers with European heritage. I identify professionally as a Mental Health Clinician and Public Health Researcher with lived experiences of pregnancy related complications related to heart disease, high blood pressure, pre-eclampsia and post-partum lactation challenges.

Author #2: I identify as a Black woman, mother, second generation American of Caribbean descent and survivor of birth trauma. I identify professionally as reproductive psychotherapist, board certified lactation consultant and maternal health expert and advocate with lived experiences as a Black woman harmed by the medical system surviving a near-miss postpartum hemorrhage, and survivor of unassessed, undiagnosed and untreated perinatal mood disorders.

Author #3: I identify as a queer, cis-gender, White woman and mother who is the descendent of Irish and Italian immigrants. Professionally, I identify as a Certified Professional Midwife and Public Health Researcher with lived experience as a survivor of birth trauma, postpartum complications related to an unplanned surgical birth and undiagnosed and untreated perinatal depression and anxiety.
Author #4: I identify as a heteronormative, White woman and mother who is the descendent of colonizers and settlers. I identify professionally as a Health Services Research and Implementation Scientist with lived experiences of pregnancy related complications tied to high blood pressure and pre-eclampsia.

Author #5: I identify as a Black woman and mother. I currently identify professionally as a Clinical Researcher, Postpartum Doula, and Community and Health System Contributor with 11 years of experience working with Black women and birthing parents. I have lived experiences of medical neglect, as well as labor and postpartum racial trauma.

Author #6: I identify as a Black woman and mother. I identify professionally as a Black Maternal Health Thought Leader and Advocate with shared lived experience of birth trauma, pregnancy-related complications, perinatal mental health and lactation challenges.

Author #7: I identify as a heteronormative-presenting, White woman who is a second generation American in an interracial marriage with adult children. I currently identify professionally as a Clinical Research Nurse and formally as a Certified Professional Midwife and Childbirth Educator with a 20-year background working with pregnant and postpartum people in Philadelphia.
Author #8: I identify as a heteronormative, Black woman and mother. Professionally, I identify as a Registered Nurse with 13 years of professional experiences working with birthing people and their families. I have lived experiences of pregnancy related complications related to high blood pressure and pre-eclampsia.

Author #9: I identify as a Black woman. Professionally, I identify as a Social Services Administrator and maternal health advocate with 10 years of managing programming aimed to improve the lives of Black birthing people and families in Philadelphia. I have experienced birth trauma at the hands of the medical system.

Author #10: I am a Black, African American woman and mother, 400 years removed from my ancestors as I live on Leni-Lenape land in PA. I identify professionally as a reproductive psychotherapist, maternal health expert/researcher and traumatic birth survivor who centers my lived experiences of being victimized and unheard by the medical system.

Author #11: I identify as a cis-gender White woman who is the descendent of Jewish immigrants from Austria and the Ukraine. Professionally, I identify as a general internist with a focus on reducing cardiovascular disease risk and as a maternal child health researcher. I identify as a mother and recognize I am privileged to have had two positive birth experiences.

Wycoff KL, Coleman JG, Santoro CM, Zullig LL, Darden N, Holland PM, et al. Multilevel community engagement to inform a randomized clinical trial. Obstet Gyneco 2023;142. The authors provided this information as a supplement to their article. ©2023 The Authors.