2019

The Perspectives of African American Women: Their Pregnancy Experience and Their Babies' Birth Outcomes

Kayla M. Hairston

The Perspectives of African American Women:

Their Pregnancy Experience and Their Babies' Birth Outcomes

Kayla M. Hairston

Wright State University Boonshoft School of Medicine

Master of Public Health Program

Linda J. Smith, M.P.H., IBCLC – Committee Chair

Sara J. Paton, Ph.D., CPH – Committee Member

Mary Daniel – Committee Member

Acknowledgements

The journey to completing this paper has been quite the experience, and I hold great value in the knowledge I have gained along the way. Thank you to all my friends and family for all of your encouraging words and constant reminders to stay focused and finish. I also would like to give a special thank you to my Committee Chair, Linda J. Smith, M.P.H., IBCLC, for providing me with your guidance and support throughout this entire process. The lessons I have learned from our several conversation are very much appreciated.

Table of Contents

Abstract

The health disparity surrounding infant mortality has been a challenge for public health professionals for the past two decades. Today African American babies continue to die at a rate two times higher than the nation's average rate. The purpose of this study was to explore African American mothers' perspectives on their pregnancy experience and their babies' birth outcomes, as a way to provide suggestions for current efforts and interventions being used to lower the rate of infant mortality in the African American population. This study examined fifteen peer reviewed articles that shared the perspectives of African American women who were either pregnant, had children or were of childbearing age. The articles were analyzed and placed into groups to come up with common themes that were present throughout the fifteen articles. The themes that were developed from the selected articles included: a) support & empowerment, b) knowledge & resources, and c) access to quality care. There is overlap between all three themes which suggested that all three themes work together in providing an ideal pregnancy. Even with all three themes working together it was recognized that the impact of each theme could vary depending on the mothers' background. Therefore, it is important to acknowledge different value systems when developing interventions to address the issue of infant mortality rather than applying one intervention to all.

Keywords: Life Course Theory, infant mortality, African American women, health disparity, racism, birth/ childbirth

The Perspectives of African American Women: Their Pregnancy Experience and Their Babies'

Outcomes

On April 11, 2018 The New York Times Magazine author Linda Villarosa published the story titled "*Why America's Black Mothers and Babies Are in a Life-or-Death Crisis.*" In Villarosa's (2018) story, she shared the very heartbreaking moments of a young African American woman's life when she lost her unborn child due to what was believed to be pre-eclampsia, that later caused an abruption of the placenta. Throughout the telling of this young woman's story, Villarosa provided information surrounding the health disparity that exists for Black women and their babies. She discussed the unfortunate, and quite frankly unacceptable, position America's medical and public health professionals currently hold, that "for black women in America, an inescapable atmosphere of societal and systematic racism can create a kind of toxic physiological stress…that lead[s] directly to higher rates of infant and maternal death" (Villarosa, 2018, p. 6).

While reading this story a few questions arose, such as "Who is Villarosa's audience?" For someone who is involved with the field of medicine and public health, this may not have come as much of a surprise; maybe another reminder to the work that still needs to be done, but not much information that is not already talked about. However for the women like the young woman described in Villarosa's (2018) story, Simone Landrum, it would be very interesting, maybe even beneficial, to know what their perspectives were on this story. Did they know infant mortality was a very common problem faced by the African American population? Or do they think a story such as Simone's could never happen to them, so they ignore the signs and symptoms described in this story? For those women who read the title, "*Life-or-Death Crisis,*" and decided to not read any further, do they now believe this problem to be one that just arose?

Or do they understand that this has been a challenge that medicine and public health professionals have been attempting to overcome for more than two decades now? The answers to these questions could potentially add great value to the current efforts to correct the current health challenges faced by African American women and their babies, as well as the entire African American population.

Background

Infant mortality is the death of an infant before the child's first birthday. The rate of infant mortality is measured by dividing the number of infant deaths by every 1,000 live births. According to Centers for Disease Control and Prevention (CDC, 2018), the infant mortality rate is a helpful tool in knowing the overall health of a society. In 2016 the leading causes of infant mortality in the United States were:

- Birth defects

- Preterm birth

- Sudden infant death syndrome

- Maternal pregnancy complications

- Injuries

Infant mortality is a public health concern that affects the entire country (Figure 1). In 2016, the CDC (2018) reported an infant mortality rate of 5.9 deaths for every 1,000 live birth in the United States. However, the infant mortality rate for African American infants in 2016 was much higher than the country's overall rate which contributes to the health disparity that currently exists for African American babies surrounding infant mortality. In the CDC's 2016 reporting (2018), African American infants had the leading infant mortality rate of 11.3

compared to White infants, who had a rate of 4.9 deaths per every 1,000 live births. In other

words, African American infants are dying at a rate more than double the rate of White infants.
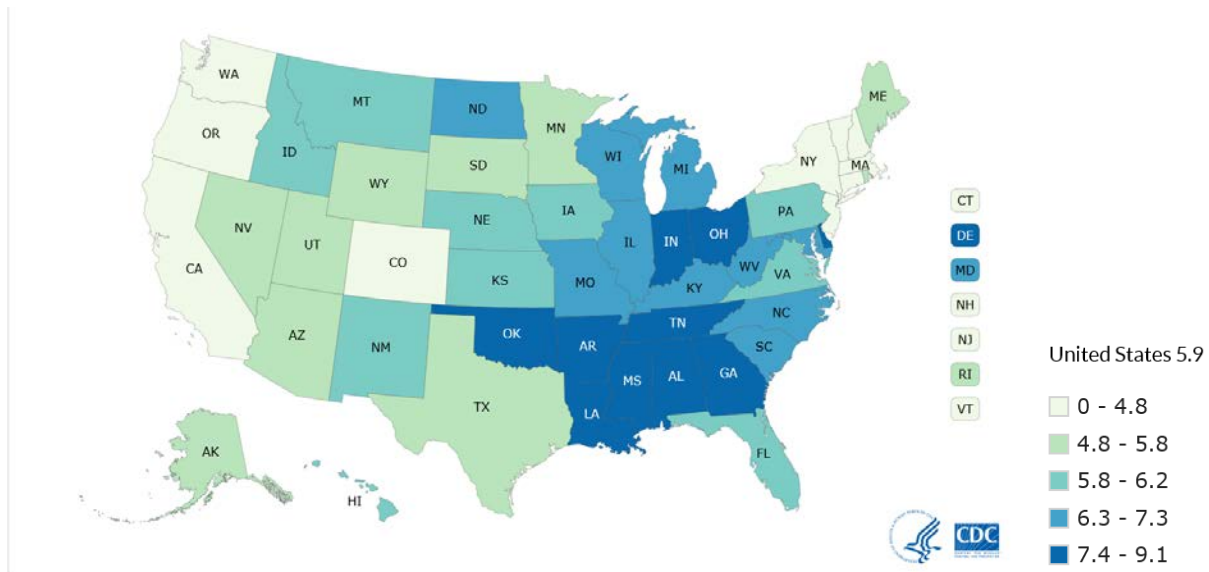
Figure 1. Infant mortality rates by state, 2016. Image copied verbatim from Centers for Disease

Control and Prevention, 2018.

Risk Factors of Infant Mortality

The noted existing racial disparity in infant mortality has several proposed contributing

risk factors. These risk factors can range from individual characteristics to community

characteristics, which are also referred to as social determinants of health. The individual

characteristics of socio-economic status have been considered to have an influence on birth

outcomes (Matoba & Collins Jr., 2017). Individual characteristics that are considered to be risk

factors can include young maternal age, limited education, low income, marital status, shorter

intervals between pregnancies, poor prenatal care, and risky health behaviors (i.e., smoking and

alcohol consumption). Through studies it has been found that these characteristics are actually

independent of the racial disparity that exist (Matoba & Collins Jr., 2017). What this means is

that even after improving certain factors of a person's life circumstances, the chances of adverse

birth outcomes for African American women is still greater than that of other races of women. Switching from individual characteristics to community characteristics, some of the risk factors of infant mortality include urban poverty, racial residential segregation and the crime rate of an area (Matoba & Collins Jr., 2017). These factors can have an effect on a woman's pregnancy due to reasons such as the availability of resources as well as the stress it could cause a woman due to her surroundings.

Healthcare Culture Competency

In previous decades, the main focus for improving infant mortality was to improve the prenatal care being provided. It was thought that health outcomes would begin to improve with improvements in prenatal care. Today, more attention is being given to the social determinants of health, such as the ones previously mentioned. According to Williams, Costa, Odunlami, and Mohammed (2008), an individual's health is influenced more by their lifestyle, such as living and working conditions, than the healthcare being provided. When an individual feels comfortable with their healthcare provider, it allows for a more productive and successful interaction. Williams et al. (2008) described the anticipatory care model, pioneered by Dr. Julian Tudor Hart, as a model that provides individuals with incentives for participating in their healthcare beyond just a brief visit with their provider. Those incentives included the following:

- the patient being the co-producer in their own health;

- proactive practice-based case-finding and follow-up;

- allowing the entire population to benefit from the medical services being provided; and

- a long-term relationship between patient and provider.

The Nurse-Family Partnership Program takes this approach when it comes to helping expecting mothers (Williams, Costa, Odunlami, & Mohammed, 2008). By visiting mothers during their pregnancy and for the first two years after delivery, the mother is able to gain support in receiving proper prenatal care, addressing any pregnancy-related complications and providing adequate care to their child. Keeping in mind those social determinants of health, the program also encourages economic self-sufficiency and the inclusion of other family members. Williams et al. (2008) found after evaluating the program that the home visiting led to improvements in both prenatal-health behavior and pregnancy outcomes. Other programs that take the home visiting approach include Healthy Start and Help Me Grow, which are both nationally recognized.

Life Course Theory and Racism

According to Healthy People 2020 (2017) the life course perspective has now become more relevant when addressing health promotion and disease prevention efforts such as infant mortality. Discussion surrounding the life course theory came about in the 1980s along with the Barker hypothesis, which described two critical changes that occur in utero that contribute to poor health outcomes in later life (Hogan, Rowley, Bennett, & Taylor, 2012). Those two changes included plasticity – a period when developing organs adapt to stressor cues in the fetal environment; and epigenetics – a response to external environmental stressors that causes a differential expression of genes. Both of these changes present themselves as being protective factors to the developing infant, but in the long term, results in negative health outcomes in adulthood. Many have used this theory, with racism being a contributing stressor, as a way in understanding the higher rates of infant mortality for African Americans and how to go about making efforts to correct the situation.

Interestingly enough, the beliefs behind the life course theory have been used to support the idea that the likelihood of poor birth outcomes such as infant mortality are in existence well before the start of a women's pregnancy (Hogan et al., 2012; Matoba & Collins Jr., 2017). Going back to the Barker hypothesis, Matoba and Collins Jr. (2017) described the long term effects of the two critical changes, plasticity and epigenetics, as 'weathering' or 'advanced aging.' The effects of chronic racial discrimination in African American women manifests itself in the body as stress that over time leads to an enhanced inflammatory response which can then lead to negative impacts on her body as well as future birth outcomes. For some, racial discrimination can start as early as someone's childhood, which explains why the possibility of having poor birth outcomes can be heightened even before becoming pregnant (Figure 2). Furthermore it is important to note the fact that there are multiple forms of racism, including personally mediated, institutionalized and internalized, that can have an effect on the mother's well- being (Ward, 2013). The in-depth details of racism are an important component to understanding this health disparity; however, for the purpose of this paper the focus will be on the external exposures to racism, which can act as an additional barrier to the ones that may already exist for African American mothers.
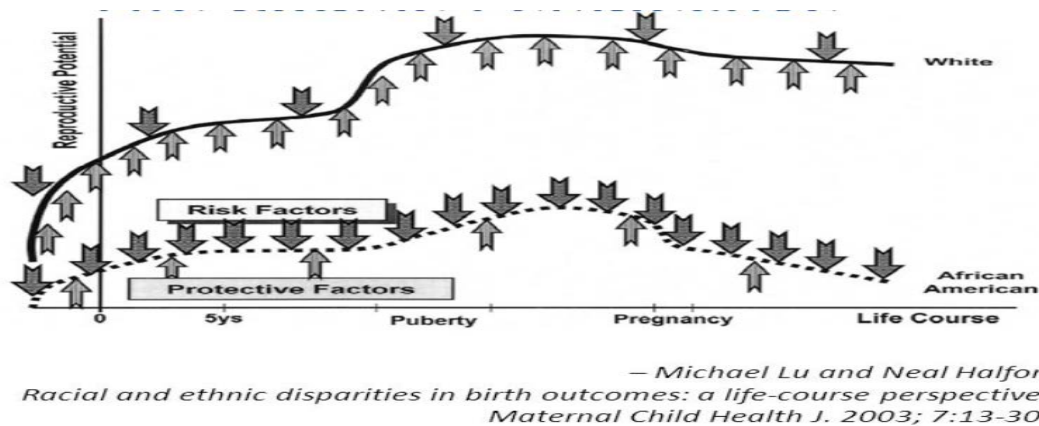

— Michael Lu and Neal Halfon
Racial and ethnic disparities in birth outcomes: a life-course perspective. Maternal Child Health J. 2003; 7:13-30.

Figure 2. Life course perspective. Image copied verbatim from Lu and Halfon, 2003.

Hogan et al. (2012) used the analogy of algebra and describing slopes when comparing infant mortality within the African American population compared with other populations. In most cases when illustrating the difference in infant mortality rates between African Americans and other races, the line that represents African American infant mortality usually has a higher intercept on the y-axis than other races on the graph (Figure 3). Hogan et al. (2012, p. 1147) described this quality as African Americans having "higher rates of adverse indicators," resulting in higher rates of infant mortality. The slope of each line was described as the effectiveness of interventions attempting to correct the health disparity. Hogan et al. (2012) went on to explain how if two lines with different y-intercepts move along the x–axis with the same slope, or in this case interventions, then the lines will never converge. This means that the only way for African Americans to converge with other races, in regards to decreasing the rate of infant mortality, would be to increase the slope. Changing the slope of intervention can be, and has been approached, in several different capacities.
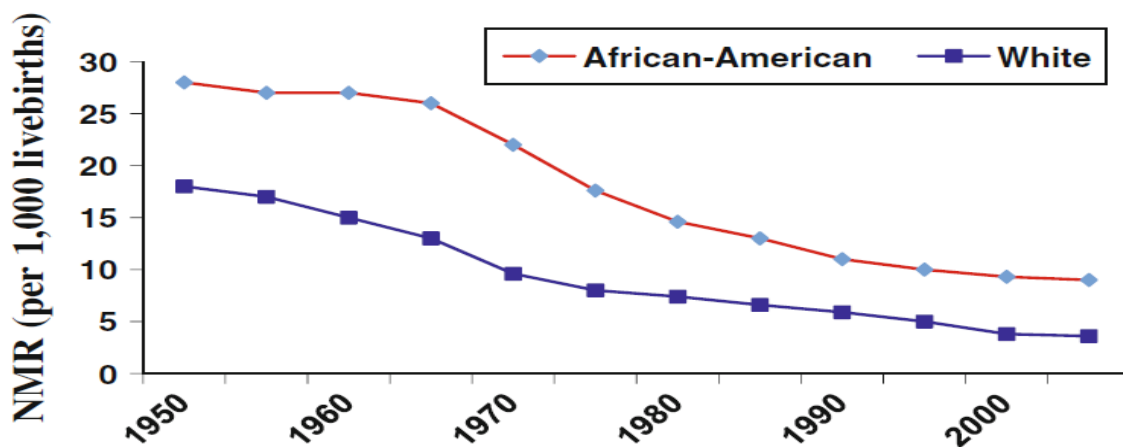

Figure 3. Different slopes. Image copied verbatim from Hogan, Rowley, Bennett, and Taylor, 2012.

However, it is important to make sure that the added value to the already existing interventions is also added value to African American mothers as well. The CDC (2018) noted the importance of stakeholders, including healthcare providers and community members, within the nation coming together in order to take the necessary steps to reducing infant mortality. A stakeholder group that is becoming more pertinent in these discussions is African American mothers.

Returning to The New York Times Magazine story (Villarosa, 2018) mentioned in the beginning, a little over a week later a follow up article titled *Black Mothers Respond to Our Cover Story on Maternal Mortality* (The New York Times Magazine, 2018) was released. In this article several stories were shared of African American women who had similar experiences as Simone Landrum. A few of the women expressed feelings of loneliness and being dismissed by their care provider. One mother went as far as to describe her pregnancy as a 'psychological weight' (The New York Times Magazine, 2018). The insight of these women, and others like them, is important in gaining a better understanding about why certain interventions, both pre pregnancy and post pregnancy, are effective or not, when numbers and statistics alone are unable to illustrate the entire story.

Statement of Purpose

The purpose of this paper is to explore the perspectives of African American women on the topic of maternal and child health, with a focus on birth outcomes. The goal for this social and qualitative analysis was to use the perspectives of African American women as a way to provide suggestions for the current approaches and interventions to address the infant mortality racial disparity gap that exist between African Americans babies and other races.

Methods

In order to analyze the perspectives of African American women an intensive literature search was conducted to find peer reviewed research on the current perspectives of African American women with regards to their pregnancy experiences and their babies' birth outcomes. All articles reviewed in this study were retrieved from academic literature databases made available through Wright State University. Databases included in this search included PubMed, PsycINFO, SocINDEX and Social Sciences Citation Index. The terms used to complete this search are as follows:

"African American"

AND

Perspectives OR views OR perceptions OR attitudes OR opinion

AND

"Birth outcomes" OR pregnancy

After reviewing the abstracts of articles that were selected to be included in this study the following inclusion criteria were used:

- English language;

- Conducted in the US;

- Published between the years of 2008 -2018;

- Feedback from African American women pregnant, with children or of childbearing age;

- Discussing pregnancy experiences leading to up to birth outcomes

The data collected from each article were organized using Microsoft Office Excel to begin grouping the participants' perspectives into different themes. The themes developed were then

used to provide suggestions for the current approaches and interventions around maternal and

child health that are attempting to close the racial health disparity gap that exist between African

Americans babies and other races.

<div align="center">

Results

</div>

The results of the literature review contained fifteen studies, including a total of 845

participants from all of the studies. The participants' ages ranged from fifteen years of age to the

mid-60s. The states in which the studies came from included: Ohio, Nebraska, Florida, Virginia,

Illinois, Wisconsin, Mississippi, Michigan, and California; with some of the states having

multiple studies present in the analysis. Three of the fifteen studies examined regions of the

United States rather than one single state (i.e., Midwest). The methods used for collecting

participants input on the topic were with the use of focus groups ($N = 6$), individual interviews

($N = 4$), photo voice approach ($N = 1$), and a combination of methods ($N = 4$) (i.e., questionnaire

and survey) (Appendix A).

All the themes that were collected from the 15 studies were determined by the data

collection and conclusions of the authors from each study. Several of the studies encompassed

multiple themes that supported more than one of the overarching themes developed for this

analysis. To help support the themes that were developed, several participants' statements were

used in the results below which gives an accurate representation of each theme.

Theme #1 - Support and Empowerment

The support and empowerment theme was developed with the use of 10 of the 15 studies

included in this analysis. This theme is the combination of four smaller themes – community,

support systems, self-esteem/ empowerment and health factors – that were observed during the

collection process.

An example of the support and empowerment theme comes from a participant of a study

published by Glenna L. Barnes (2008). The purpose of Barnes's (2008, p. 293) study was to

"explore the lived experiences of African – American women to identify factors related to this

racial gap in infant mortality" through the use of a combination of focus groups and in-depth

interviews.

> *"With this church, I know that we have had two infants that died. To me at this*
> *time, I know I was sad. And I don't know if everybody was hurting so badly*
> *that they didn't want to talk about it. My first thought is the church has always*
> *been the center of the community. Historically, it has been a gathering place*
> *for their members, and the black church has always been a very strong area*
> *where you get information, and it's the responsibility of the church to share*
> *this information about infant mortality…"*

This response came from one of the four questions used to help guide the focus groups

discussion which was 'talk to me about churches and infant mortality.' In this statement it

appears that the church over time has become positioned in this community as a form of

emotional, as well as informational, support for all members of the church.

The next two examples came from participants of a study published by Christine Savage,

Jean Anthony, Rebecca Lee, Mary Kappesser, and Barbara Rose (2007). These statements

represented the need for support from other women within the family. The purpose of their study

was to "explore the culture contexts of prenatal and infant care practices among African

American women of childbearing age living in an urban community" (p. 215). All statements

from participants of this study were collected through the use of semi structured interviews.

> *Quote #1 – We've always been a close-knit family, and they were there for me*
> *to help me get through…They called me once every night to make sure I was*
> *eating right…just was there whenever I needed them.*

> *Quote #2 – My mom asked who's going to help me? She can't do it. So I said,*
> *"I know I can do it." And she said, "No you can't."*

These two quotes illustrate how support from family members can look very different for different women. It was noted during the study that comments similar to the first quote were made by participants when it appeared that their pregnancy was going well. However, when a mother was struggling with her pregnancy it was more common to hear statements made similar to the second quote. This is an example of how a mother's perception of her support system can have both a positive or negative impact on her pregnancy.

Regardless of what the mothers' support system looked like, many statements within the study illustrated the need for women to grow from the current state in which they found themselves in their pregnancy in order to be better prepared for what lies ahead. This applies to pregnant women, and the parents of young women nearing their childbearing years as well. The next two quotes come from a study published by Rachel Stones, Debra Stulberg, and Jennifer Kottenstette (2017). The goal of their study was to "gain knowledge from the perspectives of African American women who are patients at Federally Qualified Health Centers (FQHCs) in Chicago about what they value with regard to preventive reproductive health care, specifically preconception health and pregnancy planning, and how this care can be best provided" (Stones, Stulberg, & Kottenstette, 2017., p. 322). The statements of this study were collected through the use of focus groups.

> *Quote #1 – And, it was, it was just, ah real difficult, you know, havin' kids and then not havin' no one to talk to you. And the most of the time where I learned about a lot'a things is from the doctor's office . It wasn't like really from a family member. It was like when I go to the doctor and get the check up. You know, the questions that they ask you. It was like that. You know then they give you a little booklet, brochures to help you learn and, ah, figure out, you know, how to do things. This is pretty much how I learned how to do things, and find out about a lot'a things. Wasn't through, ah, my mama.*

> *Quote #2 – You should definitely have a class for parents who are dealing with pubescent children who hormones are crazy. If you're scared to talk to your*

child because you think, oh, I'm gonna encourage him or her to do it, okay,
then you need a professional help you to get to where you need to be.

These two statements exemplify the importance of empowerment in the space of reproductive

health for women. Whether a mother is having her second or third child, or a mother is

attempting to prepare her child who will soon be entering adulthood, each experience is different

and new just as every pregnancy is different and new.

Theme #2 - Knowledge and Resources

The knowledge and resources theme was developed with the use of seven of the 15

studies included in the analysis. This theme is the combination of the two smaller themes –

knowledge and resources - that were observed during the collection process.

The first two quotes come from participants of a study published by Carmen Giurgescu,

Amelia Banks, Barbara Dancy, and Kathleen Norr (n.d.). The four themes discussed during their

study included: (1) knowledge of preterm birth, (2) risk factors for preterm birth, (3) protective

factors for preterm birth, and (4) preterm birth inevitability through the use of focus groups.

Quote #1 – Baby born before due date most likely 2-3 pounds.

Quote #2 – My thing is regardless um how healthy you are, what you may do
that is health- conscious. If something is gonna be wrong with your baby, it's
gonna be anyway.

The first statement was one of three that the study decided was an accurate representation of the

participants' knowledge base when it came to preterm birth. The second statement represents the

idea of 'preterm birth inevitability' that came from three of the five participant focus groups.

The next few quotes come from a study published by Tiffany Baffour and Jill Chonody

(2009). The goal of this study was to "examine participants' definitions of infant mortality, views

on the community impact of infant mortality, and strengths and vulnerabilities in the health care

service delivery system through the use of focus groups" (Baffour & Chonody, n.d., p. 374).

Quote #1 – It's higher in African Americans which leaves a bad taste in your mouth.

Quote #2 – Most people think it is because we don't get prenatal care, but that ain't true.

Quote #3 – I know they need some more midwives down here, more doctors for pregnant women so we won't have to go way to (the nearest city) to see a doctor...

The first two statements further illustrate the knowledge that African American women have

around the topic of infant mortality amongst the African American population. They address the

difference in the rate of Infant Mortality compared to other races and the perception of African

American women and the usage of prenatal care. Throughout the study, several statements were

made about the resources available in the participants' community such as WIC and Healthy

Start Programs. However, even with these resources, communities like the one in this study still

experiences gaps in resources and services that are needed. The third statement is an example of

the struggle and stress one has to endure just to receive medical care.

The last quote for the theme of knowledge and resources comes from a study published

by Cynthia Nypaver and Donna Shambley-Ebron (2016). The purpose of this study was to

"explore African American women's perspectives of meaningful prenatal care through the use of

photo voice" (Nypaver & Shambley-Ebron, 2016, p. 558).

Quote #1 – There's buses going up and down the street all day, but you can't afford to get on one and sometimes you can get there but you can't but you can't get home.

This statement was accompanied with a picture taken from the inside of the participant's home facing the window where she could see cars and buses parked outside. Due to the lack of resources within the community women such as this participant are forced to travel further distances or unfortunately do without if unable to secure reliable transportation.

Theme #3 - Access to Quality Care

The access to quality care theme was developed with the use of eight of the 15 studies included in the analysis. The first two quotes come from a study published by Salm Ward, Mary Mazul, Emmanuel Ngui, Farrin Bridgewater, and Amy Harley (2013). The purpose of their study was to "examine the experiences of racial discrimination during prenatal care from the perspectives of African American women in a low income Milwaukee neighborhood" (Ward, Mazul, Ngui, Bridgewater, & Harley, 2013, p. 1753).

> Quote #1 – It's not gonna change. It's not, cause it's been like this forever. You learn to go last. No matter how much people talk about it, it is the same…yes it is, it's been like that forever… That's how it is.

> Quote #2 – It was probably because you're Black.

Theses quotes illustrate a historically rooted problem that reflects the quality of healthcare that African American women have grown accustomed to over the years. The participants of this study also vocalized concerns surrounding the impact of assumptions made about their socioeconomic status based on the type of insurance they have. The quality of care one receives should not be based on these factors.

The next two quotes come from a study that was published by Sheryl Coley, Jasmine Zapata, Rebecca Schwei, Glen Mihalovic, Maya Matabele, Elizabeth Jacobs, and Cynthie Anderson (2017). The purpose of this paper was to "compare the perceptions of prenatal care

quality between African American and mixed race mothers and prenatal care providers" (Coley

et al., 2017, p. 158).

> *Quote #1 – Culturally sensitive is being aware of if you have a sickle- cell patient, for example, really doing your homework on the emotional side of what it means to have sickle cell, the prevalence of it in the African American community.*

> *Quote #2 – I think there was a level of understanding there where [OB/ GYN doctor] put herself in my shoes and could maybe empathize with how I was feeling about the pregnancy based on our previous history and like based on how things started there.*

The first quote is an example of why being culturally sensitive to the patient as a provider is so

important. By having a more in depth understanding of certain traits and diseases that are more

common to a specific race of people as the provider, it allows for a deeper relationship with the

patient. The second quote continues with the idea of understanding the patient as a provider; by

illustrating the importance of recognizing each patient as a unique individual. By making a

patient feel like more than just a 'number', it offers the provider the opportunity to learn more

about the patient that could potentially have an effect on the quality of care that provider can

provide.

The final two quotes come from a study published by Jody Lori, Chin Yi, and Kristy

Martyn (2011). The purpose of their study was to "describe provider characteristics African

American pregnant women identified as important when interacting with their prenatal care

providers in an outpatient office setting" (Lori, Yi, & Martyn, 2011, p. 71).

> *Quote #1 – I like coming here because I see my same [provider]. Every time (before) I went to prenatal care, it was a different [provider], and I really cannot stand that because you couldn't get personal with them because it was a new face every time you came. And I go to (the other clinic) and they ask the same questions all over again. And you're like; if you guys wouldn't stop switching my [providers], if I wouldn't see a different [provider] every time you would know this.*

Quote # 2 – She [the provider] made you feel comfortable…one by listening...because she listens, you relax. She's very confident in her skills. It's not her being aggressive. She's willing to listen to what your problem is and then she'll say let me check and then she does. Part of being a good provider is listening to what we're saying.

These two quotes go hand in hand when describing qualities of a provider that make for a good healthcare experience with your provider. The first quote illustrates the importance of having the same provider with every prenatal visit. The participant describes the amount of time that is wasted by having to repeat the same information to each person she may see. The second quote shows what a positive experience with a provider can look like when they take time to listen. By doing so the participant seemed to feel like the focus was on her and her provider wasn't being over controlling of the situation with their own agenda.

Discussion and Recommendations

After completing this analysis, and learning about the perspectives of different African American women from around the United States, it appears that they do have an understanding surrounding the topic of infant mortality and the racial health disparity that goes along with it. Their knowledge on the topic most often came from personal experiences or the experiences of those closest to them. This understanding showed throughout all three themes in various ways that would suggest it is a contributing factor in the overall pregnancy experience and the subsequent birth outcomes.

The three themes - empowerment & support, knowledge & resources, and access to quality care – emerged from this analysis. The themes acted as puzzle pieces to one another. All three themes were contributing factors in providing the most idealistic depiction of what a pregnancy experience needs in order to ensure healthy birth outcomes for African American

mothers. Interestingly enough, all three themes were similar to what we would already consider to be important components of a healthy pregnancy.

The most prevalent theme was support and empowerment which can come from several different sources including a spouse, parent or friend. As an expecting mother, knowing that someone is there with you going through such a life changing experience is a great way of empowering someone to believe that they are able to get through their pregnancy successfully. As mentioned several times throughout the studies included in this analysis, stress is definitely one of several factors that can have a negative impact on an expecting mother and her unborn child (Matoba & Collins Jr., 2017). A mother having someone to help in alleviating stress would definitely be a positive factor in ensuring a healthy pregnancy.

The next theme was knowledge and resources. Not only is it important for African American mothers to know the facts of infant mortality for Black babies, it is also important for mothers to know what to expect during pregnancy - from week one all the way through delivery. After delivery a mother should be prepared for what she should expect to happen. These resources have to be both accurate and accessible in order for mothers to benefit from the value they can bring to the pregnancy.

The final theme was access to quality care. This theme is pretty self-explanatory in the fact that without a healthcare provider monitoring the progress of the pregnancy and providing the appropriate interventions when necessary, many preventable problems would go unnoticed. A characteristic that appeared to be of much value while reviewing each study was having a provider who listened to their patient. Furthermore, a provider who listened with the intentions of understanding the needs and concerns of the patient was very important to many of the women.

This goes back to alleviating the stress of an expecting mother, which in the long run will allow

for a better pregnancy experience; with the hopes of better birth outcomes.

The thing that makes these themes unique for this analysis was the value that each one

held compared to the value system we currently hold for each theme as medicine and public

health professionals. In Figure 4 you can see a side by side comparison of the themes and the

values placed on each theme.

**CURRENT VALUE SYSTEM**   **DESIRED VALUE SYSTEM**
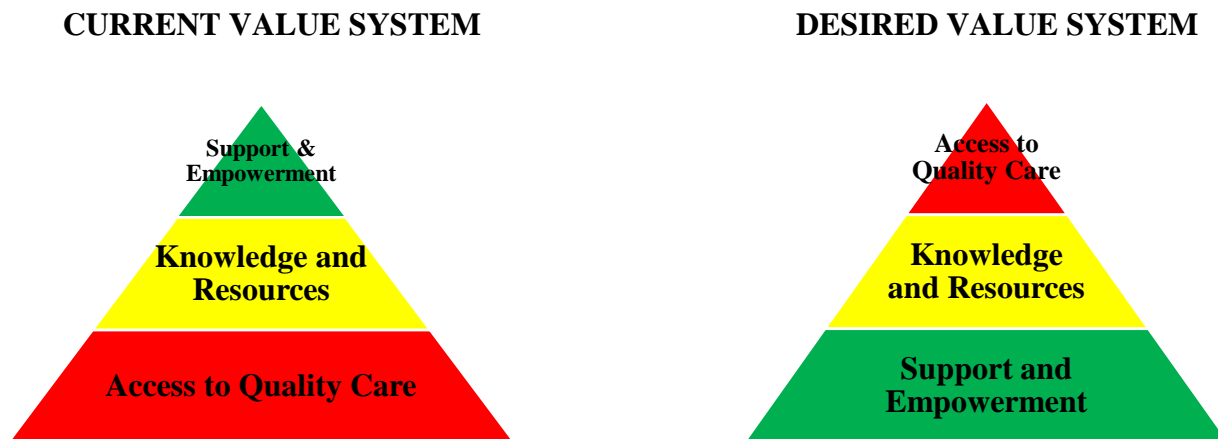
Figure 4. Differing values systems on contributing factors of overall pregnancy experience.

It is important to mention that this illustration is not to say that African American mothers find

support and empowerment to be more important than quality care. It means that support and

empowerment has a larger impact on African American mothers overall pregnancy experience

compared to that of quality care. It could be assumed that this difference in value systems has

been influenced by the racial divide that exists. It is more comfortable to rely on someone you

know and can trust, regardless of their knowledge base in maternal and child health, rather than a

healthcare system that has proven to be less reliable than necessary to ensure a health pregnancy.

Taking this idea of having different orders of value a step further, Figure 5 shows the internal effects that can be assumed based on the statements made by the women of this study's analysis.

CURRENT VALUE SYSTEM

(INTERNAL INFLUENCE)

DESIRED VALUE SYSTEM

(INTERNAL INFLUENCE)
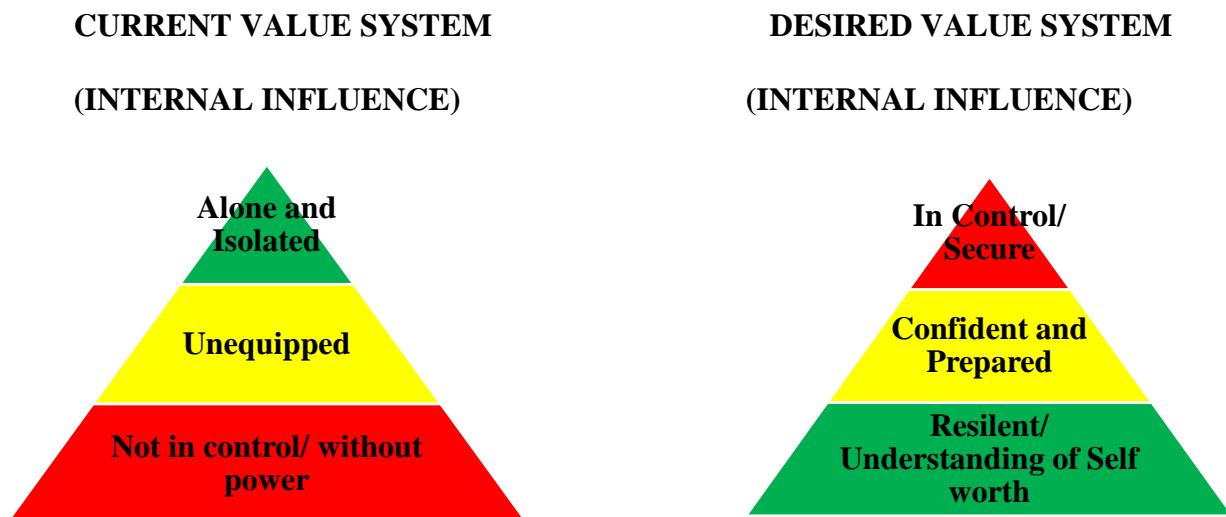
Figure 5. Internal Effects of differing values systems on contributing factors of overall pregnancy experience.

Limitations of Study

Through the course of completing this study three limitations were acknowledged that may have impacted the themes that emerged from the analysis. Those limitations included: (a) the discussion topics being influenced by the agenda of the researcher; (b) small sampling size of African American women's perspectives on the topic of infant mortality; and (c) acting as a solo researcher in the development of the themes for this study.

Researchers' influence/ perception. Each study collected for this study came with an agenda determined by the researchers of that study. Therefore, the topics that came up and were documented as statements of the participants were limited to the possible opinions and attitudes of the researcher. In addition to the influence of the researcher, for those participants that were

included in focus groups the opinions and attitudes of other women included in the focus groups would have also had an influence on the statements provided or not provided. Differing personalities (i.e., introverts vs. extroverts) and opinions of the researcher and participants within the focus groups are both factors that could have affected the themes that emerged.

Small sample sizes. Another limitation is the number of participants that were included in this study. The fifteen articles included in this study were able to represent a large number of women and their perspectives on the pregnancy experience; however, it is incomparable to the number of women experiencing this health disparity nationwide. This limits this studies ability to generalize the importance of these themes to all African American women.

Solo researcher. The final limitation that was acknowledged in this study was the fact that all analysis and theme development was completed by one person. This may have allowed for themes to be influenced by the biases of the researcher's personal experience on the matter. However, this quality was also seen as a strength to the overall study due to the fact that the researcher is an African American mother with her own pregnancy experiences. This quality allowed the researcher to find commonalities amongst the perspectives provided and challenge those that may not have been as common amongst the participants while utilizing her own experiences as a support in developing the final themes.

Conclusion

The infant mortality health disparity that exists amongst African American women and their babies is one that has an impact on the entire nation. There have been numerous efforts to correct the problem, but the higher rate of infant mortality for African American babies continues to exist. Several stakeholders have contributed their efforts to producing change to the current state of infant mortality in the African American population on all levels. However, this

problem has presented itself as one that requires creative, out of the box strategizing which is what this study has attempted to do. From this study a new order in the value system of contributors to the pregnancy experience has been uncovered. African American mothers can bring valuable information to the table as a contributing stakeholder; and act as a reminder to public health and medicine professionals to embrace differences in values as a means to an end rather than attempting to make one solution the only solution to such a multi- dimensional problem.

References

Barnes, G. L. (2008). Perspectives of African-American women on infant mortality. *Social Work in Health Care*, *47*(3), 293-305. doi:10.1080/00981380801985457

Baffour, T. D., & Chonody, J. M. (2009). African-American women's conceptualizations of health disparities: a community-based participatory research approach. *American Journal of Community Psychology, 44*(3–4), 374–381. doi:10.1007/s10464-009-9260-x

Centers for Disease Control and Prevention (CDC). (2018, January 2). *Infant Mortality.* Retrieved from http://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm

Coleman, J. J. (2009). Culture care meanings of African American parents related to infant mortality and health care. *Journal of Cultural Diversity*, *16*(3), 109–119. Retrieved from https://www.questia.com/read/1P3-2013220471/culture-care-meanings-of-african-american-parents

Coley, S. L., Zapata, J. Y., Schwei, R. J., Mihalovic, G. E., Matabele, M. N., Jacobs, E. A., & Anderson, C. K. (2017). More than a "number": Perspectives of prenatal care quality from mothers of color and providers. *Women's Health Issue, 28*(2), 158-164. doi:10.1016/j.whi.2017.10.014

Dahlem, C. H., Villarruel, A., & Ronis, D. (2015). African American women and prenatal care: Perceptions of patient-provider interaction. *Western Journal of Nursing Research, 37*(2), 217-235. doi:10.1177/0193945914533747

Giurgescu, C., Banks, A., Dancy, B. L., & Norr, K. (2013). African American women's views of factors impacting preterm birth. *The American Journal of Maternal/Child Nursing, 38*(4), 229-234. doi:10.1097/NMC.0b013e318293bbbb

Harper-Hanigan, K., Ross, G., Sims, T., Trotter, K., & Turman, J. E., Jr. (2017). Women's

    perspectives of needs surrounding adverse birth outcomes: A qualitative assessment of

    the neighborhood impact of adverse birth outcomes. *Maternal and Child Health Journal*,

    21(12), 2219–2228. doi:10.1007/s10995-017-2343-7

Healthy People 2020. (2017, October 20). *Maternal, Infant and Child Health.* Retrieved from

    https://www.healthypeople.gov/2020/topics-objectives/topic/maternal-infant-and-child-

    health

Hogan, V. K., Rowley, D., Bennett, T., & Taylor, K. D. (2012). Life course, social determinants,

    and health inequities: toward a national plan for achieving health equity for African

    American infants—a concept paper. *Maternal and Child Health Journal, 16*(6)*,* 1143-

    1150. doi:10.1007/s10995-011-0847-0

Lori, J. R., Yi, C. H., & Martyn, K. K. (2011). Provider characteristics desired by African

    American women in prenatal care. *Journal of Transcultural Nursing, 22*(1)*,* 71-76.

    doi:10.1177/1043659610387149

Lu, M., & Halfon, N. (2003).*Life Course Model as an Organizational Framework*. [Power Point

    Slides]. Retrieved from http://slideplayer.com/slide/1586184/

Matoba, N., & Collins, J.W. (2017). Racial disparity in infant mortality. *Seminars in

    Perinatology, 41*(6)*,* 354-359. doi:10.1053/j.semperi.2017.07.003

The New York Times Magazine. (2018, April 19). Black mothers responded to our cover story

    on maternal mortality. *The New York Times Magazine.* Retrieved from

    https://www.nytimes.com/2018/04/19/magazine/black-mothers-respond-to-our-cover-

    story-on-maternal-

mortality.html?action=click&contentCollection=Magazine&module=RelatedCoverage&r

egion=Marginalia&pgtype=article

Northington, L., Graham, J., Winters, K., & Fletcher, A. (2011). Assessing knowledge of

Sudden Infant Death Syndrome among African American women in two Mississippi

communities. *Journal of Cultural Diversity, 18*(3), 95-100. Retrieved from

https://www.researchgate.net/publication/51789028_Assessing_knowledge_of_Sudden_I

nfant_Death_Syndrome_among_African_American_women_in_two_Mississippi_comm

unities

Nuru-Jeter, A., Dominguez, T. P., Hammond, W. P., Leu, J., Skaff, M., Egerter, S., Jones, C. P.,

… Braveman, P. (2008). "It's the skin you're in": African-American women talk about

their experiences of racism. An exploratory study to develop measures of racism for birth

outcome studies. *Maternal and Child Health Journal, 13*(1)*, 29-39. doi:10.1007/s10995-

008-0357-x

Nypaver, C. F., & Shambley-Ebron, D. (2016). Using community-based participatory research

to investigate meaningful prenatal care among African American women. *Journal of

Transcultural Nursing, 27*(6)*, 558–566. doi:10.1177/1043659615587587

Ward, T. C. S., Mazul, M., Ngui, E. M., Bridgewater, F. D., & Harley, A. E. (2013). "You

learn to go last": Perceptions of prenatal care experiences among African-American

women with limited incomes. *Maternal and Child Health Journal*, *17*(10), 1753-1759.

doi:10.1007/s10995-012-1194-5

Savage, C. L., Anthony, J., Lee, R., Kappesser, M. L., & Rose, B. (2007). The culture of

pregnancy and infant care in African American women: An ethnographic study. *Journal

of Transcultural Nursing, 18*(3)*, 215-223. doi:10.1177/1043659607301294

Stones, R. E., Stulberg, D. B., & Kottenstette, J. K. B. (2017). Patient experiences with

pregnancy planning and perspectives on reproductive care in community health centers:

A qualitative study of African American women in Chicago. *Women's Health Issues,*

27(3), 322–328. doi:10.1016/j.whi.2016.10.008

Thorburn, S., & Bogart, L. M. (2005). African American women and family planning services:

Perceptions of discrimination. *Women & Health, 42*(1), 23-39.

doi:10.1300/J013v42n01_02

Villarosa, L. (2018, April 11). Why America's Black mothers and babies are in a life-or-death

crisis. *The New York Times Magazine*. Retrieved from

https://www.nytimes.com/2018/04/11/magazine/black-mothers-babies-death-maternal-

mortality.html

Williams, D. R., Costa, M. V., Odunlami, A. O., & Mohammed, S. A. (2008). Moving upstream:

How interventions that address the social determinants of health can improve health and

reduce disparities. *Journal of Public Health Management and Practice*, *14*(Supplement),

S8-17. doi:10.1097/01.PHH.0000338382.36695.42

Appendix A: Summary of Results

Article #	Article Title	Number of Participants	Method of Collection	Themes collected from each study
1	The culture of pregnancy and infant care in African American women: an ethnographic study	7	2 semi-structured individual interviews (1.5 hours); participant chose setting (all chose their home)	Family Support (mothers & sisters) in obtaining resources related to pregnancy and childcare
2	Women's Perspectives of Needs Surrounding Adverse Birth Outcomes: A Qualitative Assessment of the Neighborhood Impact of Adverse Birth Outcomes.	18	In depth interviews (In person or by phone)	Birth Outcomes (aware of personal experiences, not community problem); Community Resources (lack of knowledge); Community (lack of sense of community & strengths support of churches etc.) – LACK OF KNOWLEDGE WITH NEGATIVE & LATENT EFFECTS
3	Using Community-Based Participatory Research to Investigate Meaningful Prenatal Care Among African American Women	11	Photovoice approach (community based participatory research)	1. Access to Care; 2. Soul Nourishment; 3. Comanionship; 4. Help Me/Teach Me; 5. The Future (young AA women)
4	African-American women's conceptualizations of health disparities: a community-based participatory research approach	46	8 focus groups(2hrs) Settings: FHA office(family health advocacy), daycare center, churches, community center	1.Community members' definition of IM; 2. Personal experiences with IM; 3. Community (pact of health disparities; 4. Available services in the community; 5. Gaps in Community- based services
5	Perspectives of African-American Women on Infant Mortality	13	5 focus group (2.5 hours); 8 in-depth interviews (1.5 hours)	1. Self-worth (racism starting during childhood); 2. Mental state, inner feelings & stress level influence on the body; 3. Racism in medical system (overt&covert); 4.Stress from racism; 5. abusive relationships; 6.support systems; 7. Church support (information and resources for community)
6	AFRICAN AMERICAN WOMEN'S VIEWS OF Factors Impacting Preterm Birth	22	5 focus groups (60-90 minutes); 3-7 participants per group	1. Knowledge of preterm birth 2. Risk Factors (Health Related Conditons, Stressors, Unhealthy Behaviors) 3. Protective Factors (Social Support, Coping/ Self Care) 4. Preterm inevitability ("things just happen")
7	"You Learn to Go Last". Perceptions of Prenatal Care Experiences among African-American Women with Limited Incomes	29	6 focus groups (3-12 participants) in community room of YWCA; 2 individual interviews	Discrimination experienced due to : 1. insurance/ income status (quality of care) 2. race (during prenatal visits) 3. lifetime of experiences of racial discrimination
9	Culture Care Meanings of African American Parents Related to Infant Mortality and Health Care	10	interviews with open ended question	1. presence of the nurse as essential to health and well-being 2. Family as support 3. Knowledge is protecting to keep infant safe
11	Assessing Knowledge of Sudden Infant Death Syndrome among African American Women in Two Mississippi Communities	57	six focus groups (1-16 participants per group)	information available but not consistently distributed; suggestions (timing- during prenatal visits) (delivery - someone they could TRUST) (location - community/church/public assistance offices "where the women are")
12	African American women and prenatal care: perceptions of patient-provider interaction	204	questionnaire and face to face interview	PCC (patient- provider interaction) sig. predictor of prenatal care satisfaction (quality care and trust in provider)
13	More Than a "Number". Perspectives of Prenatal Care Quality from Mothers of Color and Providers	n/a	semistructured, open-ended questions (30-45 minutes) in space convient for participant	1.Structure (availability of appointments and connection of care prenatally through postpartum); 2. Process (Compassionate cae cultural competency/ sensitivity and choosing options without pressure); 3. Outcomes (Satisfaction with continuity and satisfaction of communication with postpartum topics)
14	Provider characteristics desired by African American women in prenatal care	22	3 focus group interviews (60-90 minutes); "empathic interviewing"	1. demonstrating quality patient- provider communication; 2. providing continuity of care 3. treating the women with respect; 4. delivering compassionate care
16	"It's The Skin You're In": African-American Women Talk About Their Experiences of Racism: An Exploratory Study to Develop Measures of Racism for Birth Outcome Studies	40	6 (2 hour) focus groups (5-10 participants per group) - open ended to engage free discussion	RACISM: 1. throughout the lifecourse, with childhood experiences seeming particularly salient and to have especially enduring effects; 2. directly and vicariously, particularly in relation to their children; 3. interpersonal, institutional, and internalized forms; 4. across different life domains; 5. with active and passive responses; 6.with pervasive vigilance
17	Patient Experiences with Pregnancy Planning and Perspectives on Reproductive Care in Community Health Centers: A Qualitative Study of African American Women in Chicago	21	3 (2 hour) focus groups - open-ended semistructured interview	Pregnancy Planning (1. Mothers advising daughters to plan for pregnancy, 2. Negative messages or no information at all, 3. Conversations at clinics) & Suggestions for an ideal clinic
18	African American Women and Family Planning Services: Perceptions of Discrimination	326	anonymous 30-minute telephone survey	General experiences of discrimination when obtaining family planning services - 67% (1. services or 2. stereotype related) Both (38.5%) Services (12.1%) Stereotype (13.2%) neither (36.2%) - NOT ON A FREQUENT BASIS

Appendix B – List of Competencies Met in ILE

CEPH Foundational Competencies

Evidence-based Approaches to Public Health
1. Apply epidemiological methods to the breadth of settings and situations in public health practice
2. Select quantitative and qualitative data collection methods appropriate for a given public health context
3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate
4. Interpret results of data analysis for public health research, policy or practice
Public Health & Health Care Systems
5. Compare the organization, structure and function of health care, public health and regulatory systems across national and international settings
6. Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levels
Planning & Management to Promote Health
7. Assess population needs, assets and capacities that affect communities' health
8. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs
11. Select methods to evaluate public health programs
Policy in Public Health
12. Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence
13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes
14. Advocate for political, social or economic policies and programs that will improve health in diverse populations
15. Evaluate policies for their impact on public health and health equity
Leadership
16. Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration and guiding decision making
Communication
19. Communicate audience-appropriate public health content, both in writing and through oral presentation
20. Describe the importance of cultural competence in communicating public health content
Interprofessional Practice
21. Perform effectively on interprofessional teams
Systems Thinking
22. Apply systems thinking tools to a public health issue

Concentration Competencies

Health Promotion and Education
1. Create social and behavioral change interventions based on theories.
2. Demonstrate program implementation skills that include communication, teaching, collaboration, advocacy, and engaging the media.
6. Critique basic behavioral and evaluation research.