

# African American Birth Outcomes Qualitative Research Findings

*African American Birth Outcomes in Los Angeles County (2018), SocialQuest Inc. with funding from First 5 LA*

## Research Context and Study Design

Dr. Barbara Ferrer, Director of the Department of Public Health (DPH), has affirmed that health equity is one of the County’s top priorities and established the Center for Health Equity to catalyze transformative change. In 2017, at a meeting convened by DPH, 60 CBOs committed to improving birth outcomes in Los Angeles County called for focus groups to better understand African American women — their perceptions, experiences, and needs. In 2018, First 5 LA spearheaded and coordinated the qualitative research study in collaboration with multicultural research partner SocialQuest.

*Research Objective:* To increase understanding of African American women’s perceptions and experience of pregnancy and birth; perceptions of perinatal services available and journey to prenatal care; perceptions of the role of race/racism and social/economic/structural factors in birth outcomes.

*Methodology:* Total of 15, 2-hour focus groups with African American women from three regions in Los Angeles County. A total of 102 women participated in the focus groups (32 women from Antelope Valley, 35 women from the South Los Angeles area, and 35 women from the Metro Los Angeles area.) Recruitment of the participants was supported by several of the CBOs, including, MCHA, AVPH, Soul Food for Your Baby, Great Beginnings for Black Babies, WIC, Black Infant Health, Penny Lane Centers, UCLA, Welcome Baby, Claris Health, and Vista Del Mar.

*Table 1: Number of Groups by Region and Type*

Region	Pre-Conception Young Women 18-22	Prenatal First-Time Moms	Prenatal Experienced Moms	Postpartum Moms (First-Time & Experienced)	Grandmothers 35+
Metro LA	1	1	1	1	1
South LA	1	1	1	1	1
Antelope Valley	1	1	1	1	1
<b>Total Groups</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>3</b>

The study was designed and carried out by SocialQuest and moderated by Valerie Coachman-Moore, MPH and Melissa Franklin.

***Please Note: The following represents the synthesized perspectives of the 102 women we spoke with in 2018 in LA County. It does not represent the perspective of all African American women. To create more generalizable learning's would require quantitative validation.***

## **Research Findings**

### **African American Women Endure Overt and Implicit Racism: But They Do Not Directly Connect its Effects on Their Reproductive Health**

The women we spoke with shared stories of racist encounters that they, or those close to them, had experienced in their communities, classrooms, and organizations. These experiences ran the gamut from very stressful to more subtle or simply confusing. Younger, pre-conception women, especially college students, were the most articulate about how their race and gender affect their life-experiences.

Although nearly all the women we spoke with agreed that personal experiences of racism were part of their lives, very few indicated a direct awareness about the effects of racism on their reproductive health. Most expressed optimism about their health both generally, as well as specifically at the beginning of a pregnancy. They expressed feeling strong and empowered as they began the journey to motherhood.

A few women did connect racism to difficulties they might endure during pregnancy or birth. These women had been participants in community programs designed for African American women, or had a direct experience and some had recently read articles on this topic.<sup>1</sup>

Our conclusion is that there is no intuitive connection between an awareness of racism, and an awareness of perinatal difficulties that African American mothers may disproportionately experience. The link between these topics must be specifically learned.

### **African American Women Do Not Trust the Healthcare System: But Many Do Not Directly Link it to Systemic Racism**

Overwhelmingly, the women we spoke with expressed a strong distrust for healthcare institutions. Many shared detailed stories of negative experiences that had eroded their trust. Some of these stories were related to their pregnancy, and some were completely unrelated. They also had stories of negative experiences in healthcare that friends or family members had shared with them. Some had even had encounters they believed were racist within the context of healthcare and/or their pregnancy.

Most of the women believed that their bad experiences with healthcare were due to a broken system, or economic/insurance factors — *not* because of systemic racism. Only a few felt their negative experiences were due to a racist structure. Most believed that if they had enough money, or the right insurance, they would get the kind of care experience they envisioned during their journey to motherhood.

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<sup>1</sup> Black Maternal Health Week was the same month we carried out the study.

Overall, African American women said they did not trust the healthcare system because it doesn't facilitate authentic, caring relationships with providers. They found the communication cold, impersonal and prescriptive. They wished they could select their doctor based on feelings of affinity, and to develop a continuous relationship with their doctor over the long term. They didn't want to be told what to do without context; without space to research the topic and come to their own conclusions; without dialogue; without being given options.

They said they believed that the healthcare system is intensely money-focused. Instead of prioritizing overall wellness, they said it is oriented towards creating profit from prescriptions and interventions. They characterized it as reactive, focused on "quick fixes." They questioned the need for medicines, shots, and procedures and wanted to come to their own conclusions about what they needed.

Some seek more holistic and inclusive approaches to health, and some seek an experience of partnership and equality with healthcare practitioners. They also believe it important for there to be diverse providers who are able to operate in a culturally relevant manner. But they don't find this within the healthcare system.

## **To Make Healthcare Decisions, African American Women Trust Very Close Friends, Family, and Their Own Research**

The women we spoke with were creative, energized and resourceful in informing themselves about topics related to their health. Almost all of them were active researchers. They used the internet whenever they experienced health difficulties; had questions about symptoms or diagnoses; or wanted to learn about specific topics related to pregnancy or child health, such as immunizations. Several also used mobile apps during pregnancy.

Many wanted to "read up" on a topic and get multiple perspectives before deciding about whether or not to get medical attention, and also whether or not to follow a doctor's recommendations. They reported collecting pamphlets and brochures at clinics and reading them carefully. Some actively researched nontraditional resources such as birthing centers and doulas.

In addition to online research, many women also sought advice, recommendations, and information from those very close to them, especially family members and close friends. These tended to have a small circle of deeply trusted sister-like friends or elders with whom they regularly exchanged about intimate topics. Some, however, did not have trusted friends or family members to turn to; they focused on solving problems themselves with the help of internet research.

## **Intergenerational Relationships Can Be a Resource for Healthcare Decision-making, But These Relationships Are Complicated**

Many women found enormous comfort in talking with older family members, such as their mothers and aunts, about health decisions. They loved, trusted, and respected these older women, and found their suggestions comforting and convenient, and appreciated how accessible and open they were.

However, younger women also expressed a desire to raise their children differently than their mothers. Several hoped to be less authoritative than their moms had been, and to have a warmer, more flexible relationship with their kids.

Some younger mothers expressed doubt about whether their own moms' wisdom was still relevant; many were unsure about their mom's advice about childrearing, discipline, infant feeding, and medical care, and wanted to moderate it with input from their friends, the internet, and social media.

For their part, grandmothers wanted to be involved and expressed feeling worried and protective. Many disliked social media and said they felt it pulled their children away from them. They didn't know how to continue to be a resource for their adult children's, and grandchildren's, health decisions.

## **African American Women Often Feel They Cannot Turn To One Another For Support, Because of The Effects of Racist Systems**

African American women said that, with the exception of one or two family members or very intimate friends, they did not generally feel they could turn to other African American women for support in times of stress. They indicated that they believed that many African American women compete with one another and are not likely to be supportive of one another; they expressed doubt about whether they could trust other African American women. They believed this lack of trust and fragmentation within their community was associated with a dearth of services offered and the perceived need to compete for resources.

Instead of depending on others for help, they expressed a preference for cultivating inner strength and independence when stressed. Some strategies they shared for finding inner strength included *powering through* (drawing on inner resources to push on and ignore negativity); "*woosah*" or deep breathing to reconnect with the body; *prayer*, to enter into dialogue with God; learning to *be better*, through committing to self-improvement and education; and sometimes *getting mad*, although all found this the most stressful and effortful, and were very wary of fueling racist stereotypes.

Furthermore, some talked about how divisions created during enslavement had fostered the fragmentation between African Americans and the distance they felt from other women. They saw the tensions they experience today as similar to those between different kinds of enslaved people, architected by slave owners to undermine intra-racial trust. They expressed a desire for change. They did **not** see these tensions as having an impact on perinatal health directly but in our observation many were unaware of resources available to African American women and the lack of knowledge regarding resources functions as a barrier to access these services.

## **African American Women Find Inspiration in Supportive Peer Interactions, But Most Don't Have a Way To Access These Regularly**

African American women shared how nourishing it feels when they experience moments of authentic interpersonal connectedness. As mentioned, they feel most able to access these through intimate connections with sister-friends, elders, and partners.

Some had also accessed these moments of “upliftingness” in therapy; during support groups with other African American women; and through dance, music, movement practices, and other forms of artistic self-expression.

Several African American women did not feel they had a way to access these kinds of moments regularly, but wished they did. Many found that the focus groups themselves provided them with the kind of lightly facilitated supportive peer-to-peer interaction that they craved.

Some of the women had experience with other cultural groups, through marriage or extended family. Several specifically mentioned connections with the Hispanic community. They observed how Hispanic people communicate with one another about resources, and provide each other with resources. They also indicated that they perceive that community resources are made available more consistently and systematically to Hispanics over African American women, and expressed frustration about this.

## **The Journey to Motherhood Is Full of Gaps and Challenges for Them, But Few Think It Is Because of Their Race**

Almost everyone we spoke with expressed a belief that prenatal care is important. Most didn't remember exactly how they knew or when they learned about the importance of prenatal care. They knew that a medical care provider should check on the baby, that the baby should be monitored and many were curious to know the baby's gender. And although many had negative experiences with healthcare in general, they did not think that this affected their decisions about prenatal care.

Very few of the women we spoke with were aware of the birth outcomes disparity.

Several shared obstacles that got in the way of timely prenatal care and getting to prenatal appointments, for instance:

- Didn't know she was pregnant; thought she may have missed a period because of stress, large body type
- Didn't have insurance, thought prenatal appointments would be expensive; many young women fall in an insurance “gap” during a window when they are no longer covered by parents but not yet covered by school or job
- Felt optimistic and healthy; saw pregnancy as “natural”; felt empowered to get all the information she needed via internet/apps, consumed vitamins
- Couldn't get an appointment for weeks/months; appointment rescheduled more than once
- Had difficulty organizing logistics of getting to an appointment (transportation, childcare, conflicts with work schedule)

Most women we spoke with did not have a detailed birth plan. Experienced mothers reported that the births they had experienced had been very different from what they would have wished for. Almost all hoped for a fast, smooth vaginal birth in a clean hospital with their doctor, and one or two family members present, but very few actually experienced this. Many were very surprised by the complications they experienced as they went deeper into pregnancy. Some reported being pressured to have a C-section when they did not want one and didn't believe they needed one. And many experienced a lot of stress and isolation post-partum; there was little awareness of community resources available to them.

## **African American Women Want Peers and Providers to Connect Authentically With Them**

The women we spoke with offered insights into what peers and practitioners can do to cultivate a more authentic, trust-rich connection. They want to be honored as *individuals*, each with a unique body, mind, emotions and spirit. They want others to understand what's unique about African American people: their history, language, and traditions.

Beyond this, they feel more trust when people interact with them in a way that “feels” right. They shared several dimensions, including:

- Positive vibe: Relaxed body language; direct eye contact; warm, open facial expressions; calm vocal tone; informality
- Respect: Listening deeply to what's said and reflecting back, thorough answers, offering choices, asking for feedback
- Loyalty/having my back: Thinking/planning ahead, caring for the other's safety and well-being beyond minimal call of duty
- Personal sharing: Opening up and telling personal, vulnerable, real stories
- Family-like: Committing to a long-term relationship in a comfortable home-like context: reachable, flexible, forgiving, kind, warm, gentle

Specifically, they want their doctors/providers to connect with them by 1) giving a lot of context on recommendations and prescriptions; 2) listening deeply, having a dialogue, and providing options; 3) acknowledging the woman's other influences (e.g., family, online research) and celebrating the work she is doing to learn; and 4) acknowledging sources of healing beyond conventional biomedicine.

Finally, they want the healthcare system as a whole to support and nurture real relationships, by giving them the agency to choose their doctor(s) and build a continuous relationship with them, step-by-step over time. They want the healthcare system to emphasize proactive, preventative care, and include mental, emotional, and spiritual healing. They want it to operate as a network, helping make valuable connections instead of breaking things into parts. Finally, they want it to be educational, helping them learn and empowering them to make their own choices.

### **Summary**

As mentioned, through this research we learned that African American women are living, coping, and working through their challenges in spite of broken and culturally dystonic systems that do not serve their needs. Deeply embedded structural racism, and the long-term intergenerational legacy of enslavement, are part of their lives but, for most, seen as completely separate from what they face as healthcare consumers and mothers. Their journeys to motherhood in particular are fraught with difficulties and missing pieces; they are asking for dramatically new kinds of supportive connections with those who are involved in their care, learning, support and healing.