

Background

- Despite record healthcare spending, health inequities exist in the USA
- Mortality disproportionately impacts African American (AA) childbearing families compared to Caucasian:
 - >2 times as many AA infants become ill or die within the first year of life
 - Nearly 3 times as many AA women die of pregnancy related causes
- AA women are marginalized
- Their experiences of healthcare may provide insights to improve outcomes
- Birth stories give voice to AA women's experience; providers can listen & learn
 - Validity: Women can still recall explicit details 20 or more years after childbirth
 - AA women telling their birth stories to female AA researchers may provide new insights into health disparities and identify gaps in care



Literature

- Absence of research on AA women's birth stories
- AA patients with same race healthcare providers report being more satisfied and involved in their healthcare visits (Cooper, Roter, Johnson, Ford, Steinwachs, & Powe, 2003)
- Health disparities can be impacted by clinical interventions that may seem trivial or are often overlooked (Cox, 2009)



Purpose

To reexamine birth stories of AA women as told to AA nurse researchers to gain insight about how healthcare providers can help address health disparities

Research Questions

- Q1:** What can birth stories tell us about the experiences AA women have during their labors and births?
- Q2:** What can healthcare providers learn from AA women's birth stories to improve care?

Method

- Design:** Secondary qualitative narrative analysis
- Procedure:** 5 randomly selected transcripts were re-analyzed to obtain a deeper understanding of each story.
- Sample:** 5 transcribed interviews of AA women disclosing their birth stories to female AA nurse researchers in 2001



Demographics

All 5 women had normal vaginal births [total of 7]

Parity:	3 primiparas	2 multiparas
Marital status:	4 single	1 married
Provider's race:	4 AA	2 Caucasian
Religion:	5 Protestant	1 Filipino

Other characteristics	Range	Mean
Maternal age (years)	23-33	26.6
Maternal education (years)	10-16	13.6

Data Analysis

- Initial coding identified keywords & common phrases
- Analysis progressed to identifying vignettes, outliers, & underlying concepts
- Review of audit trails & coding notes with mentors resulted in identification of 3 themes.



Findings

Theme 1: Desire for Continuous Labor Support

- "Who's going to be here when the baby comes? I was so mad when she [the nurse] left."
- "I am not saying that they [nurses] have to stay for everyone, but they should be assigned to patients and then should stay with them."
- "But ya, she [the CNM] coached me all through my pregnancy 'cause I was worried."
- "My daughter was such a good help to me. She would just sit there and rub my stomach."

Theme 2: Preference for Certain Provider Characteristics

- "He [MD] wasn't there in the beginning, but when I started crowning I guess that's when he came. That's the difference between him and [name of CNM]. [CNM] was there when I went in."
- "So, you are going through most of it with the nurse. Then there is a chance that the doctor won't even make it on time because she's not there."
- "We have a trust and a bond thing because it's a race thing, so I feel comfortable with a black doctor...I just think black women and white women have different issues with their bodies and she is just more in tune with me, we can relate to some of the things that are going on."
- "...but by being a woman I believe she [CNM] had more sympathy."

Theme 3: Reliance on Spirituality for Coping

- "...they told me she wasn't going to make it to one years old and you know it really did get me because she was born small and, and, uh, God fixed it..."
- "I'm blessed with my baby and I'm glad that God allowed me to have one more child..."
- "Everyday I ask God for forgiveness and you know to watch over my kids and make sure that nothing happen to 'em..."
- "I prayed about it and I was assured that my baby was going to be fine."

Nursing Implications

Findings highlight ways nurses can adjust their care of AA women during childbirth:

- Nurses need to be available and work toward continuous presence with laboring women
- Nurses need to ask women directly what is important to them during childbirth process to implement appropriate care
- Healthcare providers need to be more aware, accepting, and encouraging of the spiritual needs of laboring women
- AA healthcare providers may be able to better secure a bond and trust with their AA female patients; therefore, more efforts to promote healthcare as a career for AAs are warranted



Suggestions for Future Research

- Analyze current birth stories told by AA women
- Use a larger sample size of birth stories
- Consider impacts of multiple characteristics of providers, including gender and race, and other factors, such as spirituality and presence, identified as important in AA women's birth stories told to AA female interviewers

Conclusion

- Listening to and learning from AA women's birth stories may provide new insights for care providers
- Honoring AA women's perspectives on birthing may assist in addressing health disparities in AA birth outcomes