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The Lived Experience of Pregnancy as a Black Woman in America: A Descriptive Phenomenological Case Study

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Cover Page Footnote

Authors' Contributions The authors are responsible for the writing and content of this paper. Study conception, research design, and material preparation were performed by Jodie C. Gary and Sharon L. Dormire. Data collection was completed by Jamil Norman and Jodie C. Gary. Data analysis was performed by Jodie C. Gary, Sharon L. Dormire, Jamil Norman, and Idethia Shevon Harvey. All authors contributed the drafting and editing of the manuscript. All authors have read and approved the final manuscript. **Funding and Declarations of Interest** This project was funded by Texas A&M University College of Nursing. The opinions and conclusions expressed in this document are those of the authors and do not necessarily represent the opinions or policy of Texas A&M. Jamil Norman was a paid consultant on this project for data collection only. Jodie C. Gary, Sharon L. Dormire, and Idethia Shevon Harvey report no other conflicts of interest. **Acknowledgements** The authors wish to acknowledge Emorie Mazoch, BSN student, research assistant, for her dedication to this project with particular efforts in community outreach. **Biographical Notes** Jodie C. Gary, Ph.D., RN is an Assistant Professor in the College of Nursing at Texas A&M University, Sharon L. Dormire, Ph.D., RN is a Professor and Assistant Dean for Undergraduate Nursing Education in the College of Nursing at Texas A&M University

The Lived Experience of Pregnancy as a Black Woman in America:
A Descriptive Phenomenological Case Study.

For more than fifty years, black women have faced more than double the U.S. average risk for both maternal mortality [1] and severe morbidity [2]. In addition, black women face two to three times the risk for preterm and low birth weight infant outcomes [3 - 7]. Poverty, barriers to healthcare access, and lifestyle choices are commonly identified factors influencing this disparity [5, 7, 8]. These stress-related factors are credible; however, half a century of studies, based on the same, have not led to improved outcomes. Large population studies indicate that such factors alone are inadequate to explain the problem [9], and the disparity persists. While individual stressors have a role in race related health disparities, particularly in pregnancy outcomes, a comprehensive explanation of the problem incorporating complex social, environmental, interpersonal factors with individual components are needed. Yet, there is a paucity of such comprehensive evidence. Specifically, there is insufficient description of the lived experience of adversity for pregnant black women.

Background

Though pregnancy-related outcomes for women and infants have improved overall during the past fifty years, pregnancy-related outcomes for black women have significantly lagged behind those of all other ethnicities [4, 10]. The United States is one of the only countries in the world where the maternal mortality rate is growing [11], and black women bear the greatest risk of such mortality [4, 12, 13]. Not only are black women at risk during pregnancy, but their infants also face increased risk for low birth weight and premature births [4, 14, 15]. The disparity between black and white infant mortality rates has actually increased, despite overall improvements in infant mortality [16, 17]. In addition to the immediate impact on maternal and infant morbidity and mortality, long-term disability, which is associated with these pregnancy outcomes, represents a profound public health burden. Many health and social researchers have sought to address the basis of this disparity [3, 10]. But little progress has been made and the disparity persists unabated.

Health risks are significantly elevated for black populations regardless of socioeconomic status [4, 18, 19]. From a person-centered perspective, we believe that lack of progress in addressing this health disparity is rooted in missing the voices of black women. Researchers have consistently defined and tested various versions of poverty, access to healthcare, and lifestyle choices as the stressors burdening black women. Such adversities defined a priori neglect the realities of experiences of black women themselves. We propose that this omission has limited progress

in addressing race-related health disparities in pregnancy. Thus, the purpose of this project was to use a person-centered approach to examine the adversities perceived by pregnant black women.

Method

Design

Putting the person at the center of care is considered as an essential aspect of the quality of healthcare and has become a vital component in the mission of healthcare organizations [20, 21]. Therefore, qualitative inquiry fit the person-centered approach needed for this study. The objective was to identify and analyze lived experiences with individual adversities, interpersonal adversities, health adversities, and community adversities and resources, as perceived by black women during pregnancy, using a phenomenological approach with hermeneutic interpretation. Phenomenology provides researchers with the opportunity to examine every day experiences of others though they are novel to themselves [22].

Hermeneutics is a school of phenomenology with an aim at interpreting phenomena to uncover hidden meaning [23], providing for deeper understanding and birth of new insight [24]. The vivid description of experiences and phenomenological interpretation of their meaning will help nurses and healthcare providers develop care strategies germane to the lived experiences of black women during pregnancy. Thus, the development of person-centered interventions tailored to improve health outcomes for at-risk populations.

Setting and Participant

After receiving Institutional Review Board approval, we implemented our recruitment strategy using posters in hair salons, church bulletins, community Facebook groups, and newspaper advertisements to recruit pregnant black women to participate in focus groups. Recruitment criteria included women between 18 and 40 years of age during the second trimester of pregnancy. Although several focus group sessions were planned for multiple locations throughout the state of Texas, the recruiting strategy resulted in one volunteer participant. The recruitment challenges and lessons learned will be discussed elsewhere.

The interview was conducted in a conference room of a community center in the Gulf Coast region of Texas. Upon arrival, the participant selected a name tag with the pseudonym “Diamond,” reviewed the study information sheet, and provided verbal consent to participate in the audio-recorded interview. Diamond was a pregnant black female in her mid-20s wearing glasses and an open smile. She had called the researchers’ office ahead of the designated meeting time to notify the team she would be a few minutes late. Diamond was enrolled in

a technician program in the healthcare field and is a veteran. She was between 25 and 26 weeks pregnant, and was observably pregnant wearing scrub bottoms and a t-shirt. She seated herself directly across from the interviewer with the note taker perpendicularly to her left. She stated that this pregnancy was “*planned but I don’t think it was thought out.*” She has two sons (ages 2 and 3 at the time of the interview), and this delivery will be her third via cesarean.

Data Collection

A semi-structured interview guide was specifically designed and used for data collection. During the interview, one researcher led the discussion and asked questions while the other researcher observed, listened, and took field notes to describe Diamond’s behavior and capture important points, as well as digitally recording the session. The discussion leader was a nurse with a background in obstetrics who is the mother of two children and racially identifies as black. When the discussion drew to a close, the discussion leader summarized the main points of the interview, thanked the participant, and distributed a gift card to compensate the participant for her time.

Data Analysis

The research team transcribed and reviewed the transcript. Any discrepancies were resolved collaboratively. Team members independently coded the qualitative data to describe the major barriers and facilitators voiced by the participant. Two of the analysts represented expertise in community-engaged research methods, two were specialists in maternal and child health, one with expertise in health disparities, and one with qualitative research background. Thematic analysis was completed using Van Manen’s six-step approach [25]. The researchers used phenomenological reflection and interpretation to identify themes representative of the data collected. The researchers re-read the transcribed data, listened to the digital files of the recorded interviews, and reflected on the experiences described by the participant in order to find meaning. This iterative process enabled the researchers to bring data together in a meaningful manner, which led to the identification of themes in the data.

Findings

Three themes emerged from the iterative data analysis process: 1) mothering in a scary world; 2) just being another black woman; and 3) being a strong black woman. Similar to most mothers awaiting the birth of their child, Diamond expressed a range of contradictory emotions, including hopes and fears, confidence and uncertainty or doubt, empowerment, and discrimination. Within the details of Diamond’s expressed emotions, however, we found unique concerns. While one case study cannot speak for a population of women, some of Diamond’s concerns

appear to be unique to women of color in America. Relevant quotes from the interview are provided here to illustrate the identified subtheme of each major theme.

Theme 1: Mothering in a scary world

Fear. As with all mothers, Diamond had fears centered on the safety of her children. She described normal fears and reactions to experiences during pregnancy.

"I was scared [waiting for chromosome test results]. Between those two weeks after, it was just the waiting to see, Does my baby have this? What did I do? Did I eat something wrong?"

But, unlike fears usually expressed by young mothers, Diamond expressed concerns for the very lives of her children doing everyday activities in the community. During the interview three separate times, Diamond mentioned concerns that she or her children would be shot in the course of normal daily activities. For example:

Them being killed. I fear for their life every single day because I don't know what's going to happen tomorrow."

"I don't want them to go wrong in the world. But you know, I don't want them to be killed themselves. I don't want them to be sitting at a grocery store, and we're sitting in the car about to get out and go into the grocery store and somebody shoot us. I don't want that to happen for me. It's just a lot that happens."

"I think about that [unique worries of being a pregnant black woman] every time going grocery shopping or anywhere in the public and somebody tries to grab you, and you have your two kids with you, and you're pregnant at the same time. It scares me because I'm just like, "What if they kill my baby? What if they kill me? What if they take my child? How am I going to save them?" So it's just-- I'm always aware of my surroundings. And sometimes I feel like I shouldn't have to be like that, but in the world that we live in now, I have to."

Keeping her family safe from serious physical harm associated with violence was clearly her main parenting concern. In the midst of living in a scary world, Diamond saw her mission as keeping her children safe.

"I don't want to be strict but at the same time, I don't want my son or my daughter-- regardless girl or boy-- I don't want my son or daughter ending up in the jailhouse. I don't want them to be the next person killed because they made the wrong [decision]. And I want them to know a lot but at the same time, I want them to know mostly what's right. And how to do the right thing even when you're in the worst position."

While this is not a concern identified in parenting literature, it is a powerful and eye-opening alarm for this individual. We need to determine if this anxiety is a generalized apprehension for pregnant black women.

Anxiety. A tone of anxiety that surfaced throughout the interview concerning Diamond's role as a mother to her current and future children.

"I think about that every time going grocery shopping or anywhere in the public and somebody tries to rob you, and you have your two kids with you, and you're pregnant at the same time. It scares me because I'm just like, What if they kill my baby? What if they kill me? What if they take my child? How am I going to save them?"

"For me and my kids, my future daughter, it's the fact of knowing that, what if I run out of food? What if I don't have enough? What if I lose my house to an eviction because I don't have child support?"

Uncertainty. Again, as with most other mothers, uncertainty for the future was a worry Diamond had in her role as a mother. Her distress was about providing for them.

"Is my baby going to have clothes? Is my kids going to be fine?"

As well as the stress of the completed day and the uncertainty for days to come.

"And sometimes at night, when my kids go to sleep, and I'm looking like I finally made it through another day and I can breathe, but what about tomorrow?"

Diamond openly discussed her anxiety concerning parenting as a black mother and for the future of her children as they grow into adults.

"And pretty much as a black woman, they try to succeed and make sure their kids succeed in the world."

"For my sons, I'm just like, I hope they become doctors or policemen."

She also expressed anxiety about her ability to provide for her unborn child.

"Is she [the baby] going to be fine financially? Am I ready for this?"

Theme 2: Just another black woman

The theme of "just another black woman" was a central theme in the interview as Diamond expressed feelings of marginalization. She voiced her clear concerns for raising young black children and also for surviving in a world that judges them by the color of their skin. However, Diamond did not accept the life script given to her by society. She was completing a healthcare technician program, trying to better herself and provide for her family. She railed against criticism for being young and black with three children while receiving housing assistance. She

openly articulated engaging people because she wanted to be accepted as an individual, not as “just another black woman.” It is important to note that discussing these topics caused Diamond some level of discomfort. During the interview, Diamond demonstrated seemingly unconscious self-soothing behaviors of crossing her arms over her chest and rubbing her biceps when she discussed examples of racial discrimination.

Identified subthemes and illustrating quotes centered on being unfairly judged and being limited by barriers, that is, a “glass ceiling.” These obstacles for advancement described Diamond’s experiences of being black, being pregnant, and more importantly, being a pregnant black woman.

Unfairly judged. Diamond clearly described experiences of feeling judged in seeking help from government programs. She felt that people looked at her suspiciously when she sought food stamps not because she is a black woman, but because she is a pregnant black woman asking for help. She articulated her perceptions of being treated differently.

“And when I went into housing or when I went into food stamps, they're always looking at me like I'm just another black person asking for help. It's different when another race walks in there asking for help because they don't treat you the same.”

“And I don't ask for help because it's a pride thing and because I don't want to be looked at [like being] “another black woman” or [like being] “another pregnant woman” asking for help for food, for housing.”

She felt the unjustified attention from others looking at her.

“And when I go into the store, it's like I get looked at a lot.”

Diamond also detailed a recent experience of applying for a new position with her current employer. She said she had planned the position with her pregnancy in mind, but related what happened:

“I've seen a Mexican pregnant woman get more stuff... I applied for a job with... because I have experience and everything. Regardless of if you have any experience, pregnant, black, and you have a good background, it just felt he picked her over me because she was Mexican and she would fit in better. And just because I was black, pregnant, and they was like, “Well, how are going to do this?” And I had plans like, “Yeah this is how I planned it out. Because I am having a C-section so I can plan my C-section.” And it just seemed like it wasn't good enough. I mean, I work for them.”

Limited by the glass ceiling. Diamond shared how her experiences as a black woman have affected her emotionally. She indicated that it “gets in your head” and that she cries when she thought about it. She voiced her

awareness of being treated differently by society as a pregnant black woman. The glass ceiling that such social discrimination placed on her is evident:

“And you can tell that but I guess they try not to show it. I’m not sure. But anyone can be able to tell what’s the difference if they walked into somewhere where it’s racially normal for this certain type of people that they-- to come in.”

Theme 3: Strong black woman

Although Diamond discussed various significant stressors, she projected steadfast optimism throughout the interview. When faced with difficult situations, Diamond conveyed that her circumstances did not dictate her future. The undertone of these emotions was manifested in language centered on strength and resilience. For example:

“And so for me, I had to build on that and just be like. He cannot get to me. He cannot. Today, he cannot give it to me. Because it used to be every single day, he would try to say something. But I had to build off of that and get stronger off of that.”

When asked how she handled her feelings and emotions being pregnant she replied:

“My baby’s father, my daughter’s father, he’ll say like rude things to me and try to downgrade me. But I guess since he knows I’m strong enough to get through it. He just does it just to do it as a habit.”

While the father of two of her children treated her harshly, Diamond framed the dynamics with her partner positively, citing her own strength and his habits. To be a strong black woman is to succeed at both being both black and being a woman. That is, Diamond faces life head on and carries the burdens alone, much like a real life superwoman. Toward the end of the interview, Diamond shared how other black women should “stay strong” throughout their pregnancies.

“So we’re going to sit there pushing-- as a woman, we are very strong and we like to push back. So I’m just saying to a made black woman, just stay strong, don’t let everything get to you, always find a outlet, go back to school, go to work. And if you can’t get no work, just do something that makes you feel good. Don’t think about anybody else but you and the baby.”

The theme of being a “strong black woman” was apparent as Diamond provided the interviewer with a strong front. Similar to re-writing negative scripts, Diamond showed, that despite the negativity, that moments occur of having hope for herself and for her children. She did not buy into society or what the father thinks of her.

Faith. Diamond characterized her first encounter with her healthcare professional as “*nerve-racking.*” She was 10-weeks pregnant and the current obstetric physician did not see anything on the ultrasound. Diamond worried about the pregnancy, miscarrying, and if she had done something to negatively influence the outcome. Diamond displayed an inner strength that she portrayed from drawing from her faith.

“And I left there just knowing that I have to leave it in God's hands because I didn't know what was going on.”

Faith was a source of strength and comfort when she was unable to control certain situations. Diamond spoke about her worries having a girl, including simple anxieties, such as learning to comb her hair. Those anxieties escalated towards finances and being ready to have another child, but then she returned to faith.

“But I always tell myself, whether I get down or not, just to think about God and he wouldn't give me this blessing for no reason. So he must see something.”

Hopes and dreams. Once a woman realizes she is pregnant, she often expresses hopes and dreams for the child. This kind of optimism was no different for Diamond as she shared many of her hopes and dreams for her two sons and her unborn daughter. She mentioned that she “hopes they become doctors or policemen.” The future for her children is important to Diamond, and she has invested time in considering both the pros and cons of these two professions. She recalled the responses of others in reaction to these professions, such things as, “*But do you see how policemen are now?*” and, “*They're killing them.*” She then says, “*I still have that dream because that's my dream for them.*”

Diamond places value on teaching her children to know right from wrong. She is committed to being a strong woman, and an effective parent so that she can strengthen the future of her children.

“I can only do my best in training them on what's right and what's wrong. Whether they follow the wrong crowd, I will always try to correct them because I've always been taught like that.”

“And I want them to know a lot but at the same time, I want them to know mostly what's right. And how to do the right thing even when you're in the worst position.”

Courage. While Diamond was articulate in her assessment of the treatment of black women in society, she was equally aware that the role of being a mother comes with responsibility and requires courage. Throughout the interview, Diamond often discussed her worries concerning her pregnancy and current situation. However, she had an innate desire for normality, especially her desires to have a healthy normal newborn.

“Okay, so from my first visit to now-- because now's about 25, 26 weeks-- and it's honestly-- you want the baby to have five fingers, five toes, everything. Like everything like a normal child.”

Later in the interview, Diamond talked about the loss of her mother and not knowing her father. She reiterated her desire for her children to have a normal upbringing with the mother who gave birth to them.

“I lost my mom at a young age and I didn't have my dad raising me. I had my aunt raising me. And just for my sons and my daughter, I just don't want them being without the parent that provided for them the most.”

I chose this life. When discussing her partner, Diamond stated that the relationship question on the demographic questionnaire was difficult for her to answer. She stated that the relationship ended, but the tension persists.

“It gets complicated just because I am a single parent and I'm on my own. But I chose this life and I'm just like-- but it was never meant to be like this. And pretty much when the question was asking am I in a relationship, it's like I don't want to feel like I have to depend on nobody. So I just don't date. I get hit on and stuff, as a pregnant woman, and it's just like I can't say, "I'm pretty some days," because I'm just like, I don't even look my best, and I'm just trying to just take care of my kids. And that is always-- a lot of pregnant women's main focus on being able to take care of their kids.”

Diamond talked about a duality in her connection to her partner. She expressed her care for him while also discussing tension within their relationship. She identified the potential impact of the relationship stress on the baby. Then, the initial reaction from her partner:

“he was happy because that's what he wanted. And now he's just nervous because he already has a daughter. And now it's another girl so, yeah.”

Diamond referred to herself during the interview as a single mom, but when asked about the father's involvement in the pregnancy, she stated:

“I mean, I think it's just a realization and being able to know-- because he wanted to know everything and he still does. It's just the stress that he has in his life, he takes it out on me being pregnant. So, I mean, he doesn't hit me or anything but his stress, the way he talks to me, you could tell that he's stressed out by other things. So I don't think it's just-- when I heard about this survey-- I don't think it's just the mom that's pregnant, I think it's also the father.”

Tension in the relationship was apparent as Diamond continued to share her coping strategies.

“I pretty much just screamed a lot, just to myself because my kids go to daycare. I cried. I mostly cry a lot and just I think about my baby because my baby shouldn't be feeling this stress that I'm going through, the anger that I'm going through. And sometimes it hurts me inside. It's not just me on the outside; it's me inside. Because my baby is hurting because I'm hurting. And my doctor can tell you I've been to the ER probably about three times just because I've cried so much, I've screamed so much. I've strained myself because I was trying to get through that with him.”

Resilience. Diamond's resilience came through even in the face of stress with her partner. She described herself as smart and identified ways that she is taking care of herself when others including her partner are not providing such care.

“But now I just don't let it bother me. I just let it-- like recently he just tried to get to me, ‘I have a new girlfriend,’ and I'm just like, ‘That's nice.’ I just tell him nice things back because I'm just like, ‘It's not hurting me. It's going to hurt your daughter in the end and I'm going to be there to care for her feelings, not you. So I'm not losing out on anything, you are.’ And so lately he's just been nice, for now, because I'm telling him these things because I'm just like, You're not hurting me anymore. And that was my problem, I was letting it hurt me. Because I don't want none of my kids to ever hurt by anybody and I knew I'm hurting her if I'm sitting here crying and letting it get to me.”

Diamond described doing things to distract herself from disappointments and letting go of certain situations:

“But I just prayed about it and I talked to my friend, but mostly you have to find that outlet. Go walk outside, go swimming, something. And if you don't have a pool, don't worry about it. Just go to the park, sit there. It does a lot. I feel like don't stay at the house because that's what I did and I was just-- it just made me feel like I was crazy. But I pushed through it by going outside and talking. I mean I was on my phone. Goodness, it was the longest day ever when I make good.”

Discussion

The three themes emerging from the interview confirm the challenges black women of childbearing years faced during pregnancy. Similarly, to other researchers [26], our findings support the need to research unfair treatment across multiple life domains to address health disparities within infant and maternal health outcomes. Psychological distress can shape the lives of black women of childbearing age [26]. Understanding the complexities

of pregnant black women is critical for the discovery of the social factors linked to poor birth outcomes and maternal health. The research was guided by this premise as we sought to determine how black women perceive adversities and experience distress during pregnancy. Daily adversities experienced by pregnant black women are considerable since race, class, and gender are also connected to cultural, social, regional, and historical contexts. These influences shape the lived experiences of black women that in turn, explain individuals' reaction to circumstances and environments.

First, the participant described her fear, anxiety, and uncertainty of providing for her children. The compounded demands of mothering and working, as well as physical strains, make pregnancy a stressful period for women. In addition, stress may increase during pregnancy is stressful for women of color because it affects their familial roles and employment. Diamond discussed financial, occupational, familial, and personal adjustments that lead to her emotional distress. Furthermore, Diamond worried about the health of her fetus, and about the increased responsibilities of being a new "mom." Similarly to other researchers' finding, Diamond's stressor was associated with her socioeconomic resources, occupational status, and availability of social support [27].

Living in an unsafe neighborhood could be a chronic stressor, especially if perceived as such by the parent. The seminal work of Collins and colleagues [28] found that black women who perceived their neighborhoods as being unsafe were three times more likely to have low-weight births. Consistent with these earlier findings, Diamond described experiences of fear, anxiety, and uncertainty as she moved about her neighborhood with her children. This finding is generally consistent with previous research showing neighborhood disadvantage is particularly important for the birth outcomes of black women [29 - 31]. Further investigation is needed to understand the specific types of neighborhood factors that may cause stress, with the goal of trying to intervene and possibly build upon neighborhood strengths, particularly for diverse pregnant and childbearing women [32].

Second, the participant expressed concerned as being unfairly judged based on her race. Other researchers found that self-reported stress from perceived racism was associated with poor maternal health and birth outcomes [26]. Thus, Diamond may be at greater risk of poor maternal and infant health outcomes because she is experiencing higher levels of social stressors during pregnancy.

Finally, the study found that despite the harsh reality of being black and pregnant in America, there is the "strong woman schema." According to Black feminist theorists, despite challenges black women keep a "collective standpoint" that affirms strength and tenacity [33, 34]. The participant exhibited strength by persevering amid

obstacles and limited resources [35], and by focusing on the future to covering up stressful events [36]. In addition, the participant prioritized her children needs and focused on keeping her family intact despite the obstacles [35]. For example, Diamond expressed consistent optimism in the face of several negative situations she described.

By adopting the Strong Black Woman paradigm, Diamond has an internal optimism for a better future. Indeed, she embraces the positive attributes of life, exhibits confidence to confront any challenges, and provides encouragement during adversity. One of the symbol's central tenets is that black women are inherently strong and resilient, attributes seen as intrinsic, essential qualities of black womanhood and motherhood. Self-reliance and self-containment are her gold standards [34]. Underlying this image is the ability to be strong and capable of handling all challenges, as well as admonishments against weakness. The Strong Black Woman appropriately describes Diamond's care-taking role in her nurturing her family [34].

Study Limitations

The study was originally designed using focus group methodology for data collection. With one participant attending the scheduled focus group the study, by default, became a case study. Caution is needed in interpreting the findings reported here since the data represent one woman's perspectives. Further study is needed to validate these findings.

Conclusions and Implications

This case study represents one person and her experiences as a black pregnant woman. The facilitation of complete and timely access to women's healthcare services requires evaluation as the complexity of healthcare systems continually increases as well as the persistence of disparities in women's health. This does not dismiss the important voice heard during this interview. Narrative inquiry is a valuable methodology for exploring experiences with health care as social, cultural, and environmental influences from a person's healthcare encounter can be evaluated to enhance person-centered care [37]. Qualitative inquiry expands our understanding of the aspects related to person-centered care for this individual.

Diamond's motivation for engaging healthcare as a desire to act on behalf of the baby's well-being is in line with previous studies concerning the priorities of black women in prenatal care [38]. Women wanted continuity of care, personal connection, and caring/respect from providers in their prenatal care. Diamond's needs were not different. Studies have noted that further research is needed to explore the behaviors by providers concerning perceived discrimination to direct clinically relevant strategies in increasing equity and improving patient-centered

care in maternal services [39] as well as a need to focus on context-specific patient satisfaction to identify areas for quality improvement [40].

Asking women about their experiences during pregnancy assists in grasping issues for further evaluation in maternal services, more astutely in this case of a young, pregnant black woman. Reported concerns with maternal care from the patient perspective include extended wait times, rushed staff, care that is missing individualization, lack of complete information, and care that is deficient in continuity [41]. Diamond's needs were not met during her encounter with prenatal healthcare. Previous studies found that racial/ethnic minorities were no more likely than white women to report issues with communication; however, black and Hispanic women did report more perceived discrimination during interactions with maternal care services [39].

Understanding care experiences is a key element in addressing disparities in health and providing person-centered care, which in turn may lead to better health outcomes. While problems with communication between patients and providers during prenatal care is common, they can adversely affect a patient's trust with their healthcare provider [39]. In general, there is a call as well as the opportunity for collaboration on respectful person-centered care in all maternal healthcare services [42]. It is suggested that relationship-centered maternity care models may mitigate disparities in maternal care, as well as that group prenatal care, may provide the continuity and support system desired [38]. Moving forward, our efforts are focused on building trust and establishing networks in the community to facilitate recruitment and uncover topics of importance to the community through a community based participatory research approach. With this approach, we hope for the opportunity to collaborate towards clinically significant interventions developed with the local stakeholders on issues of maternal mortality within this specific community. The racial disparities are not too complex to pivot our research priorities to focus on how to improve maternal services for black women [4].

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