

# Black Women's Maternal Health: Insights from Community-Based Participatory Research in Newark, NJ

*Leslie M. Kantor, PhD, MPH, Naomi Cruz, Christiana Adams, Constance Akhimien,  
Fauziyya Allibay Abdulkadir, Cherriec Battle, Maria Oluwayemi, Olanike Salimon, Sang  
Hee Won, MPH, Teri Lassiter, PhD, MPH*

## Study Purpose

- To gain insights about Black women's experiences throughout the prenatal, labor & delivery, and postnatal
- periods that can lead to positive changes.

## Overview

- This study utilized CBPR methods to engage community members as equitable partners in all phases of
- research. Six community members, who are Black mothers from Newark, partnered with the Rutgers
- School of Public Health on all aspects of the research including
  - ❖ Developing the interview guide
  - ❖ Identifying outreach strategies to reach participants
  - ❖ Conducting interviews
  - ❖ Analyzing interviews and developing the findings
  - ❖ Creating recommendations

## Methodology

- Community researcher training in research skills and protecting human subjects included:
  - ❖ Training on topics such as constructing open-ended questions and balancing rapport-building and
  - ❖ self-disclosure with research techniques.
  - ❖ Completion of required CITI human subjects protection courses.
- Thirty-one interviews were completed. Inclusion criteria were:
  - ❖ Black or African American women, gave birth within the last three years, lived or gave birth in Newark, and had access to Zoom.
- Grounded thematic analysis was utilized

## List of Themes

**Theme 1:** Structural Challenges to Obtaining Healthcare

**Theme 2:** Experiences with Healthcare Providers

**Theme 2a:** Experiences for Women Who Had Cesarean Births

**Theme 3:** Preferences for Racial Concordance and Experiences of Discrimination

**Theme 4:** Mental Health and Social Support

**Theme 5:** Community Health Resources and Awareness



## Theme 1: Structural Challenges to Obtaining Healthcare

- Numerous structural challenges interfered with pregnant women's abilities to get the healthcare they needed. Two key areas were insurance and how medical care is organized.

❖ *"I had to stretch out my appointments to make sure that I had enough funds to cover the copays."*

## Theme 2: Experiences with Healthcare Providers

- Most participants that reported negative experiences with healthcare providers noted that the providers weren't listening to them or taking their concerns and symptoms seriously. Many participants felt that their healthcare providers failed to explain the need for medications or procedures, especially women who had cesareans and often felt unprepared for the surgery.

❖ *"The doctors just didn't listen. Nobody was really listening to me, no matter how much I tried to tell them there's something wrong with me... So that was my frustration and sadness because I felt like I was dying and nobody cared. Nobody cared about my kids. Nobody cared about trying to save me...they just kept brushing everything off."*

## Theme 2a: Women Who Had Cesarean Births

- The vast majority of women who had cesarean births were surprised by having to have the surgery and often felt startled by the change or pushed into the procedure without an adequate explanation.

❖ *“...Nobody helped me wipe, nobody taught me anything like the passing of the clots... they always come in and check on the baby. Like you gotta ask mom, is she okay?”*

## Theme 3: Preference for Racial Concordance and Experiences of Discrimination

- Experiences that could be interpreted as discriminatory happened with healthcare providers of all races/ethnicities and in all types of healthcare practices and hospitals.
- Participants believed that many aspects of their identity led to poor treatment.

❖ *“The only thing I can say that really kind of made me feel like a little sideways is the fact that you know they don’t accommodate the bigger people at doctor’s offices with like scales and blood pressure cuffs. Like everything is normal, you know, regular adult size.”*

## Theme 4: Mental Health and Social Support

- Many participants talked about mental health challenges, which took place at every phase of pregnancy and postnatal.
- ❖ *"Mental health is a very big thing right now... there needs to be a lot more availability access to healthcare, whether it's telehealth, whether it's in person, but we need it. We need it, we need it, we need it."*

## Theme 5: Community Health Resources and Awareness

- Many participants commented that they wished they had been aware of available resources earlier in their pregnancy.
- ❖ *"I would say there are a lot of resources here in the City of Newark. They're just not vocalized enough...I'm sure that may be one of the reasons why. There aren't enough resources to go around for everybody, so we can't just like, put an advertisement out on TV, but it would be great to know maybe a website or something like, program for parents that could be put on there where parents can actually go and see."*

**Participants also shared their recommendations for how to improve Black women's experiences with prenatal, pregnancy, and postnatal care.**

## **Theme 1: Structural Challenges to Obtaining Healthcare**

- Ensure that Medicaid works as intended and that pregnant women are able to access healthcare even while waiting for applications to be processed.
- Streamline service delivery to minimize the number of places that pregnant people need to go for services. When unavoidable, be sure to provide information on transportation services, and reduce wait times.

## **Theme 2: Experiences with Healthcare Providers**

- Providers need to listen to patients and be sure to explain the reasons behind various medical procedures and processes, even when rapid action is needed (e.g. emergency cesarean).
- Providers need to establish trustworthiness, expertise, and accessibility with patients. Otherwise, what they say will not be listened to and acted on.



## **Theme 2a: Women Who Had Cesarean Births**

- Given the continued high rate of c-sections, all pregnant people should learn about the potential need in advance to help reduce fear and anxiety if a c-section takes place.
- Additional post-delivery check-ins and care ought to be provided to people who have c-sections.

## **Theme 3: Preference for Racial Concordance and Experiences of Discrimination**

- All people have implicit biases. However, individual implicit bias training will not be enough to deal with the systems issues that cause pregnant women to be treated in a rushed or disrespectful manner. Systems and structures need to be developed to help check provider biases in real time (e.g., ombudsperson, follow up by a healthcare assistant or other staff with patients after provider conversations).

## **Theme 4: Mental Health and Social Support**

- All pregnant people should be screened and offered mental health support early in the prenatal period. Fears about interference in parenting because of seeking mental health services need to be clearly addressed.
- Stigma related to seeking and receiving help can be addressed through public awareness and community-based organizations.

## **Theme 5: Community Health Resources and Awareness**

- Pregnant women should be made aware of available resources. Creating a system to connect pregnant women automatically with community-based organizations that can explain the full range of services is a critical gap to fill.

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For more information, please  
contact Leslie M. Kantor, Ph.D., MPH  
at [leslie.kantor@rutgers.edu](mailto:leslie.kantor@rutgers.edu)