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More Than a "Number": Perspectives of Prenatal Care Quality from Mothers of Color and Providers

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A B S T R A C T

Introduction: African American mothers and other mothers of historically underserved populations consistently have higher rates of adverse birth outcomes than White mothers. Increasing prenatal care use among these mothers may reduce these disparities. Most prenatal care research focuses on prenatal care adequacy rather than concepts of quality. Even less research examines the dual perspectives of African American mothers and prenatal care providers. In this qualitative study, we compared perceptions of prenatal care quality between African American and mixed race mothers and prenatal care providers.

Methods: Prenatal care providers ($n = 20$) and mothers who recently gave birth ($n = 19$) completed semistructured interviews. Using a thematic analysis approach and Donabedian's conceptual model of health care quality, interviews were analyzed to identify key themes and summarize differences in perspectives between providers and mothers.

Findings: Mothers and providers valued the tailoring of care based on individual needs and functional patient–provider relationships as key elements of prenatal care quality. Providers acknowledged the need for knowing the social context of patients, but mothers and providers differed in perspectives of "culturally sensitive" prenatal care. Although most mothers had positive prenatal care experiences, mothers also recalled multiple complications with providers' negative assumptions and disregard for mothers' options in care.

Conclusions: Exploring strategies to strengthen patient–provider interactions and communication during prenatal care visits remains critical to address for facilitating continuity of care for mothers of color. These findings warrant further investigation of dual patient and provider perspectives of culturally sensitive prenatal care to address the service needs of African American and mixed race mothers.

Racial disparities in adverse birth and obstetrical outcomes between African American and White mothers are well-documented (Bryant, Worjoloh, Caughey, & Washington, 2010; Hamilton, Martin, Osterman, Curtin, & Mathews, 2015; U.S. Office of Minority Health, 2012). African American mothers are also consistently less likely to receive adequate prenatal care in comparison with White mothers nationwide (Bryant et al., 2010; U.S. Department of Health and Human Services, 2013), and they are approximately 2.3 times more likely than non-Hispanic

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Dr. Coley had full access to all the data in the study and takes responsibility for the integrity of the data and the accuracy of the data analysis.

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White mothers to either initiate prenatal care late in the third trimester or not obtain prenatal care at all (U.S. Office of Minority Health, 2012). Although research is inconclusive about how prenatal care reduces birth outcome disparities (Walford, Trinh, Wiencrot, & Lu, 2011), previous studies found associations between inadequate use of prenatal care and adverse outcomes in preterm births, low birth weight births, and neonatal mortality (Cox, Zhang, Zotti, & Graham, 2011; Kitsantas & Gaffney, 2010).

Despite the extensive research on prenatal care, fewer studies investigate concepts of prenatal care quality and perspectives of African American mothers. Most studies primarily focus on adequacy of prenatal care use with limited attention to content or quality of care (Alexander & Kotelchuck, 2001; Sword et al., 2012). Few studies (Handler, Raube, Kelley, & Giachello, 1996; Lori, Yi, & Martyn, 2011; Mazul, Salm Ward, & Ngui, 2017; Wheatley, Kelley, Peacock, & Delgado, 2008) focus on the perspectives of prenatal care quality from African American mothers and other mothers of color. Studies that focus on mothers of color have not simultaneously explored providers' perspectives on prenatal care quality. Only one study (Dahlem, Villarruel, & Ronis, 2014) that examined interpersonal communication found that quality patient–provider interactions between African American mothers and their providers were positively associated with trust that mothers had toward providers and satisfaction with prenatal care. Given that the delivery and receipt of prenatal care is a reciprocal process between providers and mothers, more research is needed to assess differences in priorities for health care quality between these groups for increasing quality patient–provider interactions.

Because disparities in quality of care persist between African Americans and Whites (Agency for Healthcare Research and Quality, 2015), and African American mothers report more adverse experiences with prenatal care than White mothers (Wheatley et al., 2008), it is important to understand and address the factors that underlie these differences. One factor that might contribute to disparities could be differences in perceptions of person-centered care, defined as care that "ensures that each person and family is engaged as partners in their care quality" (Agency for Healthcare Research and Quality, 2015). Given ongoing advocacy for further examination of patient–provider–system interactions in prenatal care (Alexander & Kotelchuck, 2001; Mazul et al., 2017) and current attention to decrease disparities in person-centered care, elements that African American and other mothers of color identified as aspects of prenatal care quality should be further explored, rather than keeping a simple focus on quantity.

In this qualitative study, we compared perceptions of prenatal care quality between African American and mixed race mothers and maternal care providers. Using Donabedian's (1988) model of health care quality to inform findings, we examined perceptions regarding aspects of quality related to prenatal care structure and processes with focused attention to patient–provider interactions and perspectives on person-centered care. As a second research aim, we compared perceptions of prenatal care quality between privately insured and Medicaid-insured mothers to identify differences in perceptions between mothers of differing socioeconomic status (SES) using insurance type as an indicator.

Methods

Study Setting and Recruitment

This study took place in Southern Wisconsin, a state that ranks high in racial disparities in adverse birth outcomes between African American, mixed race, and White mothers (March of Dimes, 2016; Onheiber & Pearson, 2012; Wisconsin Department of Health Services, 2016). From March 2015 through December 2016, 14 clinics served as recruitment sites, including private and academic medical centers and federally qualified health centers offering a variety of prenatal care services with individual, group, and midwifery care.

Through purposive sampling, we recruited a diverse range of prenatal providers by provider type and mothers who varied by education, insurance status, and number of children. Based on previous qualitative research recommendations (Creswell, 2013), we initially sought to recruit 30 mothers and providers to obtain saturation. Thirty-nine mothers and providers were recruited through flyers at clinics and community events, emails through clinic and community list serves, and snowball recruitment in which participants who completed the study recruited other mothers and providers. We selectively recruited African American mothers because the greatest racial disparities in birth outcomes exist between African American and White mothers. We also included mothers who self-identified as Black or African American and one or more other races (i.e., Native American or White) given the social complexities that could occur with mixed race identities (Harris & Sim, 2002; Rockquemore, Brunsma, & Delgado, 2009; Storrs, 1999). Eligible mothers met the following criteria: childbirth within 6 months of study recruitment, age 18 years old and over at the time of their infants' birth, had one or more prenatal care visits during pregnancy, residency within the county throughout the pregnancy, and delivery at a hospital within the county. Eligible prenatal providers included active obstetrics and gynecology (OB/GYN) physicians and residents, family medicine physicians and residents, nurse-midwives, and nurse practitioners. The University of Wisconsin Madison Institutional Review Board deemed this study exempt from review under section 45 CFR 46.101(b) (2).

Data Collection

The first author conducted all interviews in person using semistructured interview guides. Demographic information was collected from participants through self-report before their interviews (Table 1). Given the importance that insurance has for women to obtain prenatal care, we used the insurance variable to categorize women into privately insured and Medicaid-insured groups to assess differences in perceptions between mothers.

As in previous research (Salm Ward, Mazul, Ngui, Bridgewater, & Harley, 2013; Sword et al., 2012), the interview guides included open-ended questions such as "How would you describe quality prenatal care?", allowing the interviewer to incorporate an inductive approach and mothers and providers to express views in their own words. For maximizing the relevance of study findings to clinical and community program needs, open-ended questions stemmed from previous research (Salm Ward et al., 2013; Sword et al., 2012; Wheatley et al., 2008) and discussions with physicians and program managers of two African American community-based prenatal support organizations in Wisconsin. Topics explored through the questions include initiation of prenatal care; barriers and facilitators to getting visits; communication between mothers and providers, nurses, and ancillary staff; and education on prenatal topics as recommended by the American College of Obstetricians and Gynecologists. Analyses for interview transcripts occurred in tandem with new interviews, and new questions were developed to inquire about new concepts that emerged. Data