Alabama has some of the worst perinatal health outcomes in the nation with high rates of infant death, early birth, and maternal death. This pilot research project was designed to identify the priorities of the maternity care community (MCC) in Alabama (physicians, professionals and birthgivers) and to develop research and service-programming projects that are informed by and co-created with the MCC. Here, we focus on the data from the birthgivers.

This three-phase, qualitative research project was conducted in each of the five perinatal health regions in Alabama. Interviews and focus groups were conducted in-person (in early 2020) and moved to Zoom in March 2020. Focus groups were also conducted via Zoom. Region V (in pink in map) resulted in many interested participants. Thus, we split this region into two focus groups. Online and in-person participant observation and ethnographic data collection occurred between March 2020 and September of 2021.

In-depth interviews with 25 maternal and perinatal professionals

Conduct six focus groups with six to eight birth parents in different regions of Alabama.

Data sharing event via Zoom and individual sharing events per region

## INTRODUCTION

For this study, we employed a critical medical anthropological framework to examine how power and structural inequities shape birthgivers perceptions and experiences of receiving perinatal care in Alabama. We employed the framework of **doubly engaged ethnography** to elicit and analyze the interpersonal, community, and sociopolitical factors associated with perinatal care in Alabama and to work toward identifying solutions in collaboration with the participants. Doubly engaged anthropology focuses on both “real-world” and academic questions. And requires researchers to be:

1. Self-reflective
2. Autocritical
3. Engaged with the needs of the communities they are studying.

## THEMES

**Therapeutic Support**

Birthgivers identified barriers to having a trusting relationship with their medical provider. This was due to the structure of OB care, institutionalized racism, and authoritative knowledge. Birthgivers also recognized that the issues were not necessarily with the provider themselves, but more reflective of the challenges of providing quality care in a healthcare system designed for efficiency. Their solutions centered around collaborative perinatal care with expanded access to perinatal care options such as midwifery and doula.

**Evidence-Based Care**

Providers and birthgivers alike agreed that there is a lack of evidence based perinatal care in Alabama – especially when it came to managing maternal morbidities, induction and vaginal birth after cesarean, and infant feeding. Solutions included more holistic medical provider education and the need for respectful, birth giver-centered care.

**Availability and Access**

Patients identified structural limitations that characterize the perinatal care system and poor perinatal health outcomes in Alabama. This includes limited perinatal care options and the effective coordination of existing perinatal care options. Health systems coordination and patient communication were seen as critical elements that were missing from the perinatal care system and that were central to availability and access.

## ACKNOWLEDGEMENTS

The University of Alabama

Mia Liacopoulos, Holly Horan, PhD, and Emily Locke, Department of Anthropology

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## CMA & DOUBLY ENGAGED ANTHRO

**DEMOGRAPHICS**

<table>
<thead>
<tr>
<th>Birth Parents (n=34)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>Median 33</td>
</tr>
<tr>
<td>Range</td>
<td>20-40</td>
</tr>
<tr>
<td>Race/Ethnicity</td>
<td>Black 9</td>
</tr>
<tr>
<td></td>
<td>Latinx/Indigenous 1</td>
</tr>
<tr>
<td></td>
<td>White 24</td>
</tr>
<tr>
<td>AL Perinatal Region</td>
<td>Region I 7</td>
</tr>
<tr>
<td></td>
<td>Region II 5</td>
</tr>
<tr>
<td></td>
<td>Region III 6</td>
</tr>
<tr>
<td></td>
<td>Region IV 3</td>
</tr>
<tr>
<td></td>
<td>Region V 13</td>
</tr>
</tbody>
</table>

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## RESEARCH DESIGN & METHOD

The University of Alabama

Mia Liacopoulos, Holly Horan, PhD, and Emily Locke, Department of Anthropology

The University of Alabama

## DATA COLLECTION

**Phase I: Interview 25 maternal and perinatal professionals**

**Phase II: Conduct six focus groups with six to eight birth parents in different regions of Alabama.**

**Phase III: Data sharing event via Zoom and individual sharing events per region**

**In-depth Interviews (n=25)**

**Focus Groups (n=34)**