

Maternal Perceptions and Solutions to Perinatal Care in Alabama

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INTRODUCTION

Alabama has some of the worst perinatal health outcomes in the nation with high rates of infant death, early birth, and maternal death.^{1,2,3} This pilot research project was designed to identify the priorities of the maternity care community (MCC) in Alabama (physicians, professionals and birth givers) 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 birth givers.

RESEARCH DESIGN & METHOD

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.

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

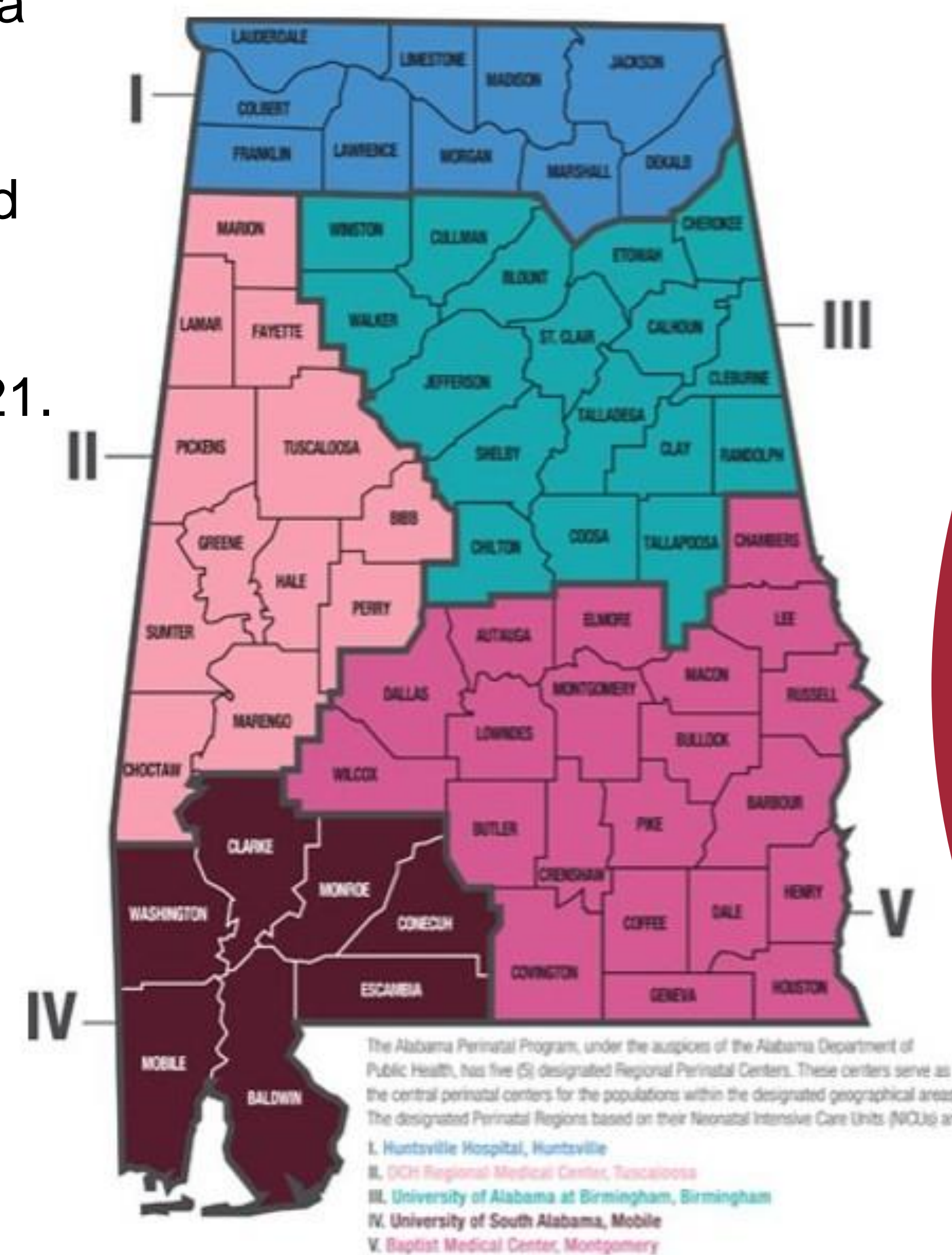
In-depth Interviews (n=25)

Focus Groups (n=34)

CMA & DOUBLY ENGAGED ANTHRO

For this study, we employed a **critical medical anthropological framework to examine how power and structural inequities shape birth givers 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:**⁴

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



DEMOGRAPHICS

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

THEMES

Therapeutic Support

Birth givers 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. Birth givers 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 midwives and doulas.

Evidence-Based Care

Providers and birth givers 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.

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Provider and Participant Perspectives

“There needs to be a centralized group of people that coordinate and communicate with all the entities and organizations that are providing services to expecting parents and families.”

~Provider

“I wish that OBs and pediatricians would diversify their knowledge when it comes to breastfeeding and postpartum. Even if they couldn't diversify their own knowledge-base they could help connect me to services by saying, ‘well, I can refer you here,’ so I don't have to go on a scavenger hunt to figure out what I have to do next. It would be wonderful if they could do that instead of leaving you wanting and needing more.”

~Birth Parent

“I got to the hospital to find out -this is how serious it was -I to find out that my doctor that had been caring for me was not on call that day, and I was going to get another doctor, I cried in happiness, because I did not want him to birth my child so that's how serious I felt that I didn't want him to be the person that brought my child into this place”

~Birth Parent