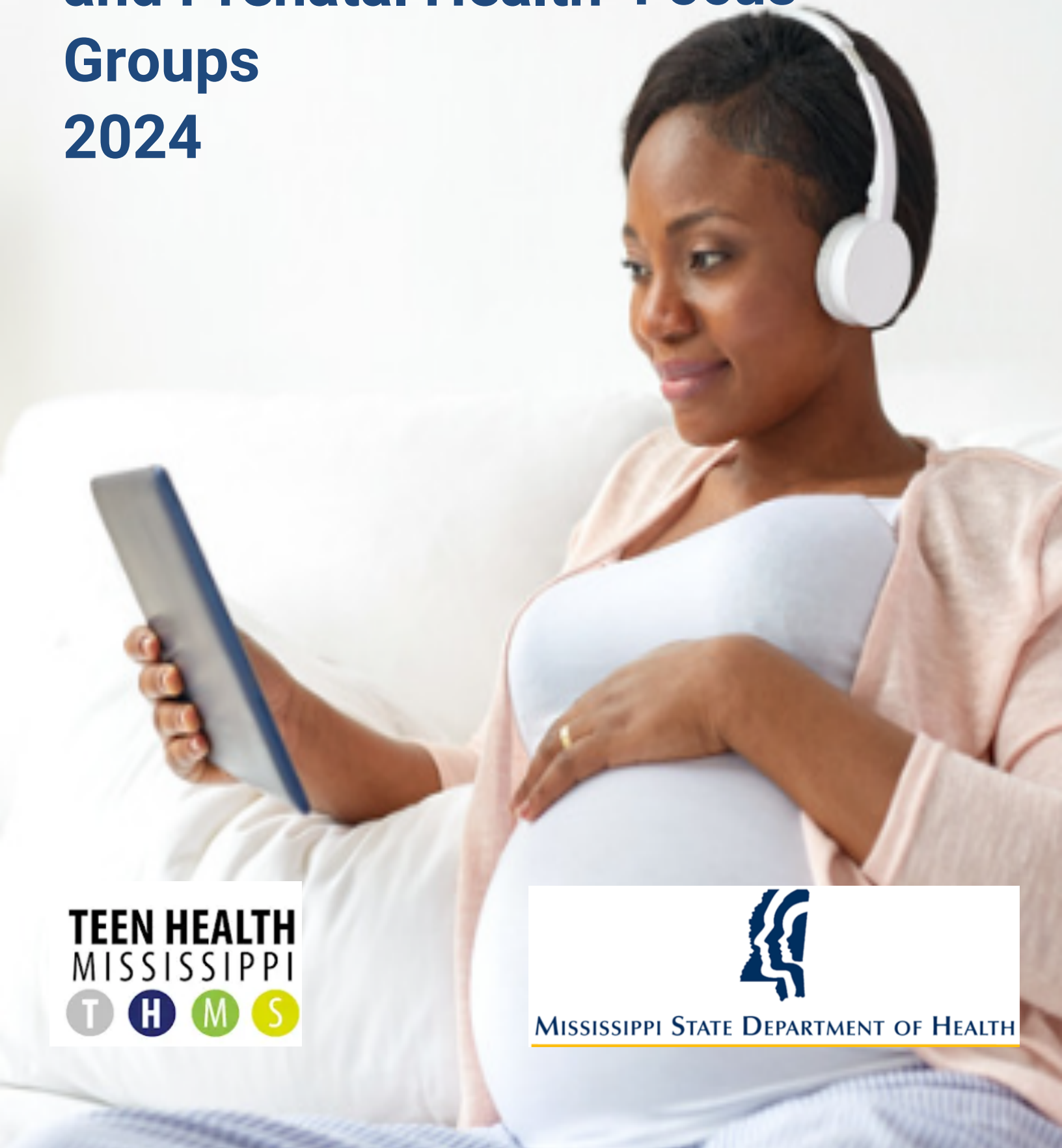
Mississippi Black Maternal and Prenatal Health Focus Groups 2024



TEEN HEALTH MISSISSIPPI
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MISSISSIPPI STATE DEPARTMENT OF HEALTH

Executive Summary:

Maternal health is a critical issue that affects the well-being of mothers and their babies. Despite advances in healthcare, significant disparities and challenges remain, particularly for black mothers (also referred to as birthing persons in this document). This summary synthesizes key findings from discussions with participants and documented experiences, highlighting the urgent need for systemic reforms, enhanced community support, and a focus on mental health and autonomy to improve maternal health outcomes.

1. **Equity and Birth Equity Concerns:** Many participants were initially unfamiliar with the term "birth equity." However, once explained, they were able to recognize the importance of equitable healthcare practices, what birth equity does/doesn't look like, and ways healthcare can improve to increase birth equity.
2. **Healthcare Providers Not Listening or Believing Patients:** A common issue identified was that healthcare providers often display judgmental attitudes and lack empathy, significantly impacting patient care, especially for mothers during the birthing process.
3. **Systemic and Environmental Challenges:** Challenges in accessing necessary resources due to bias, including difficulties with Medicaid, food assistance, and housing, significantly impact maternal health.
4. **Community and Social Support:** Participants discussed the importance of community support, including baby groups, mentorship programs, and family support, which is vital for enhancing maternal health outcomes yet oftentimes limited within the state. Family support remained the top mode of support for birthing persons.
5. **Mental Health and Emotional Well-being:** Participants identified the significant role of mental health in maternal care, including challenges mothers face in accessing mental health support and the impact of these factors on pregnancy and postpartum experiences.
6. **Maternal Advocacy and Patient Autonomy:** The need for advocacy within healthcare settings is critical to ensure mothers' voices are heard and their health needs are met, particularly in empowering them to participate actively in their care.
7. **Labor and Delivery Practices.** Issues in labor and delivery, including birthing violence (a term used to describe any time a person in labor or birth experiences mistreatment or disrespect of their rights, including being forced into procedures against their will, at the hands of medical personnel) and the need for respectful, informed care, underscore the necessity for comprehensive birth plans and better communication.

8. **Technology and Access to Care:** The role of technology, especially telehealth and apps, in improving access to care and supporting maternal health is increasingly important in bridging gaps in healthcare and information dissemination. This is especially important given the rural nature of MS and the lack of public transportation to support expecting and parenting persons.

Conclusion

The collective insights from participants highlight the urgent need for systemic reforms, more empathetic and well-trained healthcare providers, robust community support systems, and a focus on mental health and patient autonomy. These findings guide efforts to create a more equitable and supportive healthcare system for all expectant and parenting persons, ensuring that every parent has the support, care, and resources necessary for a healthy and empowered maternal experience.

This document was created through a partnership between Teen Health Mississippi and the Mississippi State Department of Health.

Introduction

Teen Health Mississippi (THMS) works to ensure youth and communities have access to equitable health outcomes. As part of our work, we work on a variety of topics that impact communities, including maternal health outcomes for youth and young adults. We are working on this project, in partnership with the Mississippi State Department of Health, to understand the experiences of black birthing persons ages 15 to 44 in the state of Mississippi who are currently pregnant, have been pregnant, or have given birth within the last three years. We hope this document can be used as a resource and an important launching point for improved policies, accessible resources, and continued conversations that positively impact the health and well-being of black mothers.

This document provides information on the focus groups THMS conducted with black birthing persons (hereby defined as any person who identifies as black aged 14 to 44 within the state of Mississippi and has given birth, is currently pregnant, or was pregnant within the last 3 years, regardless to whether they are currently custodial parents or not at the time of being interviewed). The purpose is to identify and understand the maternal and prenatal experiences of birthing persons living in Mississippi prior to pregnancy, during pregnancy, labor and delivery, and postpartum when accessing healthcare within MS.

Focus Group Procedures

A total of 12 focus groups have been conducted to discuss participants' experiences. We conducted these focus groups with 107 participants across all 9 public health districts in MS. Please see Appendix A: Table 1 Focus Group Data for the number of focus group participants by public health region for each focus group.

Questions were taken from a Center for Child Health Equity and Outcomes Research survey in Columbus, Ohio. We asked questions verbatim to provide data to compare experiences. In our analysis, however, we did not ask for demographic data such as marital status, income, or highest level of education.

Participants were reached through several strategies, including online advertisements through social media platforms (including Facebook and Instagram), flyers, outreach to community partners, and word of mouth across communities. Word of mouth proved

most effective in recruitment, in that when one participant completed the focus group, they shared the information with other birthing individuals in their social networks. Our limited ability to gather more than one participant from public health district 8 may have been because THMS had fewer community connections within said region of the state, whereas we had an abundance of participants from public health district 5. This may have also been because THMS has headquarters in district 5 and because district 5 is the largest public health region in the state. Please see Appendix B: Table 2 Percentage of Participants, By Public Health Region. Also see Appendix C for a Map of Public Health Regions.

Interviews ranged from 45 minutes to 1 hour 30 minutes, depending on the size of the focus groups and the modes of communication for participants (whether participants chose to speak their answers verbally or whether they chose to type answers in the chat). All focus groups were held between April 3, 2024 to April 24, 2024 from 6:00-7:30pm CST to accommodate working parents' schedules as much as possible. (We also recognize this time frame left out persons who worked later or evening shifts, and as a result, their voices may not be expressed within this document). As aforementioned, some participants were very vocal about their experiences (e.g. preferred to speak on Zoom); others shared their experiences through the Zoom chat function. The interviewers interacted with the participants within both the chat features as well as those verbally expressing their experiences by asking follow-up questions to both groups. All participants received a $50 dollar gift card for the time, which was emailed, mailed, or sent to their phones within 24 hours of the focus groups. Each participant was told they must remain on the focus group call for the duration of the session to be eligible to receive the gift card.

It should be noted that there were three THMS interviewers ranging in race, age, and background: a 30-year-old black woman (recent mother of a 1-year-old), 40+-year-old black woman without children, and 30+-year-old white man with children. As this is typically not data that is commonly shared in focus groups, we wanted to draw out this distinction because of the topic of race and maternal health, specifically for black women. Across the contexts however, we did/did not see changes participant responsiveness across our team members.

Birth Equity: What It Is

In this section, participants highlight vision for birth equity. These definitions largely centered on ensuring all mothers, especially black mothers, receive fair and unbiased treatment. They highlight how essential it is for the healthcare system to provide consistent and high-quality care to all birthing individuals, without discrimination or bias.

I. **Understanding of Birth Equity:** Many participants were initially unfamiliar with the term "birth equity. "When asked about ***"birth equity," many participants could not readily identify what that meant*****,** which indicates a disconnect between healthcare jargon and patient understanding. However, they could provide examples of ideal birth equity scenarios once the term was explained, suggesting that while the terminology might be unfamiliar, the concept resonates with their expectations and their desire for equitable treatment. "Interviewer: ***Is that a new term for you all? Multiple Participants: Yes. Yes. Yeah.*** "- Participants, April 10, 2024

II. Participants saw birth equity from various dimensions, including equal access to quality care, addressing social determinants of health, reducing disparities, informed choice and autonomy, culturally competent care, advocacy and support, and community engagement.

   A. **Equal Access to Quality Care**: For participants, birth equity emphasizes the need for all mothers to have equal access to high-quality prenatal, perinatal, and postpartum care. This means care that is not only accessible but also respectful, culturally competent, and responsive to the needs of the individual. "Making sure everyone, no matter like your race or where you're from, has a fair chance to have a healthy birth and ***access to good healthcare during pregnancy and childbirth.***" April 24, 2024[b].

   B. **Addressing Social Determinants of Health:** Birth equity recognizes that many factors outside the traditional healthcare system, such as housing, education, and employment, significantly impact maternal health outcomes. Efforts to promote birth equity involve addressing these social determinants to support overall well-being. (All interviews)

   C. **Access to resources to reduce disparities.** Participants mentioned the need for communities with resources that are equitable and easily accessible to remove disparities in health outcomes for women and children. Most

participants mentioned not knowing any resources for moms after the mother has the child. (All interviews)

D. **Doctors respecting our words**. Participants mentioned that doctors historically minimize or ignore the pains of black mothers. Birth equity starts with listening to and responding to their needs.
E. **Improving bedside manner**: Many participants mentioned that doctors and nurses yelled mean and cruel comments to them, particularly in delivery. These comments will be discussed in details later. Treating persons with respect regardless of race, class, and gender is important for birth equity.
F. **Comfortable Environment:** Participants mentioned the need for creating a comfortable and nurturing environment for all women, including spaces to ask questions and maternal autonomy during the birthing process.
G. **Strengthening Reproductive Health**: Participants mentioned the "… need to strengthen existing health programs and support reproductive health care, screening and treating women at risk for preterm birth, and eliminating maternal deserts."-April 24, 2024[a]
H. **Equitable Access to Resources:** Participants identified a wide array of resources needed to support maternal health, ranging from programming to support family needs, food support, nutrition, housing, employment, healthcare, and financial support. Mothers mentioned that current systems designed to support mothers are often ineffective, overcrowded, or attempt to shame/devalue their needs. Others mentioned that the medium threshold for receiving funds fails to consider the needs of the working poor.
I. **Healthy people:** "Birth equity looks like a lot of healthy people walking around here. Health care providers providing care and concern to patients and communicating within the calmly."-April 17,2024[a].
J. **Enhanced Doctor Visits:** "It looks like more time being put into the doctor visits (but less wait times for doctor visits). Someone listening to me when I say I'm in pain or something like that. The first time around and support services."-April 8, 2024.
K. **Rural People Have Access:** "I guess everyone , like I guess, people in rural communities would have access to birth classes. And just things, things that need to have to have a healthy pregnancy and a healthy baby." Participant, April 17, 2024[b]

L. **Reduction of Debilitation Injuries: “All women and children deserve to live free of debilitating childbirth injuries.” -Participant, April 17, 2024[a]**

Conclusion

For our participants, birth equity is about more than just equal treatment; it’s about ensuring every mother has the support, care, and resources necessary to have a healthy and fulfilling birth experience. It involves a multi-faceted approach that combines healthcare, social support, and community involvement to address and eliminate the disparities that have long plagued maternal healthcare.

By understanding and implementing the principles of birth equity, healthcare providers, policymakers, and communities can work together to transform maternal care into a system that truly values and supports every mother, leading to healthier families and stronger communities. The voices of mothers and their families are essential in this journey, guiding the changes needed to achieve true birth equity and improve outcomes for all.

Equity and Birth Equity Concerns

2. Equity and Birth Equity Concerns:

This theme focuses on the need for equitable healthcare practices that ensure all mothers, regardless of race or socioeconomic status, receive fair and unbiased treatment. It highlights how essential it is for the healthcare system to provide consistent and high-quality care to all birthing individuals, without discrimination or bias.

M. **Perceptions of Racial Bias in Care:** Participants frequently discussed systemic challenges and how race influenced their experiences within the healthcare system. There were explicit instances where ***participants felt their concerns were disregarded due to racial biases***. This underlines a critical need for healthcare providers to be more aware of and actively work to counteract such biases to ensure equitable treatment for all.

III. **Systemic Challenges and Racial Factors:** In most cases, participants identified systemic challenges and recounted how race played a significant role in their healthcare experiences. They shared feelings of having to prove their pain or symptoms, which is indicative of the deep-rooted racial biases that can pervade black maternal healthcare. "***When black women say we are in pain, people think it's in our minds***." —Participant, April 17, 2024[a]. "Even when I was able to get a doctor, I always felt like they didn't really take my concerns very seriously. Yeah, I would have a question, you know, and they **would just brush it off or just say** I **was overreacting**."-Participant, April 24,2024[b].

Time with Providers: Many participants mentioned inequities in provider time between black patients and providers and white patients and providers. "I feel like **white women get listened to more**. Yeah. Like, they actually, you know, sitting there like **we're going into the doctor's office and it ends in five minutes, but they will be back there forever."** Participants, April 8, 2024.

Differing Perceptions on Injustices: Some participants described situations of racial and structural injustices without labeling them as racism. For example, a mother who returned to work at the hospital she delivered her baby in shortly

after childbirth, while her baby was in the NICU, did not see her situation as a result of unfair treatment but rather as a practical decision driven by economic necessity. This highlights the complexity of individual experiences and the subjective nature of perceiving equity and fairness in healthcare.

"I was working at the [name of hospital redacted] in transportation. So I went into labor at work. After I gave birth, they sent [the baby] to the NICU. I wasn't told much, so I just went back to work. I was just sitting there answering the phones, but I didn't get back to pushing the beds. ***I went right back to work three days after giving birth, while he was still in the NICU... I might as well get my money instead of just sitting at home wasting gas***, you know, got to come right back up here to see him. I was going up there to see him three times a day." – Participant, April 3, 2014

Further Reflection: When queried if any part of her experience was due to racial or structural biases, the participant denied this, interpreting her ability to work and visit her baby as a form of privilege rather than a lack of postpartum support. This perspective underscores the need for a broader definition of support and equity in maternal healthcare—one that encompasses economic, emotional, and physical needs.

III. **Experiences with Providers:** Across 11 of the 12 focus groups, we found examples of positive birthing experiences. Some participants mentioned their experiences with healthcare providers were excellent, with providers being attentive to their needs, displaying professionalism, empathy, and support, contributing significantly to positive birthing experiences for the mothers involved. Here are several illustrative quotes of the positive experiences birthing individuals had with healthcare providers:

- **Describing a healthcare provider who showed exceptional care and support during pregnancy and labor**: "I **was treated with no stigma** like I got from my family. **The doctors were gentle. They gave me enough support that I needed. They recommended a lot of resources for me. They gave me the medications that were necessary for me**. So from the services I got from my doctors, the healthcare providers, it was okay."-Participant, April 15, 2024[b].

- **Highlighting a positive experience with the nursing staff during a hospital stay for childbirth**: "**The nurses, they really tried, they spoke calmly, they spoke softly, they provided a lot of support for me.** You know, anything I wanted, they tried to provide."-Participant, April 22,2024[b].

It must be noted that while some positive experiences were from nurses and doctors, the role of the midwife/doulas has regained momentum in the last few years in MS, their services seems to support the needs of some birthing individuals in MS.

- **Reflecting on the supportive and non-judgmental care received from a midwife:** Two people mentioned they were able to talk to midwives about their emotions and **one person saw their midwife as just as valuable as their doctor and their friends**. Participant, April 17, 2024[b] and Participant, April 15, 2024

Most participants, however, underwent experiences where healthcare providers' lack of empathy, cultural competence, and adequate training profoundly impacted the quality of maternal care. This is especially evident in the treatment of mothers during the birthing process, where non-responsive and judgmental attitudes can lead to significant physical and emotional injuries. These issues are compounded by deep-seated racial and age biases, highlighting the urgent need for systemic changes in healthcare practices.

IV. Lack of Responsiveness and Birth Injuries: Healthcare providers often fail to listen to or believe black mothers, especially mothers advocating for themselves babies' well-being. This disregard can result in birthing injuries, a form of violence that stems from inadequate care or responsiveness to birthing individuals' needs. This pattern indicates a broader issue of neglect within the healthcare system, where the urgency and severity of concerns raised by mothers, particularly those from marginalized communities, are minimized or overlooked. Our participants have recounted many experiences where healthcare providers frequently failed to respond adequately to their concerns. This often leads to preventable injuries, both for the mother and the baby, categorizing this negligence as a form of birthing violence.

- **Condescending Tones:** “I think it's more of ***being talked at, like instead of having a mutual conversation*** and the doctor being concerned, it’s more of ***‘okay, this is what’s wrong with you.’*** And I’m going to tell you to do this, do this, and do this instead of listening to what you’re telling me.”-**Participant, April 17, 2024[a].**

- **Brushed off Concerns:** "My doctor brushed off my concerns repeatedly. ***It felt like they weren’t listening***, especially when I said something was wrong. ***By the time they acted, it was almost too late, and that led to an emergency situation that could have been avoided***." - Participant, April 24, 2024[b]

V. Influence of Racial, Socioeconomic, and Age Biases: The behavior of healthcare providers is often influenced by the patient's race and age. Younger mothers, in particular, report that their concerns are not taken seriously unless an older family member intervenes. This behavior suggests that bias, whether based on race or age, significantly affects the quality of care provided, undermining patient autonomy and leading to disparities in treatment and outcomes.

For our participants, both racial, age, and socioeconomic discrimination affected interactions with healthcare providers. Younger mothers often feel that their concerns are dismissed until they receive advocacy from older family members, highlighting a bias that undermines their autonomy and the quality of care.

- **Age:** Young mothers experienced being railroaded because of their age. "Just because we’re young doesn’t mean we’re not going to be good parents. So we need unbiased care.”-Participant, April 10, 2024.

    - **On being my own advocate at a young age:** ***“I’m not really sure if I just have a gullible look about me, but people feel as if they can tell me that this is whatever.*** But I really think that when I was black and young and I didn’t know my body that they could make me have my baby. They wanted me to have a C-section to begin with, but I advocated for myself, that didn’t happen.”.-Participant, April 10, 2024a.

    - **My mom had to be my advocate:** ***For me, it was really frustrating because I was just, I was about to be 18…***when I found out I was

pregnant. So like I said, ***nobody really listened to me. I had to always bring my mom. And instead of talking to me during my appointments, they would always refer to her even though I was emancipated at the time. So like, legally, I was able to make all my own medical decisions with no input from my mama, but they would not…t***hey would just talk to her like she was the one who was pregnant. ***Even when I first heard my baby's heartbeat …they directed the questions and congratulations …. It all went to my mom and not me.***- Participant, April 10, 2024.

- **Socioeconomics**: Participants felt their SES impacted how doctors viewed them and/or that doctors didn't consider the limited access to resources/funds because of the patient's socio-economic status. "My interactions with providers…was very unsatisfying. Most of the providers were white, which made me feel like I was being judged or dismissed. Many of them didn't really listen to my concerns or really take my questions serious. This stuff made me feel like I was not being taken care of**. *I really also feel like the provider didn't really understand the unique class and challenges I faced as a low-income black woman. I never saw the same doctor..they were always different. So you really have to explain yourself over and over which was quite frustrating*"**[1] – Participant, April 24, 2024[b].

- **Race**: Participants noted that, in many instances, race played a contributing factor in how they were treated by healthcare providers. *"**After giving birth, I felt alone and unsupported. It was difficult to find a therapist who understood my cultural background and the specific issues I was facing as a Black mother**."*- Participant, April 10, 2024[a]

    - ***"I live in [city redacted] and in my community, more attention is paid to the white people than the black people**.* There's some sort of racism and it's not so much outspoken about, you know, people are still trying to hide it. The services we get…it still finds its way out. And in terms of

[1] Women who are low SES don't get to see the same physician due to the overcrowded nature of free or low-income clinics. As such, there is lack of continuity in standard of care.

the nursing staff…they are predominately white, I have observed.- Participant, April 22,2024[b].

- ***"White women easily get these [healthcare] services, unlike women of color."*** -Participant, April 24, 2024[a]

VI. Need for Improved Training: Participants mentioned the need for healthcare providers to be trained more effectively in empathy, cultural competence, and patient-centered care. These trainings can help bridge the gap in understanding and improve the overall patient experience, particularly for younger, single, or less experienced mothers who frequently face judgmental attitudes from their healthcare providers.

Many women recounted judgmental and dismissive attitudes from healthcare providers, specifically during labor. A particularly distressing narrative involved providers telling patients to be quiet during labor pains, crudely comparing their screams to their behavior during sex. Such attitudes are not only deeply humiliating but also indicative of a broader lack of respect and empathy in patient care.

- Illustrative Quote: "***Things get bad when you go into the delivery room. I heard like so many nurses, you could be in there while they check you, and then you scream or make a noise or something..'You weren't doing that when you was on your back making the baby. And you don't hear them tell white people that...***" - Participant, April 3, 2024

- Illustrative Quote: Some of the ***nurses were abusive and annoying***. Some wouldn't want to understand your feelings. I remember one nurse shouting at me because I was walking slowly. So ***she shouted at me and then told me I was enjoying it when my husband was having sex with me***." - Participant, April 24, 2024[a].

While I've only documented this retailing of the story twice in this document, this experience is not uncommon among birthing people. I even asked an LPN in Mississippi if such accounts were true, and she confirmed hearing them from

various doctors and nurses. She mentioned that they largely do this to low-income, black mothers who have no other options for healthcare than their clinic or hospital due to economic hardships.

Participants also discussed what happens when healthcare providers fail to treat black mothers with the healthcare they deserve. This results in long-term injuries and risk of death of mother and babies.

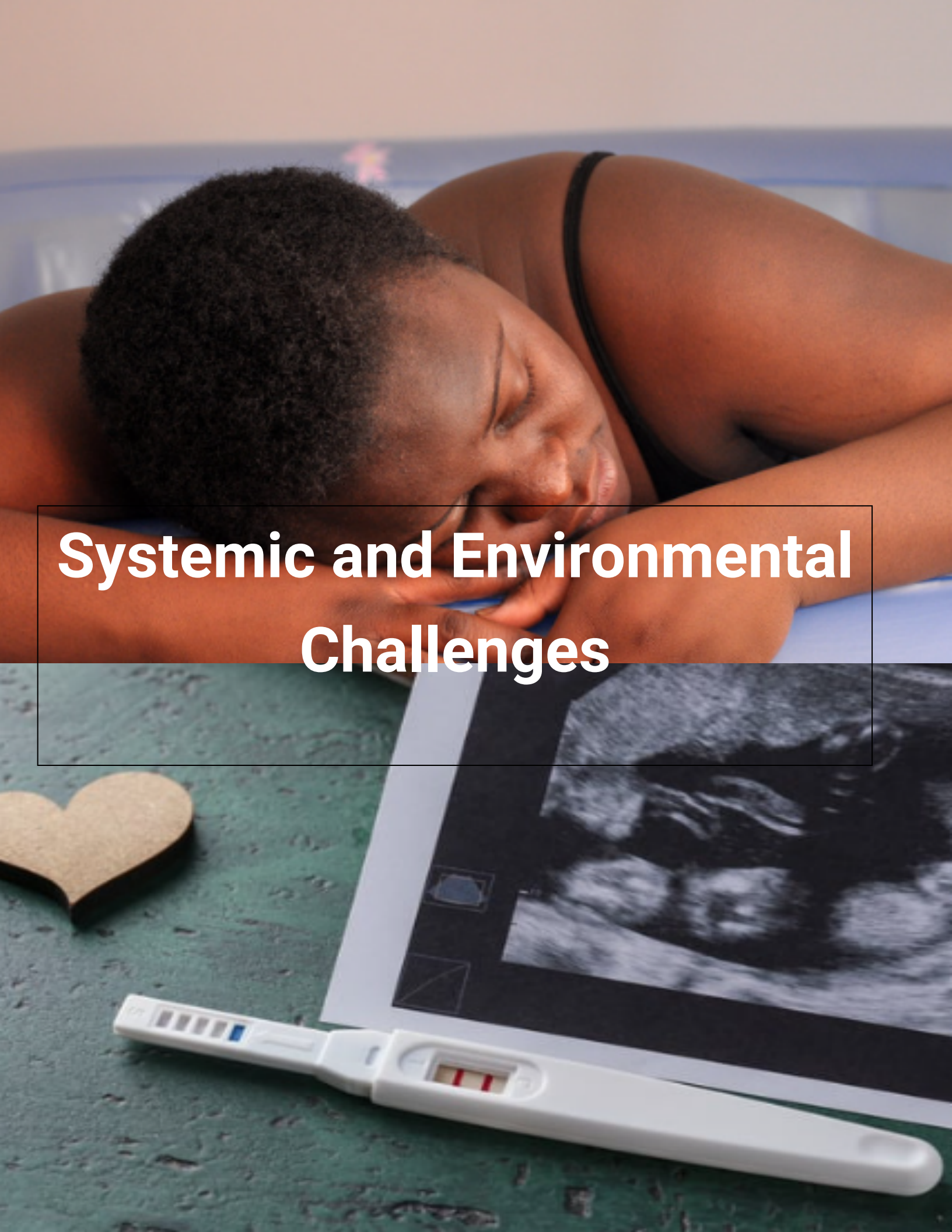
- **Noncommunicative Staffers:** Some women discussed how doctors and nurses were noncommunicative about their condition or the conditions of their children. “Well, with one of my kids, I ended up having high blookd pressure and I didn’t find out until I was eight months, well seven months pregnant. ***And I had to stay in the hospital for a whole month not knowing what was going on until the actual day I had my daughter and found out I had high blood pressure***. …They never told me nothing at all. (just knew I was there for a whole month.”-Participant, April 8, 2024.

- **Delay in catching illness earlier/injury to baby:** ***“My experience with my first baby, he grew small, and I ended up having preeclampsia, but they didn’t catch it until I was 34 weeks.*** And they ended up putting me in the hospital. And I ended up delivering my baby. He was like three pounds. And he ended up like having hydrocephalus and stuff like a brain bleed**.** ***…But the doctor was saying it was something that the previous doctor should have caught before; my doctor kept saying, “he’s going to grow in the end. And I was 37 weeks and my baby was just like two pounds***.*”*-April 8, 2024.

- **Injury to Mother:** “***I caught nerve damage. Permanent sciatic nerve damage***. After my pregnancy. I’m not exactly sure how it happened, but I feel like the doctors that were in the room, they had did ***the epidural. I feel like they stuck me wrong because after I had the baby and when it was time for me to go home, they didn’t want me to go home like how they just normally let a patient go home. I had to sit in there for a week because I couldn’t walk with my feet or nothing. And then once my foot***

went down, they wanted someone to walk because its like I had to start walking all over again*."*-April 8, 2024.

The pervasive issues of non-responsiveness, racial, socioeconomic, and age biases, lack of proper training, and judgmental attitudes in maternal healthcare underscore the need for comprehensive reforms. By improving training in empathy and cultural competence and ensuring that healthcare providers respect and listen to all patients, especially vulnerable mothers, we can move towards a more equitable and supportive healthcare system that truly values and cares for every patient.



Systemic and Environmental Challenges

3. Systemic and Environmental Challenges:

Participants discussed the broader systemic challenges and environmental factors significantly impacting pregnancy, labor, and delivery. These challenges encompass issues such as maternal access to essential resources such as healthcare, housing, and community support, which are crucial for ensuring the health and well-being of mothers and their babies.

I. **Challenges in Accessing Necessary Resources Due to Bias:** Many participants experienced difficulties in accessing essential services such as Medicaid, food assistance, and housing. These challenges are often exacerbated by systemic biases that can delay or prevent mothers from receiving the support they need.

- **Access Issues and Systemic Bias**: Mothers frequently encounter barriers to accessing critical resources. These barriers are often rooted in systemic biases that disproportionately affect marginalized communities, leading to significant delays and obstacles in receiving care and support. "I needed Medicaid because I just lost my job. I had insurance on my job but ended up losing in it. ***So I needed Medicaid, and then I looked for food service. And it was horrible. The people treat you like its coming out of their pocket and I did not like it because I worked hard. I worked two whole jobs before I got pregnant, and I paid my taxes, and I just felt like I needed help at that time. I paid what I had to pay out of my checks, and I needed help and it was hard.*** "- Participant, April 10, 2024[a]

- **Food security**: The need for food security was a key concern for participants. Many expressed difficulty accessing the services that were supposed to be available to them due to overcrowded or nonresponsive systems. Participants especially discussed the need for food to increase pregnancy cravings, food being a comfort when struggling with their mental health, and the need for accessible and healthier food options.

II. **Environmental Factors Affecting Maternal Health:** While some participants expressed that their environment was great, many talked about environmental factors such as lack of access to quality care, affordable housing, and safe

communities that significantly impact maternal health. These factors create a setting where health disparities can flourish, impacting the overall health outcomes of mothers and their children.

- **Limited Good Clinics for Low-income:** Many participants talked about the struggle of accessing clinics, especially in rural communities. They mentioned having to travel a considerable distance for primary care providers and specialists. Furthermore, a participant pointed out the distinction between access to doctors for patients with Medicaid and those with insurance. ***"There are plenty of doctors in the area that does not accept Medicaid. And I know that they would provide better care. But if you don't have insurance, you know, you won't be able to get it. April 8, 2024. Also, some participants acknowledge the stigma associated with enrollment in Medicaid and governmental programs.***

- **Affordable Housing:** Participants acknowledged housing needs, particularly before pregnancy and after delivery.

    - **Public housing is hard to get:** "Public housing is actually kind of hard to get into as well. ***I don't know why the wait list is the way it is. I don't know what's going on there, but I've been on the waiting list for like two and a half, three years now. And there's no movement whatsoever."-***Participant, May 10, 2024.

    - **Housing After Delivery:** "I say housing due to the fact that we are already out of work for six weeks, or six to eight weeks. I say that housing would be nice. But you can't get in much because they…always go fast." When asked if they needed housing prior to having the baby, they mentioned…"***Housing has always been an issue, but once I had the baby, it was an issue due to the fact that I can't pay my bills due to the fact that I'm out of work. Or I have to tell them I won't pay them this month because I'm working****."-* Participant, May 3, 2024.

- **Difficulties with Maternity Leave and Employment Challenges:** The lack of adequate maternity leave and the prevalence of employment challenges, including being fired for being pregnant, highlight significant systemic issues that affect maternal health. These challenges can lead to financial instability and increased stress, negatively impacting mothers' and babies' health.

- **Maternity Leave at Work:** Some participants discussed **the types of maternity leave or job-protected leave offered by their employers, ranging from six weeks to up to nine weeks.** This included options to take personal time to extend maternity leave. “They gave me six weeks, but I had the option to use my personal time to extend it.”-Participant, April 10, 2024a.

*However, the **more generous types of maternity leave was not a common occurrence within focus groups**. Most participants talked about the lack of job protection and the financial hardships experienced when the child was born.*

- ***“Some people don’t get paid leave, and so the bills keep coming up even after the child is born.”**-Participant, May 10, 2024[a].*
- ***“No maternity leave at my job and FMLA [family medicial leave act] doesn’t pay.”-Participant, April 17, 2024[a].***

In addition, consider the participant in a previous section that mentioned working three days after having her baby because she needed funds but also considered it a privilege to be near her son at the ICU due to lack of transportation.

As a result, many participants talked about the financial hardships endured, with many exhausting their savings, having to seek support from family members and friends, and having to seek governmental assistance. Yet, many argue that

access to governmental assistance is difficult, dehumanizing in many respects, and a tedious process.

The issue of maternity leave is largely exacerbated by the fact that most mothers in MS find themselves in low-wage positions, such as grocery store clerks, gas station attendees, and warehouse jobs that do not offer the leave protection as higher wage positions. This in part is indiciative of the state of the economy in MS, the need for career development programs that are local and can meet the pressing needs of mothers, and the rural nature of the state of MS (in that reaching higher paying positions is just not an option for many).

Without sustainable resources, birthing individuals are forced into poverty or forced to put work over their physical and mental health. The reality is that for mothers in MS, one may risk life, health, and the ability to live independently, in pursuit of being a parent. And, because the social service sectors are either nonexistent, overextended, or treat participants inhumanely, participants are left disillusioned by their experience. These challenges highlight the need for comprehensive policy changes. Improving access to healthcare, ensuring affordable housing, enhancing community support, and protecting mothers' employment rights are critical steps towards addressing these challenges and improving maternal health outcomes.

Community and Social Supports

4. Community and Social Supports:

Participants mentioned family support as crucial to birthing individuals during labor and delivery. This includes: husbands, parents, and extended family. The importance of community support is undeniable in enhancing maternal health outcomes. This support includes baby groups, mentorship programs, family support, and access to midwives or doulas, which are all vital for providing the emotional and practical help needed during and after pregnancy.

I. **Reliance on Family for Support:** Many mothers depend heavily on their families for support throughout their pregnancy and postpartum period. This support is not just emotional but also includes practical aspects like caregiving and financial assistance.

- ***Family (specifically sister, moms, and aunts). Participants relied heavily on the support of women in their family to support them during pre-and post-natal care. Family members' proximity, candor, and genuineness toward mothers may be the reason participants relied on these parties so much.*** In regards to connecting to services,",…my OBGYN and any of the nurses, they didn't inform me on it [mental health services]. It was my sister. I was telling her what I was going through, and she was the one to, you know, point me to the resources." - Participant, April 8, 2024
- **Husband:** ***You know, my husband does everything. I don't know if it was difficult [accessing resources]. I do ask him, he said don't worry, everything would be fine.-April 22, 2024[b].***

II. **Impact of Specific Support on Mothers:** Participants highlighted the benefits of having a supportive partner and family to help them through the tough times and help them lighten the physical and emotional load.

- **Emotional Support and Stability.** A supportive partner provides emotional comfort and stability, helping to alleviate the stress and anxiety that often accompany pregnancy and the postpartum period. Their presence can

offer reassurance, reduce feelings of isolation, and contribute to a more positive mental health outcome for the mother. *"**My husband played a perfect role. He loved me and cherished me during that period. Took me out for outings and seeing movies."-April 24, 2024[a].***

- **Emotional support**: Participants also mentioned partners being emotionally supportive during the pregnancy process, particularly during postpartum period, and the need to frequently go outside with partner for mental health or talk to family members about their problems.
    - **To shoulder responsibilities:** *"**He got me a maid to help me wash some clothes, cook, and clean**."*-April 24, 2024[a].
    - **Advocacy During Medical Appointments and Labor:** Partners can serve as advocates in healthcare settings, ensuring that the mother's voice is heard and her wishes are respected, especially during critical moments like labor and delivery. This advocacy is vital in promoting birth equity and ensuring that the mother's health needs are prioritized. *"**During labor, my husband was my advocate. He made sure the medical team listened to me and respected my birth plan. His presence ensured that I felt safe and respected throughout the process**." - **Participant, April 15, 2024[b]***
    - **Patient Advocacy: "**So when you're younger, it's a matter of like, thy may not have believed you when you're saying tht you were in pain. Yes, I feel like they didn't believe me*. **I had to, there were several times I had to bring my partner or my mother with me to talk for me***. ..I don't know the medical terms of it, but the way I used to carried my children would be really low. So when I'm getting my cervix checked and look, you know, things that can seem small, it used to hurt a lot and nobody was hearing me**."-April 10, 2024.**
    - **Shared decision-making:** You know, my income was affected, but I was able to step way from employment for some time. And I had to, you know, support from my fiance. ***He saw how hard it was with me, you know, trying to go***

back to work and be away from the baby. So we both thought it was best for me to be a stay at home mom again.- Participant, April 8, 2024.

III. **Effects of Lack of Support System:** When a mother lacks a support network, especially during pregnancy, childbirth, and the postpartum period, the impact can be profound and multifaceted. This absence of support can affect her emotional, physical, and mental health and have lasting effects on her ability to care for her child and herself.

- **Increased Risk of Mental Health Issues:** Without a support network, mothers are at a higher risk of developing mental health issues such as postpartum depression, anxiety, and stress disorders. The isolation can exacerbate feelings of loneliness, overwhelm, and helplessness. ***"I was lucky to have a good friend who recognized my symptoms and encouraged me to seek help. She connected me with a local support group for near moms, which was a huge help. You know, just being around other women who were going through the same thing made me feel less alone.-Participant, April 24, 2024[b]***
- **Two To Tango, But Still Feel Alone:** Participants mentioned that relationships often deteroriated with their partners during pregnancy and it causes strain on the mothers. "***So most people, they feel like they are alone, even though it takes two to make a baby, even though they feel they are alone and they have no support, they start getting depressed.*** When you get to that stage, you never know what a person might do." - Participant, April 8, 2024.

IV. **Need for More Baby Groups and Community Resources:** Participants expressed a need for more baby groups and community resources that can provide support and information to pregnant mothers and new parents, which are crucial for fostering a sense of community and shared learning.

- **Informal networks**: Participants mentioned finding informal networks within their communities like churches, families, friends of families, and other groups that could help them understand the challenges of motherhood. Through these contacts, they found people who had

undergone similar experiences and could tell them how to navigate challenges.

- **Can't Identify Community Resources:** Most participants couldn't readily identify community resources for moms after pregnancy, with the exception of one participant who knew of such services as a result of working with a community organization doing such work.
- **Online community support**: A rising number of women saw online support groups for mom's like ***Tiktok and Facebook***, as that allowed them to connect with others experiencing the same thing and allowed them to develop community when their surroundings didn't have embedded resources.
- **Prenatal Classes**: Participants saw a strong need for prenatal classes and other classes to support maternal child health. This included: healthy food classes and prenatal classes. ***"I joined some prenatal classes to learn stuff about childbirth and breastfeeding and all of that. I also accessed the doula services. I used the doula during my pregnancy phase. And I usd this pregnancy app as well."*** -Participant, April 24,2024b. Yet few had access to such classes.

V. **Lack of Awareness or Availability of Community Resources:** *Gap in Awareness and Availability*: "A significant gap exists in the awareness and availability of community resources for maternal health. This gap often leaves mothers without the necessary support and information, particularly in underserved areas."

- **Don't understand the process**: Participants discussed the need to demystify the process of accessing resources. "I hear a lot that ***people don't necessarily know how to apply for WIC, how to apply for food stamps, or how to apply for college***. So just having the ability to get somebody to walk you through it, like, hey, this is how you obtain health insurance for your baby after you have him. This is how you do whatever, whatever with your child."-Patient, April 10, 2024a.
- **Hurdles with accessing resources:** Participants often felt they had to prove need through income and were denied as a result. ***"In my community, there's a real lack of resources*** . It feels like you have to prove something to get diapers. A lot of ties, you have to either receive public

assistance, or you have to show your pay stubs, or you need help. And I know for me, even trying to get Medicaid, the little money I didn make, that was way too much to even get that asistance. And if I would have turned to an organization that helped low income moms, they would say it was too much. And I was right in between the making too much and not, you know, making too little to get the help. So usually, I'll show them pay stub, they say 'you're not in need.' Yes, I am! I'm spending a little bit that I do have to survive***. So I know a lot of organizations want you to demonstrate need. So they'll ask you for your W-2, or they'll go by your pay stub, and they kind of go off the government income guidelines. So when you use the government income guidelines on paper, yeah, I make good money, I get it. But you still need support."*** -Participant, April 10, 2024a.

VI. **Need for Telehealth, Midwives/Doulas, and Post-Baby Information:**
Expanding Access to Care and Information: There is a significant need for expanded access to care through telehealth and for the supportive services of midwives or doulas. Additionally, more information about postpartum care and resources is needed to better support mothers after childbirth.

- **For Monitoring**: "Well, I think they could be more…they could practice, you know, active listening and they could also evolve into this digital models such as telehealth, you know, remote patients, monitoring and all the social determiniants of health."-April 17, 2024.

- **Need for Doulas/midwives:** Few women had experiences with doulas, but expressed a profound need and desire for doulas/midwives. They especially mentioned the need for free and low-cost postpartum doula support programs. Those participants who had doulas/midwives enjoyed their experiences, considering them a ***listening ear and an extension of family during the birthing process. "I had a great midwife!"*** -Participant, April 15,2024[a].

The disconnect between available resources and birthing individuals leaves many to miss out on important information and support that is so desperately needed. Enhancing community and social support is essential for improving

maternal health outcomes. By increasing family support, expanding access to baby groups and community resources, raising awareness about available services, and providing more comprehensive post-baby information and care options, we can ensure that mothers receive the holistic support they need during this transformative phase of their lives.

Mental and Emotional Well-being

5. Mental Health and Emotional Well-being

Mental health significantly impacts the pregnancy and postpartum experience, according to participants. Challenges such as anxiety, depression, and stress can affect not only the mother's health but also the overall environment in which the baby will grow and develop. The emotional state of a mother can influence her physical health and her ability to bond with and care for her baby.

I. **Mental Health Influences:** Many participants reported that mental health issues such as postpartum depression, anxiety, and stress significantly impacted their ability to care for themselves and their babies. These conditions can lead to feelings of isolation and inadequacy and can severely disrupt the mother-child bonding process.

- **Postpartum: Feelings of Self-doubt/Regret**. It was more interactions after my pregnancy. I, you know, ***I passed through the postpartum phase and I started thinking, is this really what I wanted for myself? Is this really what I want to do? I started feeling sad.*** I didn't know. Like I was just feeling not good at all."-Participant, April 24, 2024[b]

- **Postpartum:** Sadness Despite Support. ***My healing process took about four to five months. During this period, I had emotional support from family members, friends, and the community. And I just tried to be myself and not regret anything. I did not want to be sad; I just wanted to be happy with my baby and live life." Participant, April 24, 2024[b].***

- **Postpartum:** Disconnecting from others: ***My emotions detached me from a lot of people. Also kind of made me want to be by myself. It kind of feels like it goes back to that you feel alone thing. You feel like you just by yourself through the whole thing. So I was definitely disconnected from people. Because I didn't want nobody to see me cry. Or nobody to see what kind of effects it had on me ith pregnancy.-Participant, April 8, 2024.***

II. **Difficulties in Accessing Mental Health Services and the Need for Supportive Practices in Healthcare:** Accessing mental health services remains a significant hurdle for many mothers, with systemic barriers and a lack of understanding from healthcare providers often compounding the problem. There is a critical need for healthcare systems to integrate more supportive practices to ensure that mothers receive the mental health care they need without stigma or delay.

Barriers to Accessing Mental Health Services: Participants frequently mentioned the difficulty of accessing mental health services due to long wait times, lack of information, and sometimes a lack of empathy from healthcare providers. This makes it challenging for mothers to receive timely and effective care for their mental health needs. Yet, when mothers access mental health suppport, mothers:

- **Feel Better About Birthing Process: When mothers had access to therapists, they felt better about the birthing process**. Others mentioned "looking for a therapist" or "seeking a therapist" and the need for access to telehealth support regarding mental health.

- **Developing Coping Skills: "**I started seeing a therapist who specialized in postpartum depression. You know, she helped me work through my feelings of guilt and shame. ***You know, so I just that I called learning to cope with the depression*. -**Participant, April 24,2024b

When their mental health is left unaddressed, participants mentioned these factors led to many participants into:

- **Isolation and Withdrawal from everyone**. Lacking mental health support often led mothers to withdraw from social interactions and activities they once enjoyed. This isolation could exacerbate feelings of loneliness and depression. "I disconnected from people because I didn't want them to see me cry. Or nobody to see what kind of effects it hand on me with pregnancy."-Participant, April 8, 2024.

- **Riskier Behaviors and Thought Patterns**. In some cases, the absence of support led mothers to engage in riskier behaviors or harmful thought patterns as coping mechanisms. This could include substance abuse, neglect of personal safety, or other detrimental behaviors. ”I had a hard time getting off alcohol and finding medical care. They told me I should avoid alcohol" - Participant, April 22, 2024[b].
- **Self-care and resilience**: **In the face of adversity, participants have found a way to get what they need to survive**. Whether relying on family and extended family networks, engaging in physical and self-care, or connecting across virtual spaces, participants understood they would need to be the ones to save themselves.
- **Affordable Self-care:** Participants mentioned that not having disposable income made it difficult to afford self-care. Yet, participants sought out cost-effective ways to seek care. “I rested a lot. I made time for me to rest because I’m always on the go. That’s really all I could afford to do when I was pregnant: just lay around and get my nails done here and there. But outside of that, I really didn’t have that luxury.” -April 10, 2024[a].
- **Vitamins and other health regimes.** Participants started taking prenatal vitamins, exercising, getting massages, hydration, and maintaining a healthy weight, relaxation techniques, using golic acid, and techniques like yoga and meditation. -April 10, 2024[a].
    - This includes reading articles about personal development, including articles about pregnancy and self-care
- **Additional modes of self-care:** Many participants talked about the importance of making yourself look and feel beautiful, including getting hair done, nails, and eyelashes, dressing up, and going out. Others talked about self-care in terms of spiritual health, such as attending Bible class, praying, and attending church services.

III. Comprehensive Mental Health Care Needs: The discussions highlighted the need for a holistic approach to mental health care in maternal services. This includes not only treatment but also preventive measures and community support groups to help mothers navigate these challenges.

- **Benefits of Therapy**: Mothers needed someone to talk to make them feel that their feelings were valid. “I cried a lot. I don’t feel my emotions very often but at the same time, it was also a heavy burden because I was crying. I don’t wanna say it was detrimental to my mental health but it definitely impacted my mental health.-Participant, April 10, 2024a. Another participant agreed completely with the first participant and said..”I agree. I was coping with and battling mood swings and depression but I had therapy sessions to be able to cope with that.”—Participants, April 10, 2024[a].
- **Mental health was a resounding theme across all focus groups**. Participants discussed the need for more access to resources like trained counselors or mental health professionals on-site to talk to and support a person who is pregnant. Yet, participants offered that mental health is part of the solution, but cannot be the sum of the solution. Rather, mothers need a host of resources to support them. “Looking after my physical, mental, emotional, and social needs really helped me feel more supported and less stressed as I became a new mother.” Participant, April 22,2024[b].

  These quotes highlight the benefits of having someone to address mental health. However, in many instances, participants mentioned their lack of mental health support, causing them to have deeply personal and often distressing experiences. These narratives highlight the significant negative impacts on their emotional well-being, their ability to care for their babies, and their overall quality of life.

MATERNAL HEALTH AND PATIENT ADVOCACY

6. Maternal Advocacy and Patient Autonomy

Participants stated that having an advocate in healthcare settings is essential for helping mothers navigate the often complex and overwhelming environment of medical care. Advocates, whether they are parents, partners, or even friends, play a crucial role in supporting mothers by ensuring their concerns and preferences are heard and respected by healthcare providers.

I. **Role of Advocates in Navigating Healthcare:** The presence of an advocate can significantly influence the quality of care a mother receives. Advocates help by communicating the mother's needs, asking critical questions, and providing emotional support during crucial moments.

- **Self-Advocacy:** A young mother talked about doctors not including her in part of the birth plan and her need to advocate for herself. **"**They wanted me to have a c-section, to begin with, but I advocated for myself, and that didn't happen. So, had I not been who I am, they would have run me over even more, I feel. ***So I do believe it does have something to do with me being young and black****."*-April 10, 2024a
- **Sister as an Advocate**: A woman recounted the story of doctors not telling her the condition of her baby (he was in NICU on oxygen) despite asking them repeatedly. It wasn't until her cousin intervened that the doctor came in to tell her about the condition of the child. The doctor mentioned not wanting to worry the mother as the reson for his day in relaying information. The mother recounted having to physically go and look for her son. "He ended up staying in the hospital three weeks after I left. But the whole time, nobody told me nothng."-April 10, 2024a
- **Mother and Grandmother as An Advocate:** This participant discussed the benefits of having a mother and grandmother serve as an advocate during a health emergency. **"**When I was in labor, I ended up having an emegency C-section. While my daughter heart rate went up and down for five minutes straight. It took my grndmother and my mom to say something for them to actually come and check me out. But I definitely feel like they overlook us when we say something. But at the end of the day, we're still

women. We’re still trying to bring life into the world. It can kill us.”- Participant, April 8, 2024.

II. **Challenges in Maternal Autonomy:** Participants mentioned that they faced challenges in maintaining autonomy over their birth and healthcare decisions. This lack of control can lead to feelings of helplessness and frustration, and in some cases, can negatively impact the care they receive and their overall satisfaction with the birth experience.

- **Need for Greater Control Over Healthcare Decisions:** Participants often wanted more involvement and control over their birth plans and healthcare decisions. When healthcare providers overlook this need for autonomy, it can diminish the mother's experience and lead to a sense of being marginalized in their own care process.

    - **Marginalized in Birth Plans**: This participant felt sidelined and included in birth plan. I felt like just another patient to the doctors and not a person with my own preferences and decisions. ***I wanted to be involved in every decision about my labor, but I felt sidelined.*** ”- Participant, April 17, 2024b
    - **Dismissed by Medical Staff:** "***When I tried to discuss my birth plan, it felt like it was dismissed by the medical staff***. I needed them to understand that this was my experience and I wanted to be in control." - Participant, April 15, 2024a

III. **Advocacy for Better Maternal Autonomy Practices:** Participants saw the need to enhance maternal autonomy, including training healthcare providers to better respect and facilitate mothers' desires to be active participants in their care and ensuring that systems are in place to support and empower mothers throughout their healthcare journey.

- **True maternal autonomy** involves empowering mothers to make informed decisions about their care, from prenatal planning to choices

during labor and postpartum care. This requires providing comprehensive, understandable information about all available options**.** ***I would say I wish was different was that I had more freedom in planning my birth, like my birth plan. I feel like it was overlooked. But I feel like it shouldn't have been because it is a really special time in your life****."*** Participant, April 8, 2024.

IV. **Improving Practices to Support Maternal Autonomy:** Enhancing maternal autonomy involves training healthcare providers to respect mothers' voices and ensuring that healthcare systems are designed to support mothers in making informed decisions about their care.

- **Importance of Doulas:** Doulas were seen as a welcome addition to the healthcare team, with doulas allowing patients to be heard, seen and involved in their birthing experiences.
- **Challenges of Insurance with autonomy**: Participants mentioned the limitations of mothers and doctors regarding insurance, including doctors you can visit and procedures that one can have. This means mothers are limited in their autonomy over accessing procedures they desire or need. "Some women of color are not enrolled in an insurance plan. So some emergency procedures they can't afford become a problem. If they should be in a situation that requires those procedures. Some health insurance policies don't necessarily cover emergency procedures. And so if you find yourself in one, it may be difficult"-Participant, April 24, 2024[a].
- **Autonomy regarding contraceptive options**: A few patients mentioned their experiences with doctors around contraceptive options, with some saying their providers were helpful and other mentioning their providers offered no support. "My doctor, he was understanding. Like he said, **he gave me a lot of options [about birth control]** and stuff. He was nice to me, telling me telling me the pros and cons of having a baby."-Participant, April 8, 2024. Another participant mentioned that contraceptive options were never mentioned by their provider. "***My doctor never, you know, discussed contraceptives and like birth control.*** I was me to, you know, bring it up when I decided to get on birth control and stuff like that. But other than that, yeah, he didn't discuss it". Participant, April 8, 2024. This

may have been a missed opportunity to provide patients with need or wanted information.

What is of note regarding autonomy over contraceptive options is that autonomy can only be considered autonomy when a person has all options available to them. In the first case, the person had autonomy in making their own decisions about contraceptives because she was fully informed of her options. In the second case, the doctor did not tell her about contraceptives, instead allowing her to make decisions based on limited availability of information. This may have been a missed opportunity to provide patients with need or wanted information.

Conclusion:

The need for advocacy and enhanced patient autonomy in maternal care is clear. By supporting mothers with advocates and respecting their autonomy, healthcare providers can improve maternal experiences and outcomes. Empowering mothers to have a voice and control over their healthcare decisions is not just about improving individual experiences — it's about advancing maternal care for all. This approach ensures that mothers feel supported, respected, and involved, leading to more positive health outcomes and a more satisfying and empowering healthcare experience.

Labor and Delivery

7. Labor and Delivery Practices:

Participants focused on critical issues related to labor and delivery practices, including the prevalence of injuries sustained by mother and child due to the forceful and imprecise handling of mother and child during labor and delivery (also referred to as birthing violence) and the overarching need for respectful, informed care. These points underscore the importance of a proactive, empathetic approach to labor and delivery to prevent unnecessary complications and ensure a positive birth experience.

I. **Birthing Violence and Lack of Explanation for Injuries:** Birthing violence refers to the physical and psychological harm that mothers and babies may endure during the birthing process, often due to aggressive or negligent medical practices. A significant issue is the lack of clear explanations for injuries incurred during birth, which can lead to confusion, fear, and mistrust between the mother and healthcare providers.

- **Impact of Birthing Violence:** Many mothers have experienced or are aware of birthing violence, which can manifest as physical injuries to both mother and baby, or psychological trauma due to harsh or dismissive treatment from healthcare providers. The lack of transparency and adequate explanation for these injuries exacerbates the trauma and can hinder the healing process.
    - **Physical Restrained to keep baby from coming**: A mother recounts the story of her delivery. Because the doctors weren't there, the nurses became afraid and began to attempt to holder her legs closed to prevent the baby from coming**.** ***"They tried to close my legs closed. It was a mess!"*** -April 10, 2024. Despite the mother and child being ready to push, the nurses attempted to physically keep the baby inside of the mother.
    - **Injury to child**: In a previous section a mother talked about her experience with receiving an epidural, which caused her permanent sciatic nerve damage, rendering her unable to walk for two weeks. The same woman mentioned how her child ended up with a distended head without any explanation to

mother of why this happened. “When I was in labor, my baby got stuck in the birth canal and I had to push for so long. ***They started using this suction thing and when my baby actually came out, they ended up doing emergency C-section. But when my baby came out, he had like a real cone head. It was just sticking up. Like the doctor never came in to give me an explanation.*** They were just rubbing it off like oh, it happens all the time. Like, I didn't like that at all. Another lady mentioned, “Like if we get bruises or not, It’ll go straight down. With babies, it stays like that for like two months or so. Yeah, can you know when babies are first born, it takes a while for their immune system to build up.”—Participants April 10, 2024.

- **Overlooking our pain:** Participants experienced healthcare providers who oftentimes disregarded their complaints about pain, failing to provide pain management specifically for black women. ***“Doctors tend to overlook and misdiagnosis us as women of color. Very true. Doctors underestimate our pain.”*** - Participant, April 15, 2024a. Another participant said, ***“When black women say we are in pain, people think its in our minds. Yeah, that the black pain is somehow different.”*** Participant, April 17,2024[a].

- **Emergency C-Sections and Failure to Recognize Distress:** Participants mentioned the high rate of emergency C-sections, pointing to a failure in recognizing and responding to signs of distress in a timely manner. This can lead to rushed decisions for surgical intervention without fully considering less invasive alternatives or thoroughly discussing these decisions with the mother.The urgency and frequency of emergency C-sections raise concerns about the adequacy of monitoring and responsiveness to labor progress. Many mothers feel that their concerns or the signs of distress were overlooked until the situation escalated to the need for an emergency C-section.
    - **Participants mentioned a considerable number of emergency c-sections across all participant groups**, creating a feeling that the emergency c-section was a last-minute decision rather than

a well-thought-out action, with participants thinking doctors failed to monitor their conditions properly.

- **Lack of autonomy and control after emergency c-section**. Participants mentioned that c-sections weren't a long recovery time, especially if it was unplanned. As a result, participants felt they had limited control over their ability to care for themselves and baby. "I gave birth through a CS (cesarean section). So the pain was in so much, like even weeks after I had given birth. I was experiencing pain. And sometimes, I would experience bleeding. So I would always have one or two people around that would take care of me."-April 22, 2024b.

III. Necessity for Comprehensive Birth Plans and Better Communication: Participants mentioned the critical need for comprehensive birth plans that are respected and followed by healthcare providers, coupled with improved communication throughout the labor and delivery process. This approach ensures that mothers feel involved, respected, and informed about their care and the well-being of their babies.

Enhancing the respect for and implementation of birth plans, along with fostering open, continuous communication, can significantly improve maternal and neonatal outcomes. These practices help in making labor and delivery a more inclusive and participatory process, where mothers feel their preferences and needs are prioritized.

Conclusion:

The issues within labor and delivery practices, such as birthing violence, unnecessary emergency C-sections, and poor communication, highlight the need for a more respectful, informed, and patient-centered approach. By addressing these issues, healthcare providers can reduce the incidence of traumatic birth experiences and promote safer, more positive outcomes for mothers and their babies. Empowering mothers with knowledge, respecting their birth plans, and ensuring open communication are essential steps in transforming labor and delivery practices into supportive, effective, and empathetic healthcare experiences.

Technology and Access to Care

8. Technology and Access to Care

This theme explores the transformative role of technology in enhancing access to maternal healthcare, particularly through telehealth and other digital means. Technology offers a pathway to bridge the significant gaps in healthcare accessibility and quality, especially for mothers in underserved and remote areas.

I. **Potential of Telehealth to Provide Additional Support:** Telehealth has emerged as a crucial tool in extending healthcare services to mothers who might otherwise face significant barriers to access. This digital approach can provide comprehensive prenatal, perinatal, and postpartum care, reducing the need for travel and addressing various barriers such as geographic isolation, limited transportation, and lack of local healthcare providers.

- **Enhancing Care through Telehealth:** Participants saw telehealth services allowing for regular monitoring of maternal health, timely interventions, and consistent support for mothers throughout their pregnancy journey. This can include virtual consultations, remote monitoring of vital signs, and online support groups, all of which contribute to a more inclusive and supportive healthcare environment.

    - **The Need for Telehealth**: "I feel like telehealth would be great because a lot of people don't have cars and things of that nature to get to and from doctor's appointments. So if they do have access to the internet, they'll be able to use that to get like certain therapies and help them through certain times. ***Even if they feel like they don't have support, they'll always have that telehealth. They can talk to someone through chat."* -** Participant, April 17, 2024[a]
    - **Telehealth as an Opportunity for Extended Care:** "I think doctors could practice active listening, and they could also be involved in this digital models such as telehealth, you know, remote patients, monitoring and all the social determinants of health."-April 17,2024[b].

Of particular note about telehealth, many patients saw it as an extension of their current doctors visit, being most interested in accessing their doctors/specialists via telehealth, not different doctors over telehealth. While few patients mention accessing telehealth, it appears most participants currently do not have access to telehealth but see it as an emerging opportunity to increase birth equity.

- **Digital Solutions Bridging Gaps in Maternal Healthcare:** Digital solutions extend beyond telehealth, encompassing a range of tools and platforms that can support mothers' health and well-being. Apps, online information portals, and digital tracking tools can empower mothers with knowledge and support, bridging the information gap and fostering a more connected care experience.

- **Innovative Digital Solutions:** Innovative digital solutions, including mobile health apps, online educational resources, and virtual support networks, can provide critical health information and support to mothers. These tools can help mothers track their pregnancy progress, understand potential health issues, and connect with support groups and healthcare professionals easily.

    - **Apps for Tracking Milestones: Participants mentioned the importance of apps for supporting pregnancy goals. "I used an app during my pregnancy as well (to track pregnancy milestones**." - Participant, April 24, 2024[b]
    - **Reliance on Social Media for Support: "Social groups online were helpful.**" - Participant, April 17, 2024[a] and "**We need an online forum where mothers could interact with each other**." -Participant April 22, 2024[a].

    - **Need for Integrating Digital Health into Mainstream Care:** For digital health solutions to be truly effective, they need to be seamlessly integrated into mainstream healthcare provision. This requires healthcare providers to be trained in using these technologies and for health systems to support their widespread adoption to ensure equitable access to all

mothers.

It must be noted here that participants felt comfortable using telehealth as an extension of their in-person visits or with their trusted practitioners. They didn't mention feeling comfortable as a first time visit or "cold" call.

IV. **When Mothers Lack Access To Technology.** When mothers lack access to technology and essential care resources, especially in the context of maternal health, the consequences can be severe and far-reaching. The absence of these supports can lead to a range of negative outcomes that affect not just the physical health of mothers and their babies, but also their mental and emotional well-being.

Recommendations & Next Steps

10. Recommendations For Black Maternal Health in Mississippi

1. Equity and Birth Equity Recommendations

- **Develop and Implement Equity Training:** Ensure all healthcare providers undergo comprehensive training in cultural competence, implicit bias, and anti-racism to improve birth equity. Listen to black women.
- **Policies to Monitor and Address Disparities:** Implement policies that require healthcare facilities to track and report on disparities in maternal health outcomes and use this data to drive quality improvement initiatives.
- **Community Outreach and Education:** Enhance efforts to educate communities about birth equity, including workshops, seminars, and information sessions that empower women with knowledge about their rights and available resources.

2. Healthcare Provider Behavior and Competency Recommendations:

- **Empathy and Communication Training:** Incorporate empathy training into medical education to improve the way healthcare providers communicate with and support their patients.
- **Patient-Centered Care Protocols:** Develop and implement protocols that prioritize patient-centered care, ensuring that patients' voices are heard and their concerns are addressed promptly and respectfully.
- **Feedback Mechanisms:** Establish clear mechanisms for patients to provide feedback on their care experiences without fear of retribution, and use this feedback to make continuous improvements.

3. Systemic and Environmental Challenges Recommendations:

- **Access to Comprehensive Services:** Increase funding and support for programs that provide essential services such as Medicaid, food assistance, and affordable housing to pregnant women.
- **Infrastructure Improvements:** Invest in improving healthcare infrastructure in underserved areas to ensure that all mothers have access to high-quality care.

- **Support for Maternity Lea**ve: Advocate for and support legislation that guarantees paid maternity leave for all women, protecting them from job loss due to pregnancy

- **Support and advocate** for equitable wages and equitable support serves to support families.

4. **Community and Social Support Recommendations:**

- **Expand Community Programs:** Fund and expand community-based programs like baby groups, parenting workshops, and mentorship programs for new mothers.
- **Collaborate with Community Organizations:** Foster partnerships between healthcare providers and community organizations to provide holistic support to mothers.
- **Family Involvement:** Encourage and facilitate family involvement in maternal care, recognizing the vital support they provide.

5. Mental Health and Emotional Well-being Recommendations:

- **Mental Health Screening and Support:** Implement routine screening for mental health issues during and after pregnancy and ensure that effective, compassionate treatment is available.
- **Training in Mental Health Care:** Train healthcare providers in identifying and treating perinatal mood disorders, including postpartum depression.
- **Access to Mental Health Resources:** Increase accessibility to mental health services through telehealth and community-based support groups.

6. Maternal Advocacy and Patient Autonomy Recommendations:

- Advocate Training Programs: Develop programs to train patient advocates who can assist mothers in navigating the healthcare system and advocating for their needs.

- Empower Mothers: Develop resources and tools to empower mothers to advocate for themselves, including information on their healthcare rights and how to seek help when needed.
- Supportive Policies: Create hospital and clinic policies that support shared decision-making, ensuring that mothers have a say in their care and treatment plans.

7. Labor and Delivery Practices Recommendations:

- **Standardize Care Protocols: S**tandardize protocols for labor and delivery that emphasize safety, patient preference, and non-interventionist approaches unless medically necessary.
- **Emergency Preparedness:** Train all maternity staff in recognizing and responding promptly to labor and delivery emergencies to minimize the need for emergency interventions like C-sections.
- **Post-Birth Communication:** Ensure transparent and immediate communication with the mother about any issues or complications that arise during birth, respecting her right to know and understand her and her baby's health status.

8. Technology and Access to Care Recommendations:

- **Expand Telehealth Services**: Broaden the use of telehealth to provide comprehensive prenatal and postnatal care, especially in rural or underserved areas.
- **Digital Resource Platforms:** Develop and promote digital platforms where mothers can access information, support, and resources at any time.
- **Innovative Technology Solutions:** Encourage the development of mobile apps and other technologies that provide mothers with tools to monitor their health, access medical support, and connect with community resources.

Appendix A: Table 1: Focus Group Data

Date of Focus Groups	Total Participants	Public Health Districts (PHD) and number of participants from districts per session
April 3, 2024 (1 session)	2 participants	PHD 5-2 participants
April 8, 2024 (1 session)	10 participants	PHD 4-1 participants PHD 5-8 participants PHD 7-1 participants
April 10, 2024 (2 sessions)	17 participants	PHD 1-4 participants PHD 5-7 participants PHD 6-1 participants PHD 7-4 participants PHD 9-1 participants
April 15,2024 (2 sessions)	23 participants	PHD 1-3 participants PHD 2-3 participants PHD 3-1 participants PHD 5-6 participants PHD 6-1 participants PHD 7-6 participants PHD 9-3 participants
April 17, 2024 (2 sessions)	20 participants	PHD 1-5 participants PHD 2-2 participants PHD 3-3 participants PHD 5-7 participants PHD 7-2 participants PHD 9-1 participants
April 22, 2025 (2 sessions)	13 participants	PHD 1-1 participants PHD 2-2 participants PHD 3-7 participants

		PHD 6-1 participants PHD 9-2 participants
April 24, 2024 (2 sessions)	22 participants	PHD 1-1 participants PHD 2-1 participants PHD 3-2 participants PHD 4-1 participants PHD 5-11 participants PHD 8-1 participants PHD 9-5 participants

Appendix B: Percentage of Participants, By Public Health Region

Public Health Region	Percentage of Participants from Region
1	13%
2	7.4%
3	12.1%
4	3.7%
5	38.3%
6	2.8%
7	12.1%
8	0.93%
9	8.4%

Appendix C: Map of Public Health Regions in Mississippi