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RESEARCH ARTICLE

It’s the Small Things: An Intersectional Approach to African American Women on Medicaid Receiving Prenatal Care

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ABSTRACT

Background: When examining prenatal care utilization rates, African American women were more likely to receive inadequate prenatal care. Yet, research about African American women’s prenatal care experiences fails to account for how their experiences may vary by socioeconomic status and insurance type. Therefore, the purpose of this study was to provide African American women on Medicaid with the opportunity to speak to what they found to be meaningful during their interactions with their prenatal care provider using an intersectionality framework.

Methods: Individual interviews were conducted with pregnant African American women (n = 20) receiving Medicaid who were in their second or third trimester of pregnancy. Participants aged 18 to 45 years were recruited from various health care systems located in Ohio. Researchers applied a thematic analysis approach during data collection and data analysis.

Results: Two overarching themes emerged about what these African American women considered meaningful when they talked to their prenatal care provider during pregnancy: (1) conversations around my prenatal care and (2) equipping me with knowledge.

Conclusion: The results obtained through the application of intersectionality theory allow researchers the opportunity to create effective solutions, interventions, and policies that can be implemented to improve infant health outcomes and reduce the risk of infant mortality among pregnant African American women receiving Medicaid. Implications also suggested that public health practitioners in Ohio should increase their awareness of what is important to this population to build patient's trust in provider recommendations and patient’s confidence in shared decision-making.

Keywords: African American; Medicaid; Prenatal care; Qualitative

INTRODUCTION

The interaction between prenatal care providers and their patients offers a unique opportunity for dialogue with expectant mothers about their prenatal care. Access to early and quality prenatal care remains a challenge for African American women.[1,2] As of 2019, African American women were 2.1 times more likely than White women to receive delayed or no prenatal care,[3] exposing them to a greater risk for infant morbidities and infant mortality.[1] Specifically, prenatal care reduces preterm birth and infant mortality rates, allows prenatal care providers to detect potential fetal abnormalities, and decreases stillbirth risks.[4,5] Expectant mothers who receive prenatal care tend to record better delivery outcomes because of the opportunity to engage in frequent monitoring.[6]

Racial and economic disparities persist in prenatal care access and utilization rates in the United States.[2,4,7] Along these lines, African American women, low-income women regardless of racial background, and specifically those receiving Medicaid are less likely to receive prenatal care during their pregnancy, especially during their first trimester.[8] Research suggests that income is a vital determinant in access to prenatal care.[4] Low-income women are less likely to receive timely and adequate prenatal care and are more likely to experience adverse pregnancy outcomes and inequities in receiving care.[9] Research also suggests that access to prenatal care is often impacted by type of insurance coverage, specifically Medicaid.[10] Navigating the Medicaid enrollment process, adhering to the rigid Medicaid eligibility requirements, and understanding eligibility criteria often hinder low-income women from receiving prenatal care.[10,11]

What's at Stake? Patient-Provider Communication Among Diverse Populations

Results of 1 study revealed that prenatal care providers were less likely to discuss recommended preventive services among low-income African American women with Medicaid compared to women who were privately insured.[12,13] African American prenatal women prefer prenatal care providers to know them as individuals opposed to being treated differently based on biases for being insured by Medicaid.[14] To summarize the literature mentioned above, stigma, implicit bias practices, and inadequate information provided to pregnant low-income African American women receiving Medicaid strongly suggests a continued need to improve prenatal care for this population.

When examining patient-provider communication, evidence indicates that patient-provider communication and health care utilization significantly predict whether pregnant women receive prenatal care.[15] Therefore, the aim of this study was to conduct semi-structured interviews to explore what African American women on Medicaid found to be meaningful during their interactions with their prenatal care provider.

Theory: Intersectionality

The term 'intersectionality' was coined by Kimberle Crenshaw to present how compounded oppression intersects demographic categories such as gender, race, and class.[16] Intersectionality assumes an individual is shaped by their compounding experiences; these experiences are affected by their multiple social identities and the interaction and interconnection between their identities.[17,18] Employing intersectionality theory enables researchers to conceptualize social inequalities and disparities in health care within a structural context and provides further directions in policy and intervention development to remedy health disparities.[19] Moreover, applying an intersectional lens in qualitative research allows researchers to clarify and analyze the complex and compound marginalized experiences within the intersectional oppression context, fully present experiences, and generate new knowledge.[20]

METHODS

Research Design

The study used a qualitative methodological approach which involved conducting semi-structured interviews with African American women born in the United States. The semi-structured approach allows researchers to ask follow-up questions and gather more detailed and descriptive data.[21] Before the interviews, the researchers prepared a script, but they also deviated from it when necessary to gain more insightful information regarding the selected topic.[22] Our data analysis approach was guided by thematic analysis. Thematic analysis, which involves identifying and interpreting underlying meanings within the data unit, was used for coding, analyzing, and presenting themes within data.[23]

Participants

Twenty low-income African American women (aged 18-45 years) receiving Medicaid in their second or third trimester of pregnancy were recruited. All participants resided in Ohio. Recruitment sites included various clinics and health care systems located in Ohio. Recruitment strategies included flyers posted at the various recruitment sites and referrals made by staff. Researchers decided to select women in their second or third trimester of pregnancy due to recommendations on routine prenatal care visits. For a normal pregnancy, it is suggested that pregnant women in weeks 4 to 28 have 1 prenatal visit a month, 2 visits a month in weeks 28 through 36, and weekly visits in weeks 36 to birth.[24] Low-income women receiving Medicaid were selected due to previously reported findings that low-income Medicaid recipients may be at greater risk from inadequate utilization of prenatal care.[25]

Procedure

Institutional review board approval was obtained from the first author's institution. Site approval was received prior to recruiting participants. Pregnant women interested in participating in the study completed an eligibility screening. Once eligibility to participate was determined, interviews were scheduled and conducted either face-to-face or by phone based on the participant's preference.

The first author conducted all interviews. Prior to the interviews, women were provided a copy of the informed consent and demographic questionnaire. All participants were given the opportunity to ask questions about study procedures, were reminded that interviews would be audio-recorded for later transcription, and were told that their answers would not be shared with their provider or affect their current or future care. Interviews lasted on average 20 to 30 minutes. At the end of the interviews, the participants were thanked for their time and given a pack of diapers. Each interview recording was assigned a number to protect participants' confidentiality.

Measures

A demographic questionnaire was used to assess age, educational attainment, household income, type of prenatal health care provider, length of prenatal health care provider relationship, gender of prenatal health care provider, type of prenatal health care facility, type of insurance, trimester status, and current relationship status.

A semi-structured interview guide derived through a literature review regarding prenatal care and patient-provider communication was used to guide the interview process. The interview guide is included in the Appendix. As deemed by the literature, the guide covered prenatal care decision-making.

Data Analysis

The first and second authors, both of whom are African American women, conducted data analysis for this study. The third author who is also an African American woman and the fourth author, who is Asian American, reviewed data for consistency. We remained mindful of our positionality. We know that our lived experiences as African American and Asian American women shape our understanding of the data. Combined, the first and second authors have over 15 years of first-hand experience collecting and analyzing data.

All interviews were transcribed via Nuance Dragon 15 Software[26] and checked by the first author for validity. In doing so, a multistep process was used to guide us through identifying recurring patterns, later classified into themes.[23,27] In the first step, we took the time to become familiar with the data. Each author separately read the interviews at least 2 times prior to beginning the coding process. The second step involved generating codes from the transcripts. To do so, the first and the second authors independently conducted line-by-line coding of each transcript and developed codebooks. In the third step, we categorized similar codes into broader themes. Subsequently, the authors discussed each code to reach a consensus. Independent coding enhanced the validity of findings by reducing the bias of individual coders and ensuring the consistency of thought.[28] Data were then compared and categorized to create a master codebook that represented all interview data. Next, in step 4, the first and second authors met to review and discuss the themes. Overall, we went through approximately 3 rounds of coding before reaching a consensus, an empirically validated approach.[29] As a team, we reached a consensus for all data before completing this step. In step 5, we defined each theme and extracted sample quotations to exemplify each of the themes[30,31] in preparation to report the findings.

To ensure data saturation, the first author was mindful to ask interview questions in the same way with each participant, during data collection.[32] Second, research suggests that there is a direct link between data triangulation and data saturation.[33] Therefore, we utilized investigator triangulation by developing a codebook and acquiring consensus at each stage through the thematic analysis coding process.[32]

RESULTS

Sample Characteristics

Participant demographics are shown in Table 1.

Thematic Analysis Findings

Findings demonstrated what pregnant African American women on Medicaid found to be meaningful during their interactions with their prenatal care provider. The utilization of the term "meaningful" is crucial as it empowers women to take into account and implement additional health care practices that are nonstandard, which has the potential to impact their own and their baby's health, and improve infant health outcomes.

Findings are based on 2 overarching themes: (1) conversations around my prenatal care and (2) equipping me with knowledge. The results reported are organized by themes and include supporting quotes, definitions for each, and the frequencies for each theme (Table 2).

Theme 1: Conversations around my prenatal care

Ninety percent of participants found “conversations around my prenatal care” to be meaningful during their interactions with their prenatal care providers. Interview data coded in this category indicated words or phrases that highlighted meaningful discussions and conversations such as listening, explaining, and providing information with prenatal care providers.

The quotes from the participants in this study demonstrated that they received respectful and meaningful care, via communication, from their providers. For instance, 1 participant took gummy vitamins due to her provider informing her of that option. Another participant felt that communication from her provider helped her to decide what she needed to “keep them and their baby safe.”

A 29-year-old participant explained, “They usually just basically discuss it with you while you are there at your appointment with them.”

Some participants noted that based on the conversations about their prenatal care, they would decide what was needed throughout their pregnancy to keep them and their baby safe.

A 39-year-old participant mentioned, “Well basically it has just been she will tell me protocol. I will tell her my preference, and then we will discuss those, and basically it boils down to what is really needed.”

Similarly, a 25-year-old participant said, “I pretty much try to listen to the medical side of it. What are the risks? What are my risks? What am I looking at?”

Table 1. Demographic Characteristics of Participants (n = 20)

Characteristics	%	*n*
Hispanic origin (Ethnicity)		
No	100.0%	20
Race		
African American	100.0%	20
Level of education		
Some high school	10.0%	2
High school/general equivalency diploma	50.0%	10
Some college	40.0%	8
Annual household income		
Less than $10 000	70.0%	14
$10 000 to less than $15 000	5.0%	1
$15 000 to less than $20 000	15.0%	3
$20 000 to less than $25 000	0%	0
$25 000 to less than $35 000	0%	0
$35 000 to less than $50 000	5.0%	1
Length of primary prenatal health care provider relationship		
Less than 2 months	25.0%	5
2-4 months	15.0%	3
5-7 months	30.0%	6
8-10 months	20.0%	4
Was already provider	10.0%	2
Type of primary prenatal health care provider		
Medical doctor	30.0%	6
Physician assistant	5.0%	1
Midwife	60.0%	12
Multiple providers	5.0%	1
Gender of primary prenatal health care provider		
Male	10.0%	2
Female	90.0%	18
Location of care received		
Hospital	10.0%	2
Clinic	80.0%	16
Neighborhood clinic	5.0%	1
Other	5.0%	1
Type of insurance		
Medicaid/Medicare	100.0%	20
Trimester status		
Second	35.0%	7
Third	65.0%	13
Relationship status		
Single	90.0%	18
Married	10.0%	2

Table 2. Definitions and Examples of Themes (n = 20)

Theme	Definition	Example quote	Frequency of theme n (%)
Conversations around my prenatal care	Words or phrases that highlighted discussions and conversations such as listening, explaining, and providing information with prenatal care providers surrounding prenatal care decision-making.	"Really just discussing at and weighing the options about what is best and what is not about it and if it you know if it is good right off the bat which they usually do you go with that decision." [20-year-old participant]	18 (90.0%)
Equipping me with knowledge	Words or phrases that speak to about any written or web-based resources (such as handouts, papers, booklets, pamphlets) received from their prenatal care provider during their visit.	"I have pamphlets on breastfeeding I have pamphlets on the epidural, on medications, on mental health medications while pregnant, you know there is like getting the flu shot while pregnant, getting the shots they give you while you are pregnant, information about those." [20-year-old participant]	9 (45.0%)

Participants also mentioned that their prenatal care provider provided alternative options during conversations that would assist in their prenatal care.

A 20-year-old participant stated, "I can't take the prenatal pills so we have discussed the gummies and she has supported me on that because I really can't swallow pills. Especially those big, long nasty pills [prenatal pills]. We discussed the gummies and she told me that I could take them in and that's how I have been taking them."

Theme 2: Equipping me with knowledge

Forty five percent of participants found "equipping me with knowledge" meaningful during their interactions with their prenatal care provider. Interview data coded in this category indicated words or phrases that speak to any written or web-based resources (such as handouts, papers, booklets, pamphlets) that were received that equipped the women with knowledge. Several participants noted the importance of how supplemental resources equipped them with knowledge regarding their pregnancy and prenatal care. Additionally, the participants spoke about the types of supplemental resources they received from their prenatal care provider.

A 21-year-old participant noted, "She gave me a packet of stuff and then she had me sign something for information as far as help with anything, but so far she gave me a pamphlet and stuff to look through as far as breastfeeding and stuff."

Likewise, a 25-year-old participant mentioned, "She gave me, like, little pamphlets on stuff."

A 23-year-old participant said, "I have pamphlets on breastfeeding, I have pamphlets on the epidural, on medications, on mental health medications while pregnant, and the flu shot while pregnant."

Participants also noted the importance of being able to go back and review the information provided due to the abundance of information relayed during prenatal visits.

A 29-year-old participant stated, "Of course I don't want to be weighed down with papers about this stuff but I think it's good that I can refer back to it if I needed', they give you a lot of information, statistics, and options."

DISCUSSION

This study provides additional insight into providing low-income African American women on Medicaid with the opportunity to speak to what they found to be meaningful during their interactions with their prenatal care provider. Our findings provide a unique perspective of an understudied group of pregnant African American women receiving Medicaid. This is important because it allows health care systems and prenatal care providers to gain a better understanding of what this understudied group found to be meaningful in order to create programs and initiatives that can help reduce the risk of preterm birth and improve infant health outcomes.

The current study participants were exclusively drawn from the state of Ohio. Our study findings assume relevance to public health professionals, especially those working in areas with a large population of African Americans. In this study, we found the most salient theme rests on the importance of participants' conversations around their prenatal care. According to participants from this study, this was found to be the most meaningful experience during their interactions with their prenatal care provider. These findings align with previous work indicating that quality and respectful care from providers were factors impacting reproductive health for women of color.[34] Our findings also align with studies indicating that conversations with prenatal care providers may improve prenatal care by increasing the patient's knowledge and understanding of available options based on their prenatal care needs.[35] Therefore, prenatal care providers should be cognizant of the important role they play when assisting pregnant women with their prenatal care. Nevertheless, health care and government systems need to continue to work together to find solutions to provide equitable prenatal care for pregnant low-income African American women receiving Medicaid.

Lastly, participants considered equipping them with the knowledge to be meaningful during interactions with their prenatal care providers. Equipping patients with knowledge included any written or web-based resources (such as handouts, papers, booklets, and/or pamphlets) received from their prenatal care provider during their visit. Educational material can include additional resources for added support that may benefit themselves and their baby.[36] Further, resources may include in-depth information about specific genetic conditions and provide the most current testing and screening options.[37] Health care institutions should ensure that patients are equipped with knowledge that addresses the needs of their patients. Information from supplemental resources, together with patient-provider communication, may assist patients regarding their prenatal care.[23]

Our findings support previous research that suggests that patients who receive health care resources tend to speak more positively about their experience.[38] Along these lines, research suggested that providing resources to patients is crucial because it is an opportunity to discuss options with the provider, arrive at decisions based on the suitability of circumstances, and weigh the pros and cons of treatment approaches.[39] Therefore, it is recommended that prenatal care providers not only promote and provide supplemental resources to aid pregnant African American women receiving Medicaid but also review and highlight information that is relevant to the specific needs of each patient.

A unique contribution of this study is that we employed a thematic analysis approach to investigate the experiences of an especially medically underserved group of pregnant women: African American women receiving Medicaid.[40] This study is an important step toward helping researchers better understand ways to improve patient-provider communication with medically underserved populations.

This study also expands our theoretical understanding of intersectionality by applying the tenets to the lives of pregnant African American women on Medicaid. Through the use of intersectionality, we provide African American women on Medicaid with the opportunity to speak to what they found to be meaningful during their interactions with their prenatal care provider and help promote social equality, address health and social inequality issues, and inform actions.[20]

Limitations

First, while our use of in-depth interviews provided an intimate look at what pregnant low-income African American women receiving Medicaid found to be meaningful during their interactions with their prenatal care provider, we acknowledge that our study results may not be generalizable to all African American women who are pregnant, low-income, and/or receiving Medicaid. Many participants responded to the interview questions with short answers and did not elaborate, limiting the richness of the data. There was no long-term follow-up to report if patient-provider communication and/or increased knowledge contributed to positive health outcomes.

PUBLIC HEALTH IMPLICATIONS

The study's findings have several implications for research and clinical practice. This study highlights culturally specific knowledge of prenatal care practices among underserved women, particularly pregnant African Americans receiving Medicaid. These results highlight the need for prenatal care providers to continue working on culturally specific ways to develop rapport, build trust, and increase cultural knowledge of medically underserved communities. This study could enhance the practice of public health practitioners in Ohio by increasing their awareness of what is important to this population. Being attentive to what patients see as important could not only build trust in provider recommendations but also build patient's confidence in their decision-making during their pregnancy.

In many situations, providers have limited time with patients. If that is the case, then perhaps reviewing standard prenatal visit protocols to determine if it would be fruitful to alter how one follows up with patients, such as putting an emphasis on education and listening and responding to what is meaningful to the patient. This is a tough situation when pressed for time and may need to go to health care administrators to work toward policy change for sustainable impact, such as increasing the amount of time providers spend with patients per visit. Furthermore, this study highlighted the need for researchers who specialize in perinatal health care disparities and public health practitioners in Ohio to collaborate in order to deepen this area of research and to track and improve longer-term pregnancy health outcomes. In the future, researchers should focus on continuing to disaggregate African American women's experiences to capture diverse perspectives within prenatal care. Future policies and prevention programs should assist pregnant low-income African Americans receiving Medicaid.

Author Contribution

The role of the first author (Dr. Na'Tasha Evans) in this study was to form the research questions and hypotheses, collect data, write the manuscript, and organize the literature. The role of the second author (Dr. Kamesha Spates) was to ensure data quality, analyze data, and write and edit the manuscript. The role of the third author (Dr. Danette Conklin) was to review data analysis, write, and edit the manuscript. The role of the fourth author (Yu-Lin Hsu) was to write and edit the manuscript.

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APPENDIX

Semi-Structured Interview Guide

Opening Statement: Thank you for taking the time to talk with me. My name is Na'Tasha Evans and I am interested in talking to you about your experiences with pregnancy and health care in order to improve the health care experiences of pregnant women. The information that you provide is very valuable and will help me make important recommendations that will improve health care for pregnant women. The interview will take about 20 to 30 minutes but feel free to let me know if you need a break at any time. Everything you say will stay private. I won't keep any information linking you to the things you tell me. I am going to record the interview so I can make notes later. The notes won't have your name on them so nobody will be able to match you to your responses. After I make my notes, I will delete all the recordings. Do you have any questions about the recordings? Is it ok for me to record you? If you want to stop the interview at any time, you can. Your participation in this study won't affect the services that you get. At the end of the interview, you will receive a pack of free diapers for your time. Do you have any questions before we start?

1. I am going to ask you a little bit about certain things that usually happen during your visits. I am interested to hear about how you and your primary prenatal health care provider talk to each other about your health care options. When I say health care options, I mean discussing services and options available such as pregnancy classes, delivery-related choices, lab work, etc.
    a. So, first, I want you to tell me about what health care options your primary prenatal health care provider talked about with you.
2. Tell me about the things that were most important to you when you were weighing your options?
    a. Was there anything specific that was most important?
3. Now, I am interested to hear about how you and your primary prenatal health care provider make decisions about your care. When I say making decisions, I mean providing you with information and support to help you make choices about your health care. Okay, I want you to tell me about how you make decisions about your prenatal health care.
    a. Tell me about the information that your primary prenatal health care provider gave you that helped you make your decisions?
    b. What kinds of things were most important to you?