Amplifying Every Voice

Qualitative Data Analysis

every baby guilford

six dimensions

Six Dimensions: Who We Are

six dimensions

Six Dimensions is a woman-owned, minority-owned public health research, development and practice company focused on supporting better health outcomes for all people and communities by creating strategies that address systemic inequities. We are committed to health equity and social justice as we work to improve maternal health outcomes.
Six Dimensions utilizes an ecological approach to developing solutions and strategies to improve the health of communities. We are invested in conducting and ensuring equitable community-based research, grounding our practices in evidence, and advocating for equitable policies that will yield systemic change.

Selection of Data Analysis Team

To support this qualitative data analysis project and produce quality results within the projected time frame, Six Dimensions hired five data analysts to support the transcription, coding, and preliminary analysis portions of this project.
There were sixty (60) applicants. Six Dimensions staff reviewed resumes and corresponding information to determine which applicants progressed to the interview process. Twelve (12) applicants were selected for the interview process. Of the twelve (12) interviewed, 5 were selected. Six Dimensions staff aimed to select participants with the following knowledge and expertise:

- Qualitative data analysis skills with a variety of software expertise
- Passion for and proven work in maternal health
- Understanding of and respect for culture
- The ability to apply an equity lens to this work
- Proven ability to produce quality products in a short timeframe

Overview of Methodology

There were twenty-six (26) interviews eligible to be transcribed and analyzed. Twenty-five (25) interviews were conducted in English, and one was conducted in Spanish. Audio-only files from each interview were provided by the Every Baby Guilford team in a shared drive with files deidentified. Each data analyst was randomly assigned five to six interviews. Six Dimensions staff transcribed audio files utilizing the NVivo Transcription Software.

Due to the proposed project timeline and structured style of interviews, framework analysis was selected as the primary qualitative data analysis tool by Six Dimensions. The nature of results also supports producing tailored recommendations for program design, which helps to fulfill the goals of Every Baby Guilford to 1) Increase the number of pregnant persons receiving prenatal care before the second trimester; 2) Increase healthy births by reducing the number of preterm births and low birthweight infants; and 3) Increase the number of Guilford babies who make it to their first birthday by reducing infant mortality.

Methodology Continued

The framework analysis process followed six stages outlined below:

1. Developing Working Codebook and Analytical Framework
2. Transcription
3. Familiarization with Data
4. Coding
5. Applying the Analytical Framework and Charting Data
6. Interpreting Data

Overview of Tools

Codebook

- Codes were established prior to familiarization with the data, based on AEV objectives and interview guides provided
- Codes were based on:
  - Reproductive timeline from preconception care through postpartum care
  - Corresponding care experience
- Data analyst team augmented the codebook as needed to avoid gaps or heavy use of “other” or non coded sections of transcripts

Framework Analysis

- Framework analysis template was developed in advance of close reading and transcription based on interview guides and objectives of AEV
- The following topics were chosen based on the interview guides provided:
  - Preconception experience, prenatal experience, birth experience, postpartum experience, and experience with medical providers
- For the topics preconception, prenatal, birth, and postpartum experience the same subtopics were identified and analyzed:
  - Social support (partner, family, friends, etc.), community support and resources, social support (partner, family, friends, etc.), community support and resources
- For the topic experience with providers, the following subtopics were analyzed:
  - Barriers to care (seeking, reaching, and/or receiving care), impact of race, expectations of care (desires), and unmet needs (dissatisfaction)

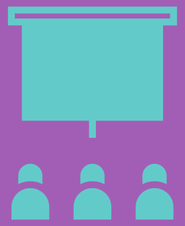
Codebook

Code Name	Description	Code Abbreviation
Preconception	Reference to interviewee's experience within health systems prior to conception.	PC
Prenatal	Reference to the interviewee's healthcare journey from conception to birth.	P
Birth	Reference to interviewee's personal birth story.	B
Postpartum	Reference to the period post-birth through the 1st year of life of a birth parent's offspring.	PP
Provider(s)	Reference to healthcare providers (i.e., OBGYNS, Midwives, Doulas, etc.). This can be in a positive or negative regard.	PR
Race	Description of interviewees' own race/ethnicity and how they felt this hindered or empowered their care. For example, it can include having a same-race provider (i.e. Black midwife or doula) improved or supported their birthing experience. It also can describe how quality of care changed or was deteriorated due to perceptions about their race.	R
Barriers to Care	Challenges or obstacles that prevented the interviewee from seeking, reaching, receiving, or receiving healthcare from preconception through postpartum period.	BC
Barriers to Care Subcode: *Seeking*		BCS
Barriers to Care Subcode: *Reaching*		BCR
Barriers to Care Subcode: *Receiving*		BCRE
Expectations	Expression of how an interviewee perceived or thought healthcare should have been provided. Experience can either meet their expectations (positive or ideal outcome(s)) or not meet their expectations (negative or less ideal outcome(s)). This can be in reference to preconception, prenatal, birth, and/or postpartum periods.	EX
Social Support	Family, friends, community, or other social networks that are referenced by interviewee, as positive beings in their life. It can be an individual, group of people, or organization that fulfills a social support role.	SS
Unmet Needs	Expression of gaps in healthcare, physical or mental health needs that were left unfulfilled, or other shared details where interviewee felt they were unsupported.	UN
Unmet Needs Subcode: *Physical Needs*		UNP
Unmet Needs Subcode: *Mental Health Needs*		UNM
Individual Advocacy	Efforts led by an individual (interviewee) to find/ask for/fight for support for their physical or mental health needs.	IA
Diagnosis	Reference to diagnosis (whether it be objective or subjective) from a healthcare provider to patient (the interviewee)	D
Treatment	Reference to prescribed or recommended treatment from a healthcare provider to patient (the interviewee).	T

Framework Analysis

- As outlined in the methodology, the framework analysis template was developed in advance of close reading and transcription based on interview guides and objectives of Amplifying Every Voice.
- Based on questions outlined in the interview guide, the following topics were chosen based on the interview guides provided, preconception experience, prenatal experience, birth experience, postpartum experience, and experience with medical providers
- For preconception, prenatal, birth, and postpartum experience, the same subtopics were identified and analyzed.
    - These included social support (partner, family, friends, etc.), community support and resources, barriers to care (seeking, reaching, and/or receiving care), impact of race or structures of racism, expectations of care (or desires of the interviewee), and unmet needs (areas of dissatisfaction with care).
- For the topic of experience with providers, subtopics selected included barriers to care (seeking, reaching, and/or receiving care), impact of race, expectations of care (desires), and unmet needs (dissatisfaction).

Participant Overview



- There were twenty (26) interviews that were eligible for analysis.
- There were three (3) interviews with demographic information not provided on the interview guide; therefore, this demographic overview is reflective of 23 of the 26 participants.
- Most participants identified as Black (65.1%, n=15), while 13.04% (n=3) identified as White, and 26.11% (n=6) identified as Hispanic.
- It is worth noting that there were some discrepancies in certain demographic data.
- Specifically, for the questions about race and ethnicity, three (3) participants indicated that they were Hispanic and either Black, White, or both Black and White.
- This could be attributed to a variety of factors.
- Participants were asked the birthdate of their youngest child; this is the pregnancy experience they were speaking to in the interview.
- The ages of children ranged from two months to 3 years old.
- The majority of participants had some insurance (91.3%, n=21). Only two (2) participants noted that they had no insurance. Additionally, over half (52.17%, n=12) stated that they had private insurance, while 34.78% (n=8) had Medicaid.

Participant Overview
continued

- Many participants had some form of advanced education beyond high school. S
- specifically, 39.1% (n=9) had either an associate, bachelor's, or master's degree, while 17.4% (n=4) had some college credit but no degree.
- Additionally, 47.8% (n=11) of participants indicated that they worked full-time during their pregnancy, while 13.04% (n=3) worked part-time and 26.11% (n=6) did not work at all.
- Most participants indicated that they were either married (34.8%, n= 8) or single and never been married (39.14%, n=9).
- All participants delivered their babies in the hospital setting at one of the hospitals in Guilford County.
- Significantly, participants also had access to and use of additional providers such as midwives and doulas with 52.17% (n=12) of participants using either a midwife or doulas as a part of their care team.

Table 1.
Type of Provider

Type of Provider	N	Percent
OB/GYN only	7	30.43%
Midwife only	1	4.35%
Primary Care Provider only	1	4.35%
OB/GYN and Doula	4	17.39%
OB/GYN and Midwife	4	17.39%
OB/GYN and Primary Care Provider	3	13.04%
OB/GYN, Midwife, Doula	2	8.70%
OB/GYN, Midwife, Primary Care Provider, Doula	1	4.35%

Key Themes

Reproductive Cycle: Preconception Care

- Least utilized code overall
- Most participants did not discuss preconception care
- Main theme that emerged was lack of primary health care or no health care before initiating prenatal care
- Few interviewees discussed family planning processes or needs for fertility treatment

Key Quotes- Preconception Care

" I hadn't seen one (primary care) in over, probably five, six, seven years before the baby "

Reproductive Cycle: Prenatal Care

- Importance of social support
- Barriers to care, especially when seeking and reaching care.
- Several financial barriers, out of pocket costs, and challenges with insurance
- Self-advocacy was critical at the start of the maternal health care process to ensure patients had a good provider and sought additional resources; i.e. a same race provider, doula, midwife, etc.

Key Quotes: Prenatal Care Experience

Key Theme	Quote
Barriers to care (seeking care/financial)	“And I asked them, what am I supposed to do? They said, we don't know. Either get them to change your Medicaid or they really didn’t have an option for me”
Barriers to care (seeking care/financial)	“He was a surprise. And so, like during that time, you know, it was just a lot like financially, we wasn’t like in a good place in. But I still want, you know, definitely go forth with the pregnancy.”
Barriers to care (reaching care)	“sometimes the clinic doesn't take that into consideration that, you know , one cannot always request time off and that transportation isn't always available to everyone to go to every single appointment
Importance of social support	“the healthy beginnings I had in a doula...they give you a lot of a lot of [D(K1] great strategies , you know”

Reproductive Cycle: Birth Experience

- Several challenges with unmet needs and expectations for birth experience not being fulfilled
- This coincided with themes of implicit bias and medical racism causing patients to feel silenced and having their pain dismissed
- There were also several interviewees who noted positive experiences. Most of these interviewees were White and/or had a doula/midwife as an additional layer of social support
- Impact of COVID-19 on birth was discussed by a subset of interviewees.

Key Quotes: Birth Experience

Key Theme	Quote
Importance of social support	“Okay. Well, while I was giving birth, my mom, my doula and my baby father were all in the room. They kept me very calm, for the most, for the whole thing. They made sure like I did my breathing exercises, they let me walk around and things like that.”
Explaining the impact of COVID-19	“when I got ready to have my daughter , like my husband , was not allowed in the appointments anymore, so I would have to go by myself. And then there was also talk of possibly him not being able to be at the hospital with me”

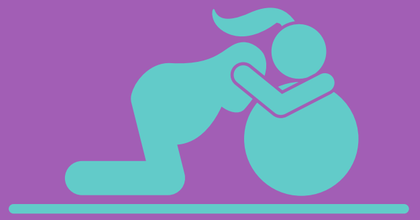
Key Quotes: Birth Experience Continued

Impact of race on expectations	“I was in the argument with one of the nurse practitioners . She had made a threat , saying , well , if you continue being argumentative, you're not going to end up, you're not going to have the water birth you want. We'll just sit here and deliver your baby how we want”
	“as a Black woman, you don't want to seem like you're overly pressed for medication, you know … and she was like, well, you didn't, the number you gave me is not high enough, like she was not trying to give me any medicine afterwards.”
Expectations of care and unmet mental/physical health needs	"I'm not sure if I want another child at this moment and maybe in the near future. I'm not sure if I want to have another one on how painful and traumatizing it was from the hospital"
	“everything was just rushed. Like, I felt the first cut. And, you know, I was like, Whoa, I felt that, he was like, Oh, you’re just feeling pressure, just kept going.”

Reproductive Cycle: Postpartum Care

- Social support tended to decrease in the postpartum period.
- Several unmet mental health needs mentioned, both due to access and lack of social support.
- Impact of COVID-19 on the postpartum period was discussed by a subset of interviewees.

Key Quotes: Birth Experience Continued



Key Theme	Quote
Explaining the impact of COVID-19	“a lot of people were scared to come around other people or come outside because of the spread of COVID and how fast it was spreading ... I do wish my family was a little bit more supportive
Lack of social support and unmet mental health needs	"So it's more like after I gave birth, the experience and the help just kind of went downhill"
Unmet mental health needs	“I probably would have said I was fine even six months down the line if someone evaluated me for my mental health checkup or whatever, just because I didn't want no interventions, but I did know I did have some form of postpartum depression.”

Experience with Providers

- The three themes largely seen in experience with providers or the patient-provider relationship was in relation to 1) unmet needs 2) expectation of care and 3) the impact of race or racism experienced.
- Individual and systemic levels of racism or medical racism were described by a large subset of interviewees.
- Subjection to racial bias through implicit bias, from provider to patient, was felt and experienced in the dismissal of pain during birth and postpartum periods.
- The importance of having a same race provider or the option to select a same race provider was mentioned by some interviewees.

Key Quotes: Experience with Providers

Key Theme	Quotes
Impact of Race (racism)	"honestly, us, as black women, we often get profiled a lot like…we really do." "Because the same way we sit there in carry a baby for nine months. They don't have to go through that. You know what I'm saying? They don't have to go through that at all. And especially women from different other different races. They should be able to accept that because we all go through the same thing."
	"When it comes to us advocating for ourselves just as a minority…I don't feel like we were heard. Certain things are pushed more because, you know, being a minority."
	"I don't feel like they did enough. It was just more so like, well, you know, we know more. So we're just going to stick with this plan."

Systemic Racism

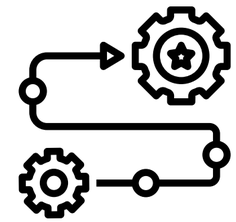
- Systemic racism continues to be the driver of maternal health inequities.
- Experiencing acts of interpersonal racism coupled with systemic racism make it challenging for Black and Brown birthing people to seek and receive equitable services that allow them to have autonomy over their health-related decisions.
- Participants were asked if they felt their race or ethnicity impacted the care they received.
- Individual and systemic levels of racism or medical racism were described by a large subset of participants.
- Subjection to racial bias through implicit bias, from provider to patient, was felt and experienced in the dismissal of pain during birth and postpartum periods.

Systemic Racism continued

- The importance of having a same race provider or the option to select a same race provider was mentioned by some participants.
- This had correlations with positive prenatal and birth experiences, as well as feelings of being listened to and respected during healthcare interactions
- The current systems of care make it challenging to quantify and measure race as a variable in quantitative research. Therefore, collecting and valuing the experiences of birthing people is critical to the evolution of research to further dismantle systemic racism.

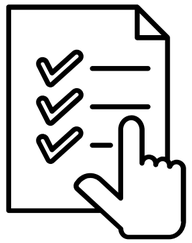
Recommendations

Process Recommendations



- Interviewer Training Process & Standardization
- Completion of all Interviews before starting Data Analysis
- Improving Translation Experience for Non-English Speakers
- More Streamlined and cohesive interview guide

Program Recommendations



- Individual Level: Birth Parent Education

- Increasing education experiences for birth parents in the pre-conception and prenatal time periods would be beneficial to better engage birth parents with available community resources, establish layers of social support, and augment individual advocacy strategy. Some first time mom’s were unaware of what community resources were available and lacked access to information. This would benefit health literacy and self-advocacy tools.

Program Recommendations

- Community Level: Resources & Support
- Assist and communicate with partner agencies to ensure that all available services for birthing people and their families are made known to them and are easier to access
- Establishing Postpartum Support groups to ensure there are mental health and social support circles available, since the postpartum period seemed associated with lower levels of social support, fear around seeking treatment for mental health conditions, and stigma.
- Connect birthing people with services like doulas, midwives, etc, to assist with advocating throughout pregnancy. This is important for increasing the quality of care and decreasing unmet maternal health needs. Additionally, interviewees who had access to a doula or midwife seemed to have better birth experiences and improved interactions with providers in terms of being subjected to implicit bias or medical racism.

Program Recommendations

- Systems Level
- Increase Opportunities for Healthcare Provider Training
- Partner with care providers and coach on the delivery of information during the prenatal, birthing and postpartum phases to improve communication.
- Diversity & Equity Training for Providers to improve implicit bias and other forms of racism that perpetuate birthing experiences, especially for Black birthing people.
- Improve Access & Facilitation of Prenatal Care Utilization- Work with community organizations and other resources to improve uptake of prenatal care utilization. Several interviewees had challenges in being turned away from care, having delayed care due to lack of providers, insurance barriers, or other financial barriers. To ensure patients receive timely prenatal care, improving access to care will be of benefit.
- Increase Care Coordination throughout pregnancy and postpartum experiences- Several patients mentioned they did not have a primary care physician during the preconception period or any provider to return to postpartum. Increasing care coordination and ensuring patients have access to healthcare outside of maternal healthcare is important for overall health and improving health disparities within Guilford County.

Conclusions

As a component of Every Baby Guilford, Amplifying Every Voice, was a timely and relevant first step in utilizing storytelling to not only uplift and center voices of birthing people, but to also utilize the stories to design and implement new strategies. This project has provided the foundation for a more robust and comprehensive qualitative research project. Key takeaways that Amplifying Every Voice revealed include:

Importance of establishing care pathways during preconception and ensuring patients have health access postpartum. This is key in ensuring collaboration across primary care and obstetrics care for mitigating delays.

Importance of social support systems and augmenting with midwives and doulas, especially of the same race as patients, if desired by patients.

Importance of establishing trust between the patient and provider. Offering increased diversity, equity, and inclusion training for providers and working to link providers and patients of the same race, if of interest to patients.