MY BODY. MY VOICE. MY BIRTH. MY SUPPORT.

Qualitative Study Report Series

INSTITUTE OF WOMEN & ETHNIC STUDIES
MATERNAL & CHILD HEALTH DEPARTMENT

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ABOUT THE INSTITUTE OF WOMEN AND ETHNIC STUDIES

Founded in 1993, the Institute of Women & Ethnic Studies (IWES) is a national non-profit health organization domiciled in New Orleans. Many people of color and their families in the Greater New Orleans area do not have access to programs that address their full mental, emotional and physical health. This prevents people in our city from living fully healthy lives and weakens our communities. Because of this, IWES works with communities, schools, individuals and organizations to provide tailored health and wellness services that address this lack of health options and access.

We combine advocacy, health education, research and direct services to improve wellness in local communities. Ultimately, when New Orleans is a city that puts health first, our people live happier, more resilient lives and our communities will be stronger!

IWES envisions a world wherein all people can live and create environments and communities where health and wellness are valued and promoted so as to enhance quality of life.

INTRODUCTION

The Institute of Women & Ethnic Studies (IWES) Maternal & Child Health (MCH) program works to improve maternal and infant mortality and morbidity through thoughtful collaborations with government, health and financial systems, and community-based organizations with an aim to reduce systemic and individual inequity. Our goal is to implement policy changes and/or birth equity solutions in partnership with community and health care providers to benefit women in New Orleans before, during and after childbirth. Our current strategies include: conducting both qualitative and quantitative research; promoting MCH awareness on social media; co-designing trainings for perinatal community health workers and healthcare institutions; and effecting MCH-focused policies at both the local and state levels. To explore, view our MCH media content and the Louisiana Perinatal Mental Health Task Force Policy Brief compiled by IWES and the Louisiana Department of Health.

In addition to policy and advocacy efforts to reduce maternal morbidity and mortality, the IWES Maternal & Child Health team conducted a qualitative research study involving in-depth interviews and focus group discussions to assess the maternal health landscape in New Orleans as experienced by mothers and prenatal providers. Titled **"My Body. My Voice. My Birth. My Support."** this project is funded by the W.K. Kellogg Foundation and the Merck for Mothers - Safer Childbirth Cities Initiative. The study consisted of conducting interviews with maternal care providers including OB/GYNs, midwives, and nurses as well as mothers with breastfeeding experience, mothers who opted for an out-of-hospital birth, mothers who had complications during pregnancy or birth, and mothers whose babies spent time in the Neonatal Intensive Care Unit (NICU).

IWES' MCH team sought to interview folks on all sides of the maternal and child health realm to assess the local landscape to be able to provide solutions for improvements.

Although we spoke to both mothers and maternal care providers, this report solely focuses on the experiences and most salient findings from mothers and is one report in a series. Separate reports are centered around the perspectives of participating maternal care providers and the impacts of the COVID-19 pandemic on birth experiences and care provision. Comparing the experiences and perspectives of both mothers and providers allows for a more complete understanding of issues pertaining to both groups. As a series, we still aim to provide this comprehensive understanding of the strengths and challenges within the maternal health landscape by identifying areas of similarity and discrepancy as shared by mothers and providers.

This report is divided into four sections, titled **My Body, My Voice, My Birth,** and **My Support**, reflecting the title of this project and expressively framing the content discussed in each respective section. Within this report you will find:

- A brief overview of the current climate of Black maternal health and the significance of this study
- An explanation of our research methodology
- A summary of thematic findings as shared by mothers within the aforementioned groups
- A summary of recommendations shared by mothers to inform maternal health stakeholders
- Tables and graphics depicting common themes along with supporting quotes
- A section dedicated to concluding interpretations and key learnings

All participants who shared their perinatal and birthing experiences identify as cisgender women. Within this report participants are referred to as "mother(s)" and "women" to reflect the population of which they identify. Additionally, the majority of women we spoke to identify as Black/African American. We are deeply grateful to the women who spoke with us about their personal experiences, shared their knowledge, insights and visions of a more equitable, respectful, and, responsive maternal care landscape in Greater New Orleans and beyond.

SIGNIFICANCE

Louisiana's Black maternal mortality rate is nearly four times the U.S. rate. New Orleans, as well as many other metropolitan cities in the United States, has been in the spotlight for the current upward trend of maternal mortality and morbidity rates. Nationally, each year approximately 700 women die from pregnancy or childbirth-related complications, and for every maternal death, there are 100 severe maternal injuries. Data from 2016–2018 further reveals the pregnancy-related mortality ratio was 41.4 deaths per 100,000 live births for non-Hispanic Black persons. This is notable in a country that also stands out as the only developed country seeing such a trend since 1990.

Research in maternal and infant healthcare has identified racial discrepancies in treatment by healthcare providers and experiences with the healthcare system. Black mothers are more likely to experience severe complications in pregnancy. Black infants have higher rates of poor birth outcomes, including prematurity and low birth weights. While the rates of poor birth outcomes are higher for Black infants, the rates of breastfeeding are relatively low for Black mothers, especially when compared to rates of breastfeeding among white women. Although multiple factors are attributed to these detrimental outcomes, the quality of healthcare, "from preconception through postpartum care," may be crucial in improving maternal mortality and morbidity rates among women more affected by these conditions.

Observing the practices and experiences of those involved in the birthing process can help determine the factors affecting maternal healthcare, as well as ways in which the healthcare system can reduce negative birth outcomes in highly affected populations.

To add to the growing body of research illuminating the disparate rates of maternal mortality and morbidity, IWES sought out to understand the needs of mothers as evident from their lived-experiences to suggest recommendations for birth workers, other birthing people, and the maternal health landscape in the Greater New Orleans area. This qualitative study sought to hear from women to ascertain their perspectives on maternal health issues and solutions. The data shared within this report will be utilized to uplift the collaborative work that the maternal and child health community in New Orleans has undertaken to improve birth outcomes, improve health care practices, and involve women in cross-sector birth equity initiatives. Three different types of focus groups and in-depth interviews were conducted with birthing people, including:

1. Women who have experienced maternal injuries (having medical complications during and after birth)
2. Women whose infants spent time in the Neonatal Intensive Care Unit (NICU)
3. Women who have breastfeeding experience, regardless of the length of time; and
4. Women who have given birth at home.

Additionally, this study captures the challenges mothers faced navigating maternal healthcare amid the COVID–19 pandemic, including access to quality care, as well as how providers and service delivery was impacted as a result of the pandemic. Prior to the pandemic, in 2018 non-Hispanic Black/African American mothers were twice as likely to receive late or no prenatal care as compared to non-Hispanic white mothers. During the pandemic, delays and disruptions in the delivery and quality of essential maternal health services were observed to have worsened, especially for Black mothers.

STUDY METHODS

RECRUITMENT

Eighteen partner organizations working in maternal and child healthcare or advocacy, including private provider offices in the Greater New Orleans area, assisted IWES with recruitment of interview participants. Recruitment efforts included online and printed flyers, emails, and IWES and partner organization social media posts, resulting in a convenience sample.

DATA COLLECTION

Between May 7, 2020 and January 15, 2021, 8 in-depth interviews and 5 focus group conversations totaling 31 participants were conducted virtually. Participants consisted of: 6 mothers who gave birth at home, 17 mothers who shared their experiences about breastfeeding, and 8 mothers who experienced childbirth complications and/or had a child admitted to NICU. On average, the duration of conversations were 1.5 hours.

Table 1: Description of interview populations, number of participants, and interview method & format

POPULATIONS/ TOPIC AREAS	FOCUS GROUPS	IN-DEPTH INTERVIEWS	TOTAL PARTICIPANTS
Breastfeeding	3 (n=17)	-	17
Home Birth	-	6	6
Severe Maternal Morbidity/NICU	2 (n=6)	2	8
TOTALS	5 FG	8 IN-DEPTH	31 PARTICIPANTS

Only mothers that gave birth after 2013 were included in the study, given the landscape of birthing hospitals serving the greater New Orleans area significantly changed with the expansion of Ochsner Baptist birthing services.

In addition, the research team could only accommodate English speaking participants. At the time of the interviews, the minimum age of participating mothers was 22 years old and the maximum age was 40 years old.

The following information was collected to determine participation eligibility, further describe the participating population, and inform immediate ways IWES could support participants. Participation screening questions for mothers:

- Age
- Language spoken
- Number of children & age of children
- Breastfeeding status & duration
- Date of childbirth
- Childbirth complications, year, prenatal or postpartum, age of child when occurred
- Comfort with sharing experiences
- Number of months pregnant when child(ren) was born
- Child in NICU? (Duration, if "yes")
- If received mental health support (e.g. therapist/psychologist or other)
- How/if IWES can support their health/well-being

The interviews led by trained facilitators, accompanied note takers, and were conducted exclusively online via the video conferencing software Zoom. IWES' community-based Institutional Review Board (IRB) reviewed all interview materials for ethical compliance. Prior to the start of each interview, participant consent was obtained and participants were compensated for their time and contributions. IWES social workers were available during interviews to assist if a participant displayed distress. Standardized interview discussion guides used for each discussion had some variation in topics and questions asked depending on the population interviewed.

All interview discussions addressed the following topic domains:

1. Experiences related to the COVID-19 pandemic
2. Understanding of maternal health issues
3. Descriptions of quality care and defining trauma-informed care
4. The role of patient and provider communication, relationship, and trust in providing and receiving care
5. Advice and/or recommendations for birthing people and health care providers to ensure positive health outcomes

Breastfeeding mothers were asked questions related to breastfeeding self-efficacy, breastfeeding in various environments, and immediate postpartum support. Mothers who had a child admitted to a NICU were asked to describe their experience and how they were supported and/or could have been supported. A detailed outline of the questions asked across all interviews can be found in Table 2. Detailed tables of questions asked to mothers within specific populations can be found in the Appendix.

Table 2. The following table highlights questions asked across all study populations.

UNIVERSAL QUESTIONS
COVID-19 Response 1. How has the COVID-19 pandemic experience affected your family? Your work or your ability to make income? 2. Has your family experienced a similar citywide/national event like this before? 3. Has your family been able to adjust? You? Children? 4. Were there community resources that you were able to take advantage of? 5. What is your understanding of the short or long term impact this pandemic will have on your family? 6. What additional resources would assist you during this time?

Understanding of Maternal Health Issues [Not asked to participants in breastfeeding interviews]

1. Can you describe the landscape of maternal care in New Orleans? Maternal care would be the period from conception to one year postpartum.
2. What are the most pressing issues in maternal care?
3. How would you describe your role in the New Orleans maternity care landscape?
4. Does the race of the patient or provider play a role in the care being provided or the outcome?
5. The Black maternal mortality and morbidity rates are higher than whites? What do you think might be the causes for this higher rate?

Quality of Care Standards [Not asked to participants in breastfeeding interviews]

1. What would you consider as high quality maternity care?
2. What is your understanding of trauma informed medical care?
3. What specific issues need to be addressed to provide trauma informed maternity care?
4. What is your understanding of respectful maternity care?
5. Do you think New Orleans prenatal care providers are provided with the appropriate tools necessary to provide the best level of care?
   a. Why or why not?

Communication [Not asked to participants in breastfeeding interviews]

1. How would you describe the communication during a routine OB/GYN visit?
2. How would you describe the communication when discussing complicated medical information during a prenatal appointment?
3. How would you describe the communication when discussing complicated medical information during labor and delivery in the hospital?
4. How would you describe the communication between patient and provider after an unintended/unfavorable outcome?
5. How would you describe good communication between patient and provider?

Patient and Provider Relationship [Not asked to participants in breastfeeding interviews]

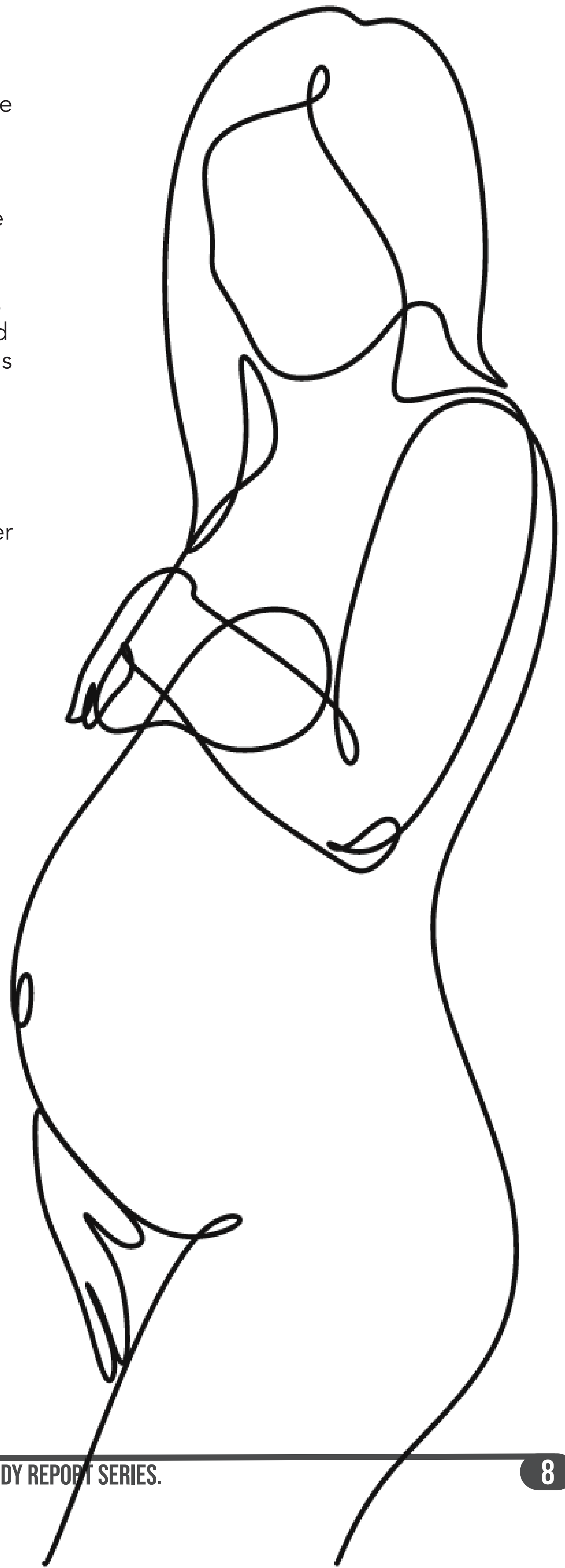
1. What role does trust play in the patient and provider relationship?
2. How would you describe a trusting relationship between a patient and a provider? What role does open communication play in that relationship?
3. What effect does the relationship between a provider and a mother have on her decision to breastfeed?
4. Can you describe what it looks like when a provider has a good relationship with patients?

Overall

1. What general message would you give to women in New Orleans: [phrasing varied by group]
   a. In the preconception phase?
   b. During birthing?
   c. Postpartum?

ANALYSIS

Interviews were recorded and transcribed verbatim by trained research team members. The qualitative data analysis software Atlas.ti Version 9 assisted in the organization and management of transcripts, codes, code groups, and researcher reflections in the form of memos. The analysis team consisted of seven coders. Project file sharing and merging functions within Atlas.ti allowed the research team to review and discuss the usage and organization of coding completed independently and determine areas of consensus to ensure intercoder-reliability. Deductive and inductive coding was performed on transcripts through multiple coding cycles to determine common themes presented by respective populations. Codes were analytically grouped during the coding process to distinguish provider and mother quotations as well as topic-specific areas: breastfeeding, severe maternal morbidity (SMM) & NICU, home birth, and provider (OB/GYN, nurse, midwife) interviews. Codes created for each population group were differentiated using prefixes within code names (e.g. 'HB:' for Homebirth codes) while 'universal' codes and topics were applied across transcripts. Team members closely reviewed the interview guides and interview transcripts prior to coding to inform a shared 'preliminary' codebook. The preliminary codes were applied deductively to transcripts where code operational definitions were appropriate. The research team also inductively coded transcripts, allowing codes to emerge directly from the content of the transcripts. A consensus-building process involving the discussion of codes, code categories, code frequencies, and observed themes amongst the research team resulted in the findings presented in this report.



THE SETTING

THE PANDEMIC AS EXPERIENCED BY MOTHERS

With all interviews occurring at the height of the COVID-19 pandemic, this study provides unique insights into the New Orleans maternal health landscape during a particularly disruptive and trying time. Mothers across all experience-specific areas focused on numerous topics and challenges when asked about the current and long-term impacts of the pandemic. We have learned that the pandemic impacted participating mothers and their families in significant ways. Mothers across all groups shared sentiments of general uncertainty because of the pandemic, the financial and health ramifications, changes to family routines, as well as emotional challenges and stressors. Participants who were pregnant or gave birth during the pandemic described various ways the pandemic strained their ability to receive care, which in some instances also resulted in changes to their original birth plan. Furthermore, mothers were asked about the resources that were available to them and resources that could have been helpful in navigating the pandemic.

DIFFICULTY RECEIVING CARE AND ADJUSTING BIRTH PLANS DUE TO THE PANDEMIC

Mothers that were pregnant during the pandemic described the experience as particularly difficult. Yet, mothers also described the benefits of having a homebirth during the pandemic. One mother expressed being able to have her loved ones present during birth as a positive outcome of giving birth during the pandemic. Otherwise, loved ones may have not been able to take time from their professional lives. One mother shared,

"So I think that COVID made it easier to draw all the people that I needed in my space, including my family, my parents... I'm like, nobody would have been able to make it, as they would have been in office. So I am grateful for that."

– Homebirth Focus Group Participant

Another participating mother conveyed how having a hospital birth during the onset of the pandemic would have prevented her husband from being present during the birth of their child. As a result, they decided on having a home birth.

"I'm in a loving marriage, we're having our first baby, I want my husband to be present with me, like, there's no way I'm going to consider an option where I have to go by myself, my husband may not be allowed to be there with me."

– Homebirth Focus Group Participant

Mothers also shared that due to the pandemic it took a concerning amount of time to schedule prenatal appointments. Mothers reported the lack of responsiveness from their care providers during the onset of the pandemic despite their efforts to contact them.

"At the beginning of the birth, it was very difficult to get an appointment with my OB, it took a very long time. I would say by time, I got an appointment, I was like, maybe close to four months pregnant."

– Homebirth Focus Group Participant

"COVID really impacted my birthing plan… Here comes COVID and my prenatal care literally vanished with the onset of COVID… so I went in for my first initial checkup at about 10 weeks [of getting] a positive pregnancy test."

– Homebirth Focus Group Participant

"…literally no one from the office called me. I was calling, no one will [answer] the phone. It was horrible. I didn't see another doctor until I was 20 weeks. I could not get a hold of anyone, and I was calling."

– Homebirth Focus Group Participant

Mothers continued to tell how this inability to make contact with a healthcare provider for an extended period not only delayed their prenatal appointments but also left them feeling upset, fearful, and anxious. One mother explained that because of the unreliability of care providers, she began to consider alternatives to in-hospital care, *"So that was a period that was very irritating for me, I think. But that also prompted me to really think outside the box as to who, how I actually wanted my birth plan to be."*

Mothers described feeling compelled to look for alternative approaches to hospital care and seek approaches more aligned with their expectations for their birthing experience.

PERCEPTIONS OF THE MATERNAL HEALTHCARE LANDSCAPE IN NEW ORLEANS

Participating mothers and providers were asked to describe the landscape of maternity care in New Orleans, specifically the period from prenatal care to one year postpartum. Mothers described an increase in awareness of maternal health issues as a result of health information shared on billboards and advertisements, especially pertaining to Black women. Thus, mothers reported more awareness of possible complications related to pregnancy. Mothers described maternity related classes that are offered to mothers, parents, as well as grandparents and siblings as education and support opportunities available. However, mothers also described that most mothers may not be aware of the services and programs available to them.

THE QUALITY OF MATERNAL HEALTHCARE IS INCONSISTENT

A mother reflected on how her prenatal care was positive but postpartum she reported that "*my care was not as important.*" One participant focused on the positive reputation of a leading birthing center in New Orleans stating, *"the common thing that I keep hearing is that the patients feel they're listened to and I know that's not the case everywhere."*

Another mother reflected that the quality of care that is commonly received from health care providers usually falls into two categories: the care is "amazing" or "okay." In summary, participant sentiment was that maternity care in New Orleans is variable amongst providers and maternal care facilities.

"I think you know, if anything, there's awesome ones and there's bad ones. And I don't know what really makes them different. Like if it's a level of not caring or just what their personality is or what, but I think it's kind of all over the place."

– SMM/NICU Focus Group Participant

MATERNAL HEALTH CARE PROVIDERS ARE CONSTRAINED BY LIMITED TIME

Participating mothers were asked if New Orleans prenatal care providers are resourced with the appropriate tools necessary to provide the best level of care. Across all interviews with mothers, they shared that a provider's ability to provide the best level of care depends on the individual provider yet providers display limitations to the amount of time they are able to provide to each patient.

"I think there's too much pressure for them [provider] to see too many patients in a day. I think it's the bottom line... they're not able to spend time with people is, I think, where the majority of opportunity is missed to better identify a patient's needs and figure out what kind of resources we can put them in touch with to meet those needs."

– SMM/NICU Focus Group Participant

MOTHERS DESCRIBE THAT RACE PLAYS A ROLE IN THE QUALITY OF CARE PROVIDED AND RECEIVED

All participants, mothers, and providers, were presented with the fact that Black maternal mortality and morbidity rates are higher than White populations. They were then asked why they thought that may be the case. Additionally, participants were asked if they thought the race of the patient or provider plays a role in the care being provided and/or health outcomes.

Most participating mothers reported that the race of a patient or provider does play a role in the care that is provided. Several women expressed that their Black racial identity may determine the quality of care that they receive from healthcare providers. Mothers described both direct experiences during various phases of their pregnancy and they believe there are common discriminatory practices within the healthcare system, confronting both interpersonal racism with providers as well as institutional racism.

Participants shared personal experiences and beliefs that speak to several topics related to how the quality of care for Black birthing people may differ in comparison to other populations and why Black women disproportionately experience negative birthing related outcomes.

Some mothers expressed that care providers may operate in a way that is reactive to a patient's unique medical needs as they arise as opposed to having more of an anticipatory approach to potential risks that may be present for more vulnerable birthing people, emphasizing that care providers should prioritize preventative care more instead of solely reactive to present health issues.

"Um, I would think in terms of morbidity, probably not acting in time. Not, um, being prevented, preventative enough, um you know, on the front end of issues that either present themselves or have the potential to present themselves. And then in the midst of things happening, either not giving the proper medication or choosing not to do the surgery or not checking in and monitoring blood pressure, and whatever the heck else needs to be monitored as frequently as it should be."

– SMM/NICU Focus Group Participant

Most mothers shared that Black women experience communication with healthcare providers that is not clear or empowering. They report being left with their health related questions and needs not received or answered. A common theme expressed by the women is that their physical pain is not taken seriously or addressed appropriately by care providers:

"...being in medical settings like in waiting rooms or wherever I have seen Black women dismissed many times. And I definitely know that as much as I've been dismissed and not listened to. I know my friends and other people have been even more."

– SMM/NICU Focus Group Participant

"I think that Black women's pain is not even taken for granted but often ignored. We aren't seen as knowing our body. We aren't seen as intelligent as white women or other people. Not taking us seriously and our lives not mattering. I absolutely think that Black women by and large do not get the care that they deserve."

– SMM/NICU Focus Group Participant

Continuing on the topic of the importance of patient-centered communication, the women expressed that they are in a position where they need to self-advocate with the understanding that if they are not assertive about their needs, the quality of care and the level of communication that is exchanged is minimal if not potentially harmful.

Another common sentiment that most mothers express is that the quality of care in New Orleans is variable across healthcare facilities as well as individual care providers. The mothers spoke about having to research which providers have a positive reputation and reviews with patients, indicating minimal trust of local maternal healthcare.

" ...If there are a lot of women, Black women that don't, um, know what to ask and who to ask and where to go, and how to advocate for themselves. There are going to be a lot of doctors that are not going to pause and say, 'Hey, did you understand the medical jargon? The jargon I just spit out at you'. They're gonna keep it moving to their next appointment. And so there could be a lot lost and not, um, and not communicating what that person may need."

– SMM/NICU Focus Group Participant

MY BODY

FINDINGS FROM MOTHERS ON THE TOPIC OF BREASTFEEDING

Seventeen mothers shared their personal experiences with breastfeeding. In a series of questions posed to assess women's breastfeeding self-efficacy, or confidence in their ability to breastfeed, most women recalled their breastfeeding experiences with little sense of shame or regret. It is also important to note that in each instance of a mother sharing her experience with breastfeeding they noted that they felt more confident with breastfeeding as they had more children. With one participant sharing, *"the second and third time around I got it right. I was much more comfortable because I was committed at that point."*

Participants in the breastfeeding focus groups agreed that the most influential factor in infant feeding decisions was prior breastfeeding experiences. However, many participants noted they had little or no knowledge about the process prior to having to breastfeed. The majority of the mothers did not have a history of breastfeeding in their family and saw breastfeeding for the first time later in life. Some shared that they saw breastfeeding when they were younger, but did not realize they were seeing breastfeeding. Another theme of this conversation centered on women's education about breastfeeding preceding their birth. Sources of education included classes at hospital or community resources such as Baby Café (a national, informal breastfeeding support group), one-on-one conversations with a friend, and watching videos at home alone. These resources were described generally as helpful, specifically information regarding learning how to latch and tandem breastfeeding.

"I will say Baby Cafe helped prepare me for what I would be going through when, with tandem nursing. Because I had already breastfed my first two [baby sounds] but I never knew what to experience when I had two small, cause my so two little ones are 14 months apart. So being able to go to Baby Cafe and connect with others who have done tandem nursing like that, it was very helpful because it helped me make some decisions while pregnant that I'm thankful for that I wouldn't have know about ahead of time."

– Breastfeeding Focus Group Participant

"I also did prenatal education, I took a few different classes, about 3 or 4 different lactation classes just because I wanted as much information as possible about natural birth and breastfeeding."

– Breastfeeding Focus Group Participant

Furthermore, participants who reported seeing family members breastfeed or had support from their communities felt more comfortable about breastfeeding, although almost all participants who choose to continuously breastfeed agreed that individual research was needed in that area. Additionally, mothers who participated in the aforementioned breastfeeding support groups with breastfeeding consultants noted that they felt more reassured when breastfeeding, while mothers who did not participate in breastfeeding support groups noted that they wished they had access to these groups.

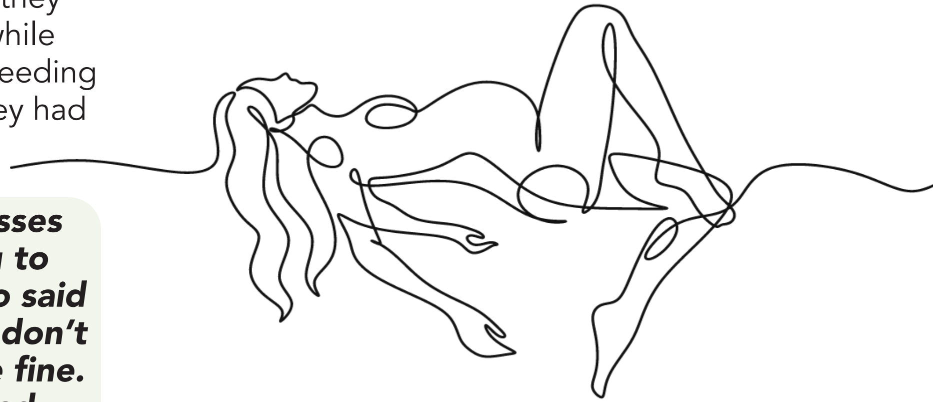
"I wish I had taken, like, some classes for my son before I started trying to breastfeed, but everyone I talked to said no, you don't need the classes, you don't need the classes, you're fine, you're fine. So, I wish I would have not listened, and taken some of the classes and that probably would have maybe helped me out a little bit more? ... but that's really it that I wish I would have taken the classes."

– Breastfeeding Focus Group Participant

Although some participants reported positive experiences with lactation consultants and other healthcare providers concerning breastfeeding, many discussed experiencing judgements or a lack of encouragement from hospital staff concerning breastfeeding and thus felt uncomfortable asking for help or more information about feeding options. When asked about their experiences with breastfeeding immediately postpartum, mostly occurring in the hospital setting, the responses ranged widely, especially related to whether the infant was able to latch early, and what support, if any, they received from care providers. One woman reported a delay in breastfeeding initiation due to her baby going to the NICU, and another recalled that while her baby latched early, the rough care she received with nurses broke her confidence.

"I came home after being at the hospital and I just cried because I felt like I thought when she was born I could do it and then after they corrected everything I was doing in every way possible and it just felt like I couldn't do it anymore."

– Breastfeeding Focus Group Participant



Needing support was a major theme across breastfeeding groups. Women spoke about needing not only professional support but also familial support. Some women shared that while they had access to support in the hospital via nurses and lactation consultants, they did not always find their support to be helpful, highlighting a need for more provider training. In relation to familial support, many participants spoke about how they wanted to breastfeed, but were met with some opposition from family members when it came to when and where they wanted to breastfeed. Many of the opposition the women ran into were not necessarily with the act of breastfeeding itself, but dealing with family members that were not approving or did not understand, highlighting a need for more family-centered breastfeeding education. Race was mentioned as it pertained to not receiving adequate support with breastfeeding. Among the Black community there is still some stigma surrounding breastfeeding with one participant sharing,

> ***"Never had a bad experience breastfeeding in public, and yes family gatherings were the worst. People always wanted me to leave the room. I hated it."***

– Breastfeeding Focus Group Participant

And another sharing,

> ***"Breastfeeding wasn't a thing when they were growing up, especially in the Black community, so. Especially when they're seeing me do it, it's like, oh, that's that millennial thing that you're doing. [laughs] Like, they just, kinda you know, automatically, it was 'oh you need to buy formula, you need to get formula, all that.' Now, my immediate circle was very supportive, but when it got out to like the matriarchs in my family, they're like 'Oh, that baby not getting enough, she barely on the boob,' this, this, and that. But I had to realize they're talking from their own view of what they've grown up around. Cause this is fairly new or it's fairly uncommon in the Black community..."***

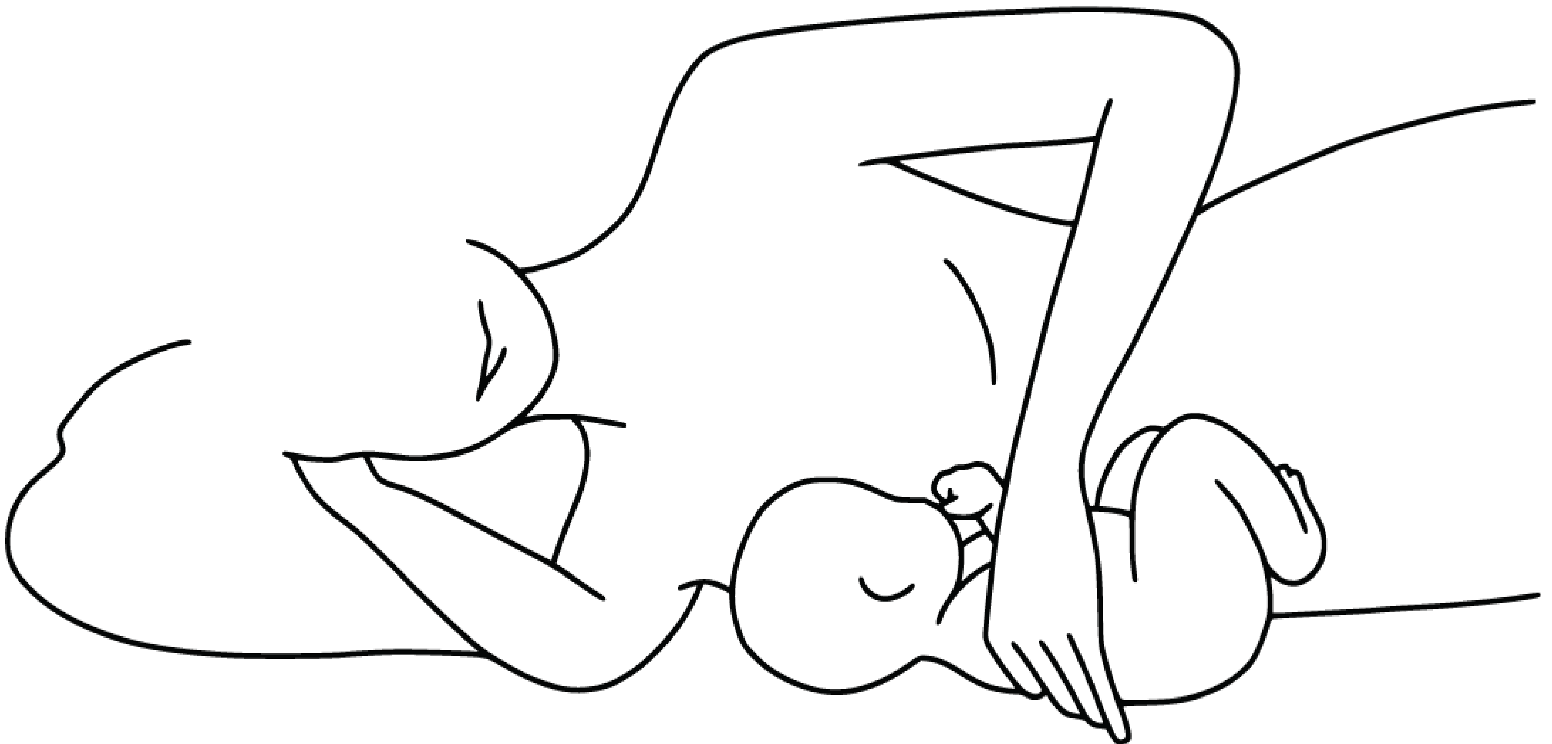
– Breastfeeding Focus Group Participant

Toward the end of the discussion, mothers were asked what resources are needed to better assist breastfeeding mothers and what advice they would give to breastfeeding mothers and the providers that serve them. As it pertains to needed resources, one participant emphatically replied that it starts with,

> ***"educating moms on the benefits, the pros and cons. And um, kinda debunking some of those stigmas that are kinda associated with breastfeeding. Especially in the Black community, as well as, not just the Black community but the underserved communities I think a lot of times, people are just unsure so I think if there was more education".***

– Breastfeeding Focus Group Participant

Participants also named expanded access to support groups and working with employers and education institutions to make environments more supportive and personnel more understanding and ultimately aware of the rights and protections for breastfeeding moms. Having such environments, *"would help and also encourage moms to breastfeed, and to breastfeed longer at that,"* as stated by one participant.



When asked what advice they would offer to families for successful breastfeeding, respondents generally offered suggestions around perseverance and determination, and both managing expectations and encouragement related to hardship. Two women spoke directly to prospective breastfeeding mothers, the first encouraging, *"it's a journey and not a sprint...you're doing it for the best for your child so stick it out, girlfriend!"* The second mother said, *"if it's something that you want to do, just because it gets hard, just don't give up. Don't let the negativity and the comments of others discourage you from doing what you want to do. It's your child and you need to do the plan that you want, that works for your family."*

Finally, when asked what advice they would offer to professionals serving breastfeeding moms, participants strongly encouraged providers to offer less pressure and absolutism, more support and encouragement, and present realistic expectations regarding blended feeding strategies. The participants also wanted consistent communication from the doctors, and more breastfeeding education for doctors and nurses. One woman suggested providers could be most effective *"being more reassuring and saying, 'Hey. You can do this. This is natural. This is what your body is made to do.'"* They also spoke about how providers need to take more time to listen to them and take more time explaining different options.

Women participating in the conversation also named the incredible importance of eliminating implicit bias about breastfeeding intentions within communities of color, *"the stigma of automatically thinking that we don't go natural, either. Cause I participated in a forum, doctors don't expect women of color, and not just Black but like Indians and Hispanics, all of them, to breastfeed,"* as well as recognizing the limits of their own training, and centering resources such as NOLA BabyCafe and other lactation specialists over offering their own, often less informed perspectives. To this end, one woman cautioned others that *"some of our doctors do need to be more aware and educated about those things, because I'm trusting in this person, and they know what my situation is, and they still guided me the wrong way,"* with regards to her own breastfeeding experience. Lastly, respondents called for a reframing of viewing medical professionals as service providers and the patient as a consumer, encouraging women that *"there's so many options so when you have somebody who's views don't align with where you are and what your goals are, let's just pivot and find somebody whose views are in alignment."*

MY VOICE

PARTICIPANT RECOMMENDATIONS

From Mothers to Peers

ADVICE TO BIRTHING PEOPLE

Support System + Resources

"You can do this in a way where you feel cared for; it's your opportunity to think about what you need, and ask for it." (HB)

Find A Provider You Trust

"Don't settle... make sure you look into it and you feel comfortable. 'Cause what's comfortable for (another mom) may not be for you." (SMM)

Preconception Health

"The more information that you have at the beginning, the better prepared you are to navigate through your pregnancy... Just empower yourself with information and take care of yourself--mind, body, spirit." (HB)

Educate Yourself

"Do as much research and learning as you can for what to expect... but also try to be flexible and when things happen that you were not prepared for, did not expect, don't hesitate to ask for help and ask questions." (SMM)

Perseverance, Managing Expectations, & Encouragement

"If it's something that you want to do, just because it gets hard, just don't give up. Don't let the negativity and the comments of others discourage you from doing what you want to do." (BF)

ADVICE TO BIRTHING PROVIDERS

Pressure Less, Listen More

"Not just hear[ing] but really listen[ing]... treating me like an individual. Other people may have had the same question, but they're not me. They may not have had the same concerns, situations, or complications that I have." (SMM)

Continuing Education; Implicit Bias, Trauma-Informed Care

"Get out of the stigma of automatically thinking that [women of color] don't go natural." (BF)

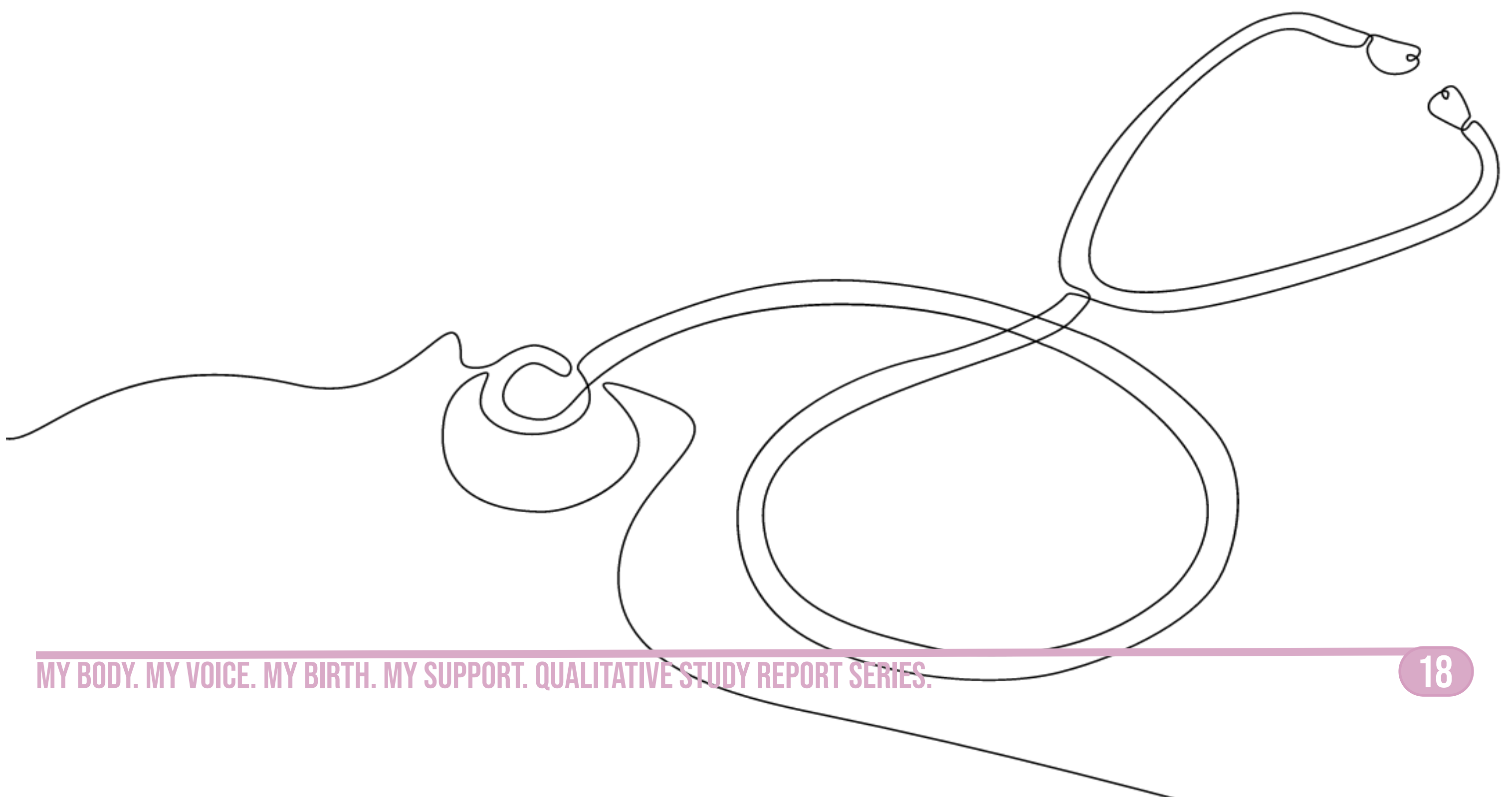
"Our doctors do need to be more aware and educated... I'm trusting in this person, and they know what my situation is, and they still guide me the wrong way." (BF)

Trust & Communication

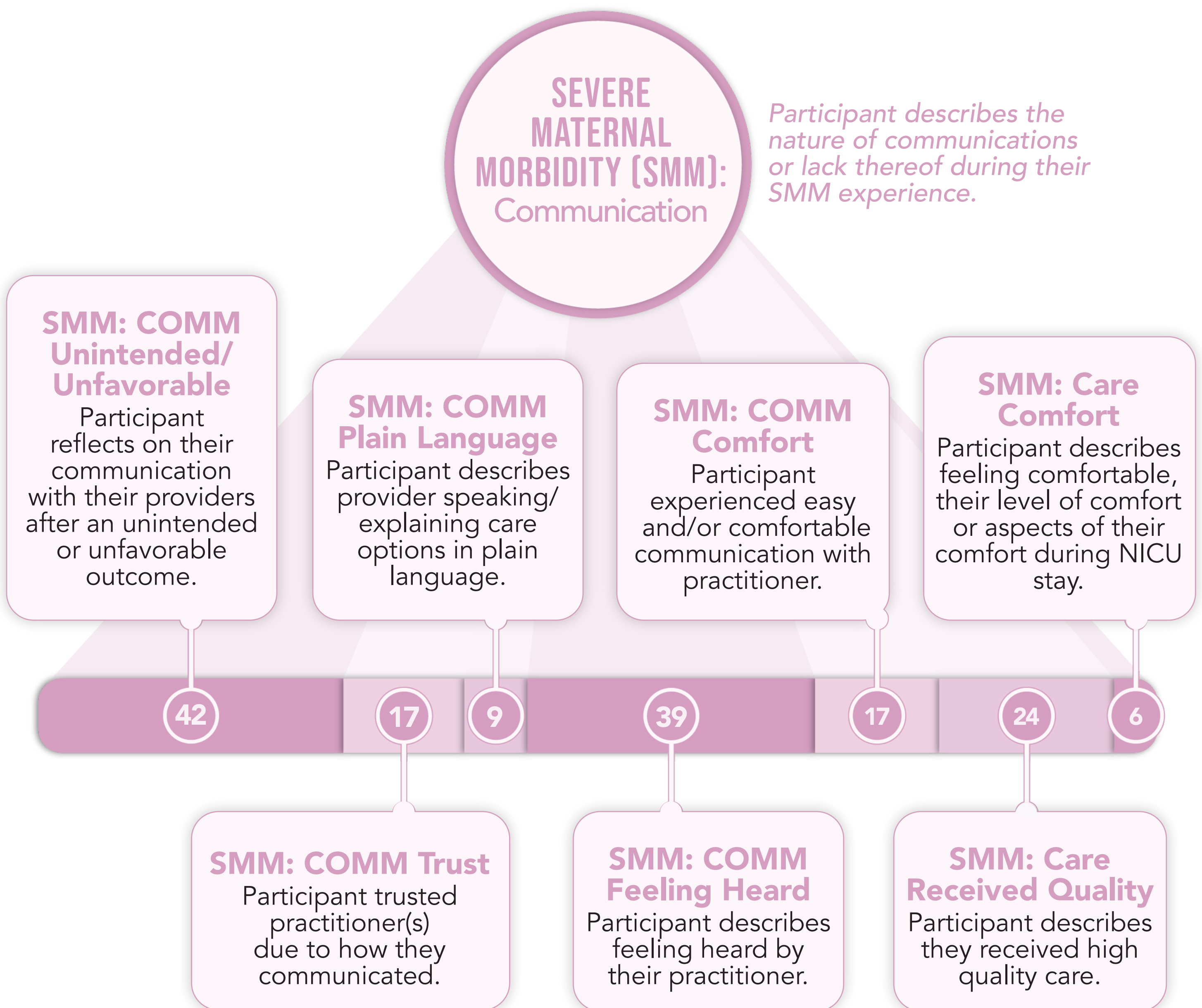
"Trust and open communication go hand in hand. If you aren't being transparent and being honest, you can't establish trust with the patient. If you can't establish trust with your patient, what are you doing?" (SMM/NIC)

Center Resources

"I really, really love Baby Cafe and the New Orleans Breastfeeding Center... I find that it is a good resource...a good community, good people--they get what you're going through because they're going through it as well." (BF)



EXPLORING FACETS OF COMMUNICATION WITH PROVIDERS



This visualization explores the presentation and intersection of several modifying factors regarding a birthing person's communication with their provider and/or care team. These responses were specific to the population having experienced severe maternal morbidity, which applies additional pressure to the importance of provider communication. These modifying factors include: Communication around Unintended or Unfavorable Outcomes (42), Trust and Communication (17), Speaking in Plain Language (9), Feeling Heard by the Provider (39), Comfort with Communication (17), Quality of Care Received (24), and Comfort with Care Received (6). The numerical value represents strength of association as that factor co-occurred with the narrative offered regarding communication with the provider or care team.

Negligible Communication Impacts Health Outcomes for Mothers & Children

"... initially, the first lactation consultant that came by, um, she just, the information that she gave varied so differently from the one who came by the next day, so um, that night I was just so unsure of what to expect, and for lack of a better way to put it there was a lack of encouragement, to continue to breastfeed. And you know at that point I was unsure that maybe even a 'you can do this' would have really helped, or gone a long way. Um, I can remember by the time it was time for me to leave the hospital, um, I think [provider] came by and said, 'well I am the last signature that you need to go home,' and I just broke down."
-Breastfeeding Participant

Effective Communication is Attentive & Promotes a Positive Prenatal Experience

"... the communication was open and joyful, and comforting. And there was a lot of listening. Like, when I think back on my prenatal visits, I did most of the talking. I did most of the talking, you know because she was asking questions, actually, [asking] me how I feel. And so I felt heard. Um, so yeah, the communication was phenomenal."
-Home Birth Participant

EXPLORING THE IMPORTANCE OF COMMUNICATION BETWEEN PATIENT & PROVIDERS

Effective & Attentive Communication is Particularly Important for Black Women

"I think that Black women's pain is not even taken for granted but often ignored. We aren't seen as knowing our body. We aren't seen as intelligent as white women or other people. Not taking us seriously and our lives not mattering. I absolutely think that Black women by and large do not get the care that they deserve."
-SMM/NICU Participant

Communication Builds Trusting Relationships

"When a patient and a provider have a good relationship, I think that you see lots of peace of mind. I think you feel that you know that you're in good hands, and that there's going to be... you're going to be included in the decisions that are made about your care... You trust that you're a part of the process and that they see you as an individual and not just another person that's coming in for the same thing as everyone else."
-SMM/NICU Participant

MY BIRTH

FINDINGS FROM MOTHERS WHO EXPERIENCED PERINATAL COMPLICATIONS

A total of 8 mothers shared personal experiences about their perinatal and/or birthing complications and having a child admitted to their birthing facility's NICU. When asked to share what they believed to be the most pressing issues in maternity care, participating mothers provided a range of topics and examples they have observed or experienced directly. **They identified the most pressing issues in maternity care to be: patient provider communication & rapport – especially pertaining to patient pre-existing conditions, trauma-informed care, racial disparities, and inadequate postpartum support.**

Mothers stated pre-existing conditions such as obesity and high blood pressure are pressing concerns in maternity care; however, a few mothers also described that physicians make assumptions if patients have certain health concerns. For example, one participating mother described that a provider assumed that she had diabetes before being pregnant because she had gestational diabetes. Another mother described a similar experience, after she was diagnosed with gestational diabetes. Providers communicated in a way that made her feel she was not taking care of herself or that she must have been diabetic before the pregnancy.

"I would say, I am taking my medicine. I am testing my blood sugar. I mean with my second pregnancy I gained 12 pounds the entire pregnancy. And my baby weighed 8 pounds. Like I don't… I literally don't know what else I could have done. But I was constantly made to feel like I was doing something wrong or I was not doing enough."

– SMM Focus Group Participant

Unhelpful communication and insensitivity between patient and provider was a common issue identified by mothers. One mother shared the sentiment, *"I feel that the number one issue is… a lot of medical professionals are not trauma-informed and they don't listen."*

On the other hand, mothers described what helpful communication looks like and how it leads to trust and a positive experience. *"Trust and open communication go hand in hand. If you aren't being transparent and being honest, you can't establish trust with the patient. If you can't establish trust with your patient, what are you doing?"*

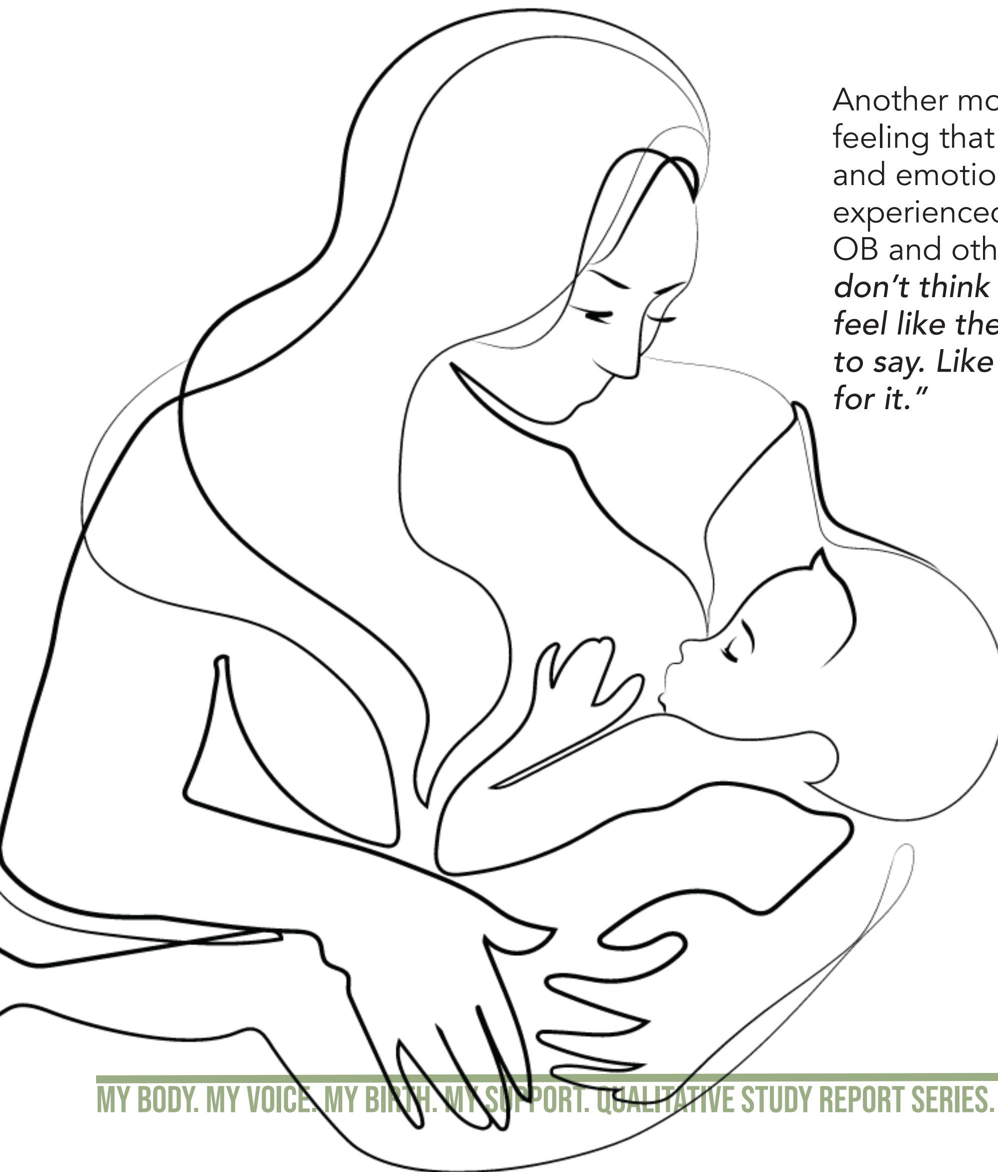
One mother also stated, *"I just felt very connected and I could be honest with her and I felt like she was great. I had great prenatal care."*

Additionally, the participants described how racial disparities are important when it comes to pressing maternity issues. One mother shared, *"they say that African Americans have so many issues down to like pain, down to the baby being born prematurely."*

Participants also reflected on how mothers need continuous follow-up after a difficult or unexpected birthing experience. Another participant described how several providers missed other health concerns including tongue-tie of her baby and her suspected postpartum depression.

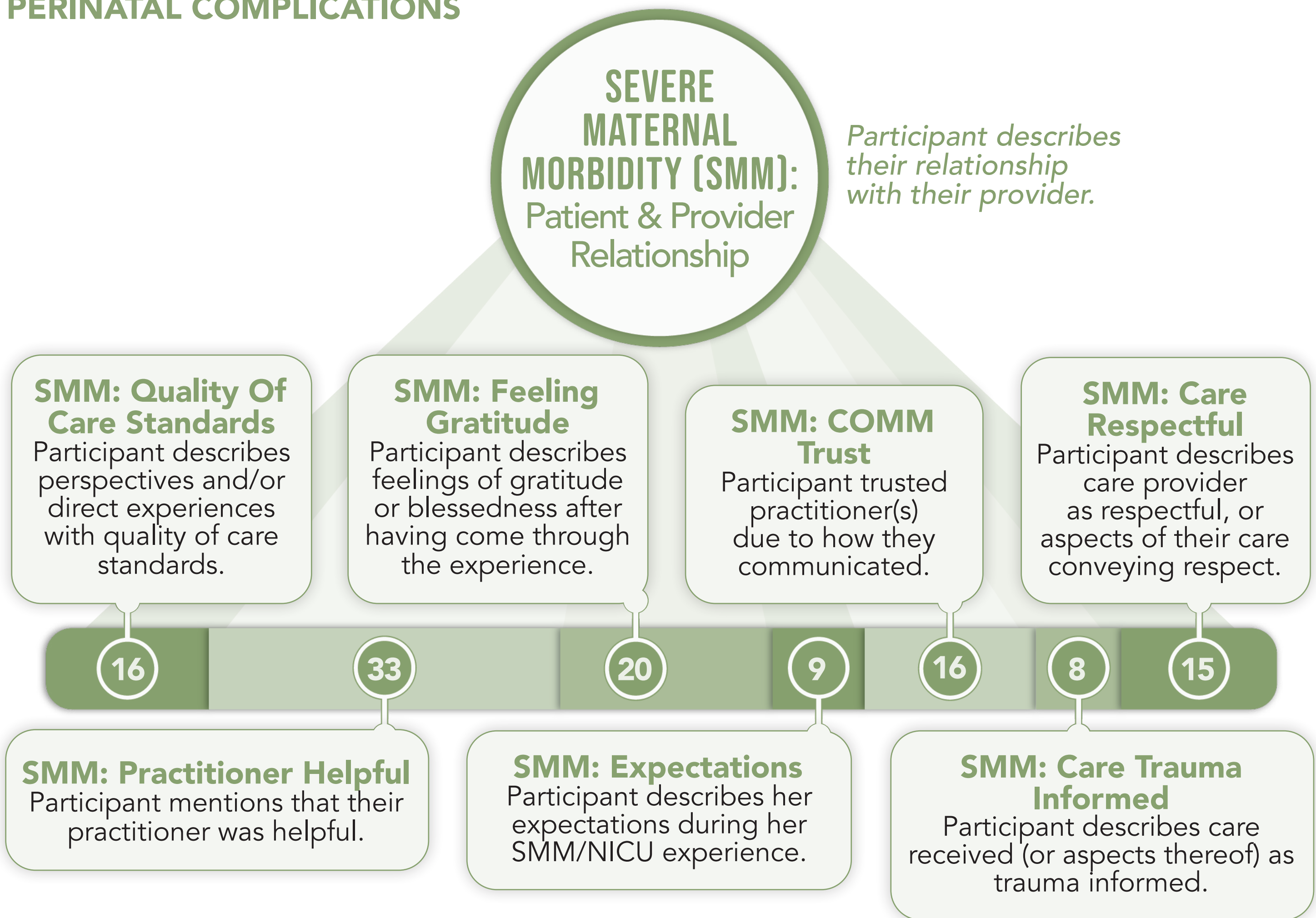
"…when things don't go the way that everybody hopes they will, when you have an unexpected you know a traumatic birth or a complication in your birth, or your baby has to go to the NICU…when anything like that happens, there should be people like you… there should be social workers that are coming and checking on you and sitting and having many counseling sessions in your hospital room, every day that you're there…There wasn't anybody like checking on me, like mentally, are you OK? 'Like are you… how are you handling, things did not go the way that you wanted them to. Obviously, that's really disappointing, you know, how are you coping with that? Do you need to talk to someone? Would that be beneficial?' Nobody asks those kinds of questions."

– SMM Focus Group Participant



Another mother shared a similar sentiment of feeling that they were not provided the mental and emotional support they needed and experienced difficulties communicating with her OB and other support systems and stated, *"I don't think that they, like in my mind, it didn't feel like they actually wanted to hear what I had to say. Like that didn't seem the time and place for it."*

PATIENT-PROVIDER RELATIONSHIP AMONG MOTHERS WHO EXPERIENCED PERINATAL COMPLICATIONS



Visualization explores the presentation and intersection of several modifying factors concerning the relationship between a birthing person and their provider, as described by participants experiencing severe morbidity during their pregnancy. These modifying factors include: Quality of Care Standards (16), Practitioner Helpful (33), Feeling Gratitude (20), Expectations (9), Trust and Communication (16), Trauma-Informed Care(8), and Respectful Care (15). The numerical value represents strength of association as that factor co-occurred with the description of the patient-provider relationship in the transcripts.

FINDINGS FROM MOTHERS WHO HAD A CHILD ADMITTED TO NICU

Mothers were asked generally about their experience with having a child in the NICU. In describing the quality or aspects of care, or events that transpired during the NICU stay, participating mothers spoke to what could have helped in terms of policies and support more than any other theme. One mother stated, *"… she would just have to get checked out by the NICU for maybe 5 minutes. And at that time when they said 5 minutes I thought, oh my gosh, that sounds like a lifetime. She's going to… be here and I can't hold her and just the five minutes was already breaking my heart."*

When specifically recounting experiences of breastfeeding newborns while in the NICU, and whether or not they were able to hold children, the feedback from mothers overwhelmingly trended toward not being able to touch or feed their children.

Specifically, mothers described being unable to breastfeed in the NICU at all, identifying protocols and even the hospital stay itself as barriers to successful breastfeeding.

"Breastfeeding was hard because you know (my child)...she had to learn how to eat with a bottle for the first 28 days. So trying to get her to latch onto my boob was a big deal..."

– SMM/NICU Focus Group Participant

"Once I gave birth to (my son), I didn't even see him. they took him away from me so fast...I could have held him. I wish I did get that moment with him but I didn't... I was so hurt... I didn't get to see him until the next day and my blood pressure started going crazy. like... my feelings like I know I, I knew I just had a baby like but I just couldn't... I felt like I wasn't exactly I, like I wasn't all the way there.... I just didn't get to see him as often with him being in the NICU because I just wasn't able to. Because he was premature I was like well the least I could do is breastfeed like there's just that's not even an option like I have to breastfeed so I...while I was there and I couldn't see him, I would pump and send the milk up to him."

– SMM/NICU Focus Group Participant

As detailed here, these experiences were often recounted in tandem with feelings of fear, powerlessness, and what types of postpartum support were and are needed, but were not offered. In describing the NICU experience, while mothers did describe staff as helpful and/or supportive more frequently than the opposite, there are key areas where staff were perceived to be unsupportive, especially as it pertains to communication with the family. These miscommunications were frequently described in conjunction with mothers feeling traumatized, and that negative experience having a detrimental impact on self-efficacy. In recounting her experience one mother shared,

"There were some doctors and some nurses that didn't listen to our concerns, and I was laughed at pretty early on when I asked a question about feeding [child's name], that didn't feel good." Another mother similarly expressed, *"When I asked that question the doctor just looked at me and laughed...And I just immediately shrank back. And something I've learned in the last four years is that one of my trauma responses is that I freeze. I'm silent and I don't know what to say or how to stand up for myself."*

Yet another mother highlighted that the lack of information about the care her infant was receiving was alienating.

"I was under this assumption that they would kind of lay out my options or give me suggestions, but nobody did. I'm not doubting the quality of care he received from the staff at the NICU. I know it was wonderful. But as far as having the parents in mind, as far as what we're going through because our baby is in the NICU, I felt like that was totally absent... Communication was really bad... I didn't know what questions to ask, but unless I asked the question, I didn't get any kind of information. And so that was tough... it wasn't a constructive dialogue because I didn't even know where to start... I'm trying to learn. I'm trying to keep up, but there's no way as I'm recovering myself and also learn in very short order about what's going on with the baby. That was VERY frustrating. THAT continued the whole way through his NICU stay."

– NICU Focus Group Participant

As previously noted, what could have helped came up in mothers recounting their NICU experiences more frequently than any other theme, and presented a full three times as often as mother's describing the resources available to them, or having utilized those resources.

An overwhelming theme in participating mothers' responses centered on the need for mental health support for birthing people and their families during and after the NICU experience, recounting experiences in tandem with both feeling powerless and residual trauma. One mother highlighted the systemic lack of appropriate screening, services, or support.

> ***"It feels like the OB has to see you one time six weeks after birth, they do whatever they gotta do to sign off on you, and then you're done and they see you in a year for your next pap smear. Nobody asks, 'Are you doing OK?' You know other than you know the doctors come into your room and they're like how are you today? But they don't want that. They don't want you to unleash and tell them well you know I'm actually really struggling here. That sucked. That was not the birth experience that I thought I was going to have and I am struggling to process it and my husband is not a counselor so I can only dump so much on him. Like nobody checks on us, and unless you know we have enough self-awareness and financial means to go and schedule ourselves with a counselor and whatever it takes to make that happen."***

–SMM Focus Group Participant

Another mother also stated,

> ***"…when things don't go the way that everybody hopes they will, when you have an unexpected you know a traumatic birth or a complication in your birth, or your baby has to go to the NICU…when anything like that happens, there should be people like you… there should be social workers that are coming and checking on you and sitting and having many counseling sessions in your hospital room, every day that you're there."***

– SMM/NICU Focus Group Participant

Lastly, one participating mom suggested establishing mental health support in the group setting, proposing *"I think we need a NICU moms support. Like someone that's specifically for NICU mom, because after you have your child, you think it's going to be this way, but it's totally a different ballgame."*

FINDINGS FROM MOTHERS WHO HAD A HOME BIRTH

Six mothers shared their home birth experiences. Factors for deciding to have a home birth included, mitigating challenges as a result of the pandemic, wanting to be more knowledgeable about their pregnancy and birthing process, wanting more agency and control of their birth plan, and also because previous in-hospital birth experiences did not meet their expectations or were considered to not be quality care.

During the discussions, participants were asked to share their thoughts regarding quality of care standards, communication during the different phases of pregnancy, the relationship with their providers, and advice for other birthing people in New Orleans. Generally, the participants emphasized feeling heard and respected by their midwives and doulas during the process, from prenatal to postpartum. **Mothers define high quality and respectful homebirth care in terms of patient and provider communication and rapport, providing informed consent, and honoring the humanity in the birthing people they serve.**

In terms of the quality of care received by participants, an overarching sentiment from mothers describes a tension between the standard procedures of medical care provided and meeting the unique needs or requests from patients. Where providers assume consent from patients without fully informing them of the rationale behind the care being provided and not communicating alternative options. For many mothers this was a factor in their decision to give birth at home.

Furthermore, when discussing quality maternity care the biggest characteristic that stood out about communication during a routine visit with their midwife was time. The participants spoke at length about having enough time to ask questions and interact with their provider.

> ***"A routine visit with my midwife that I birthed with, typically lasted for hours, and most of it was on, was telehealth, because we were in the same area, but it will last for hours. And she had a partner that she was working with another midwife that she teams that she's worked with, which most midwives do, they partner up with other midwives so they could have assistance."***

– Homebirth Focus Group Participant

The participants also generally had positive feelings regarding the level of communication they were able to have with their providers during routine visits. Good communication was described as honest, unbiased, and thorough. Mothers described that the way providers communicate with their patients directly impacts the birthing experience and the way they receive information, especially pertaining to complicated information. Trust was also defined as a major factor in communication with their provider and the ability to have a positive relationship.

> ***"Because if you're trusting someone with giving you the clear and open communication that you need to make really important decisions on, that affects your whole experience. And ultimately, it could affect your, your own mental and physical health in the long run. So, I think that providers' words and communication is the key to educating a patient."***

– Homebirth Focus Group Participant

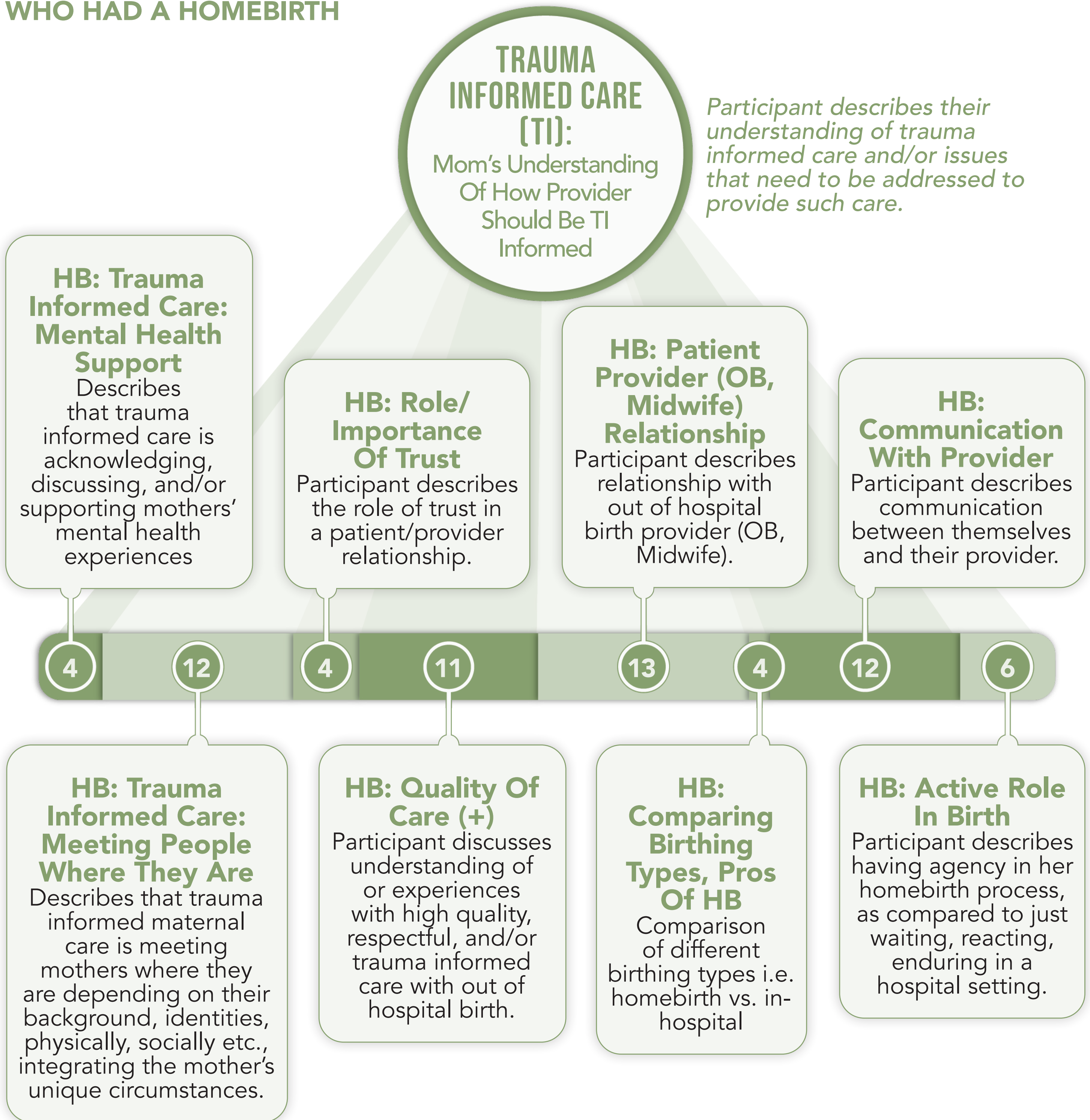
> ***"I mean, I think, like trust and a good relationship with your care provider is like, first and foremost, you know, like, my experience, I feel like I was so able to be positive, because I trusted my midwife completely, not only in her skill level, but also that she was listening to me and answering my questions, super, you know, like, respectfully, like, that was never, you know, I never had to doubt that she was gonna, like, respect me."***

– Homebirth Focus Group Participant

Finally, mothers were asked what messages they would leave for women and birthing people that plan to give birth in New Orleans from the preconception phase through postpartum. During all phases mothers stressed the importance of "doing your research." They want birthing mothers to know that there are options available for how and where they want to birth their children, and that there are options for the types of birth workers they want to support them during pregnancy and delivery. One mother shared, *"I didn't realize I could have a birth experience that matches more of who I am."*

Mothers also stressed the importance of having help and a strong support system postpartum. **While the mothers agree that support is necessary in all stages, they really stressed its importance during the postpartum period.**

EXPLORING UNDERSTANDING OF TRAUMA INFORMED CARE ACROSS MOTHERS WHO HAD A HOMEBIRTH



This visualization explores the presentation and intersection of several modifying factors as mothers who experienced a homebirth described their understanding of trauma-informed care and/or issues that need to be addressed to provide such care. These modifying factors include: Mental Health Support (4), Meeting People Where They Are (12), The Role and Importance of Trust (4), Positive Quality of Care (11), The Patient-Provider Relationship (13), Comparing Hospital to Out-of-Hospital Birth (1), Communication with Provider (12) and having an Active Role in her Birth (8). The numerical value represents strength of association as that factor co-occurred with the respondents' understanding of trauma informed care in the transcripts.

MY SUPPORT

RESOURCES AND SUPPORTS NEEDED FOR MOTHERS

Mothers describe being supported in various ways during prenatal care, while giving birth, while breastfeeding, and immediately postpartum by family members and providers, including primary care physicians, nurses, midwives, doulas, and local birthing centers. Mothers also describe the presence, benefits, and use of several resources that were made available to them throughout their perinatal experience. However, participating mothers and providers describe instances and direct experiences that speak to the absence of specific resources and care supports. The direct experiences of mothers highlight the ways in which maternal care could be more patient-centered and equitable in standard practice to provide the best quality of care.

Table 3: Resources, support, and best practices that mothers and providers have described are needed in maternal care

ALL PARTICIPATING MOTHERS:	
1. Continuous mental & emotional health supports	*"I do kind of wish there was a way for me and my husband to have seen a counselor or a therapist while we were there. I know that would've been completely on me to set that up, but I wasn't even thinking that… But I think if I had a professional to tell them what I was feeling and what I had gone through maybe it wouldn't have taken so long to kind of start to process the trauma."* – SMM/NICU Participant
2. Bring awareness to services available to mothers	*"I emotionally did not handle it well and I wish that there had been more, more people asking me how I was doing and I wish there had been somebody, you know, when y'all come away from all of this y'all are gonna see the theme of me as we need more social workers, we need more counselors, because, you know, nobody was asking me how I was doing nobody was saying hey do you want to talk through some of this?...*

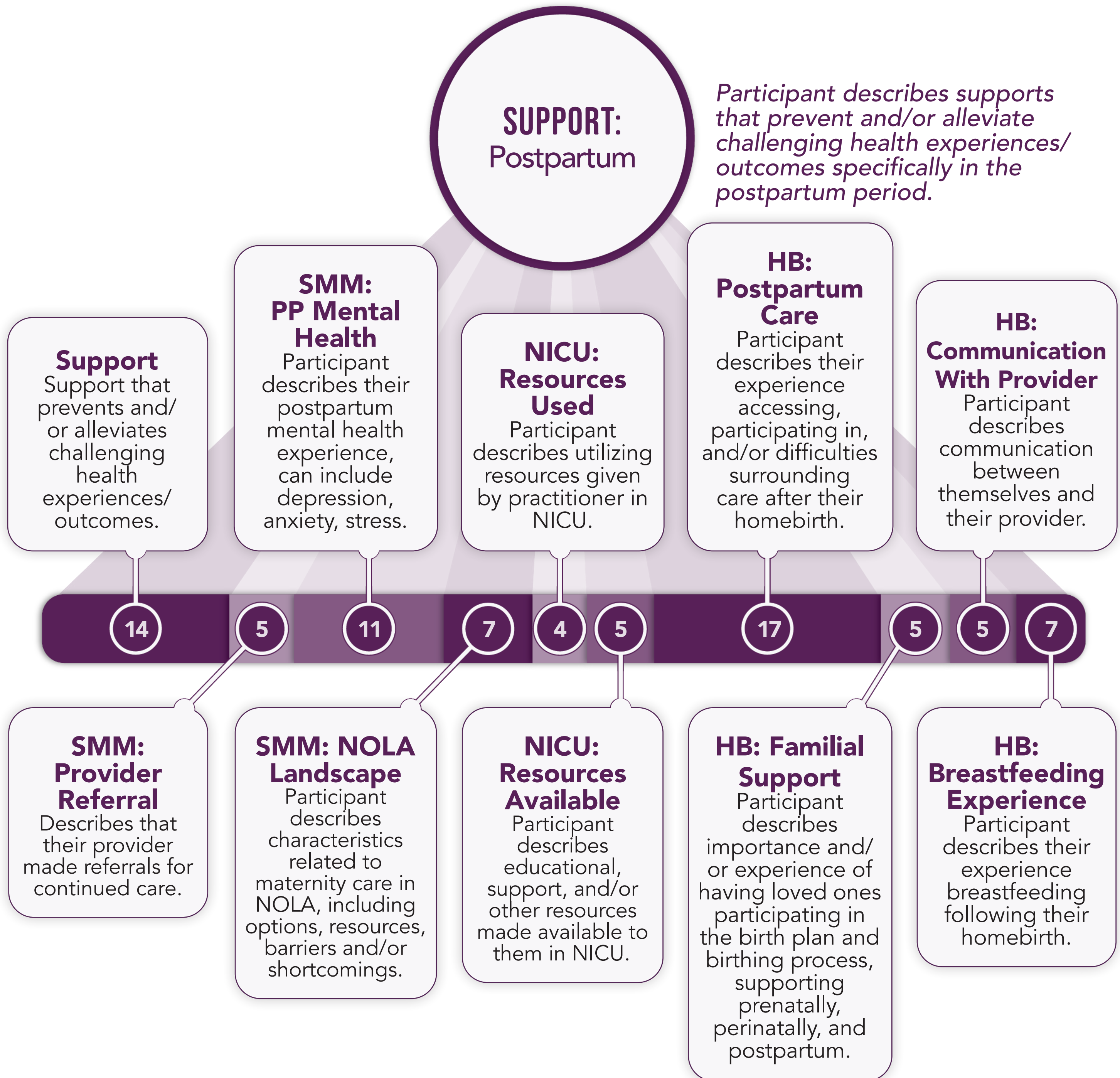
	Is there anything that we can do to help? There was lots of you know oh we can help you breastfeed or you know we can help you learn about this with the baby and all but nobody was checking on me at all. And I wasn't doing well, I was really struggling. I was crying the whole way home." –SMM/NICU Participant *"I could have used somebody coming to me and saying, 'Hey, you, like, it's really hard, isn't it? Leaving your baby here every night, would you like to come in and talk with me once a week while you're here? Or would you like my phone number?' Somebody who could counsel me, who has walked other mothers through this to help me to see through that there's going to be a light at the end of the tunnel because you know, one of the worst parts, was that I expected, when I got home, that okay the baby's here the sads are just going to turn off and they didn't. I wasn't able to just flip that light switch and be happy for an entire month, I was in darkness, and it didn't just rectify because now the baby is here, like I was still so low I couldn't get her to latch so that compounded and made it worse…I put myself in counseling because I still like I was functioning and I had gone back to work and I guess I went back to work in September. So, yeah, I was really struggling and I had to find help on my own. My OB had left and moved away so I had to go establish with a new OB just to get a referral to a counselor. So, yeah. There just wasn't anybody checking on me when I could have really really used that."* – SMM/NICU Participant *"And it's crazy to me because a lot of women don't know about these programs. And I found out during my primary care doctor… I'm very grateful because a lot of women don't know, and I try my best to tell a lot of pregnant women like hey you know there's these programs out here like you know that can help you get these resources."* – NICU/SMM Participant *"Cause I didn't know about any community support groups so how did y'all know about Baby Cafe and all these things cause I didn't? I had no idea they even had that out there."* – Breastfeeding Participant
3. Immediate and long term postpartum support	*"Like so just you know having some sort of education, postpartum education, would have helped me tremendously, and I would have breastfed her longer."* – Breastfeeding Participant *"...maybe more than any other time in that whole process or cycle, postpartum is when you need even more support."* – Homebirth Participant

	"Follow up postpartum. That was one thing I did not have after my first son. And I had really bad postpartum anxiety and I felt like I had to… I felt like I was harassing my OB to try to get advice on what to do. But I feel like this time around I was more proactive about seeking out resources and talk and asking for help then I was the first time around… traditional follow up is one 6 week postpartum visit. And that's not enough. That's not nearly enough. So I think there needs to be a lot of follow up with breastfeeding help, with any kind of help. With you know even with what's ok for your body to look and feel like postpartum. And what are red flags. When you get that rundown as they discharge you from the hospital, but you can't remember all those things [small laugh]. You're sleep deprived. You're dealing with a newborn, you know. So much more comprehensive follow up, emotionally, physically. In just a big way that doesn't exist right now." – SMM/NICU Participant
4. Peer-peer and/or support groups	*"...if there was like a community or some kind of group to help me, you know just understand that I didn't have to cover myself or this is something that I could've done for longer than six months or seven months."* – Breastfeeding Participant *"...the midwives would host I don't know, a few times a year or something like that kind of birth stories groups where they would bring together women who had had their babies already and women who were pregnant, to share, you know, come together and share and that was just kind of like encouraging, you know, you're like worried about this thing you've never done and here's some people who've done it."* – Homebirth Participant *"I think we need a NICU moms support. Like someone that's specifically for NICU mom, because after you have your child, you think it's going to be this way, but it's totally a different ballgame."* – SMM/NICU Participant

WHILE BREASTFEEDING:

1. Individualized lactation consultation and preparedness for mothers	*"I would say I had to do a lot of my own research, I remember when I left the hospital and I didn't feel like I was producing a lot of milk I remember calling the lactation nurse from the hospital, I felt, I remember feeling like she wasn't very helpful, I think she just kinda told me just keep trying, and obviously I was trying that's why I'm calling, so like I just had to go on the internet and… I kinda like self educated I guess, I could have reached out to other sources, maybe, I didn't really know what was available other than the lactation nurse at the time, so I kinda felt like I was on my own after that."* – Breastfeeding Participant

	"So probably learning about pumping and having a ...Now I have a great pump that I love…I guess just more educated on pumping. Like, we talk about breastfeeding but not so much about pumping. And I guess that is just because we are trying to educate ourselves more on breastfeeding." – Breastfeeding Participant *"The nurses would explain certain things to me, but not in… not in the way that I needed to, to understand it, not in a way.. I didn't know anything about cluster feeding, I didn't know that your milk doesn't come in the first couple of days because we didn't take a breastfeeding class. And the lactation consultants never really asked, like, okay, what's your level of understanding? How much do you know? Are you prepared to nurse your baby?"* –Homebirth Participant
2. Support from and education for family members	*"I feel like family [didn't] know how to support me. Um, because no one around like my husband, no one in his family breastfed so he didn't know how to help. And my mom just thought I had it, you know."* – Breastfeeding Focus Group Participant
3. Breastfeeding/ lactation positive workplaces and education institutions	*"I think sometimes, if jobs were a little more understanding, um, and you know, supported those moms to say, 'you know I understand you need to take this moment to pump.' And, there are federal regulations in place but most jobs don't adhere to that, nor do they, you know, it's almost like they don't want you to know about it… they had the flyers, you know the 'your rights at work' flyers for breastfeeding, and I can remember putting that on the bulletin board at work so that when people had questions I could simply you know refer them to that information. And I think those things would help and also encourage moms to breastfeed, and to breastfeed longer at that."* – Breastfeeding Focus Group Participant *"The lactation room was being used as a storage closet, um, and so, I found it very tough. And on lunch breaks, because wasn't the biggest fan of pumping, I would go pick her up at her daycare center to nurse. Just so that I could, you know, maybe cut out one of those pumping sessions throughout the day. Um, and, the job wasn't super supportive…"* – Breastfeeding Participant *"I got pregnant in college…I just went on the first day and I brought the pump and I had no idea where I was going to pump or where I was going to store the milk. And I just like asked one of my professors if they know or where can I go to get that information. But like obviously the school doesn't have like a place for students to do that. But she let me pump in her office and store it in her fridge in her office. Yeah I just did it in between classes."* – Breastfeeding Participant



This visualization explores the presentation and intersection of several modifying factors regarding the support respondents had, or wished they had had, in the postpartum period across all respondent groups of birthing people. These modifying factors include: General Support (14), Provider Referrals (5), Mental Health Postpartum (11), the Maternal & Child Health Landscape in New Orleans (7), Resources Available (4), Resources Used (5), Care Received Postpartum (17), Familial Support (5), Communication with the Provider (5) and Experience Breastfeeding (7). The numerical value represents strength of association as that factor co-occurred with the description of postpartum support offered in the transcripts.

CONCLUSION

SETTING - MCH LANDSCAPE AMIDST PANDEMIC CONDITIONS

As with most other sectors of healthcare, the COVID-19 pandemic exposed significant barriers to access, incongruencies in care provision, and systemic shortcomings among the maternity care system in the Greater New Orleans Area. Participating mothers described months-long waits for appointments, postponed care, ineffective communication from care teams, and even having had births pushed to the home environment by the demand on the healthcare system. Participating mothers also described receiving a paucity of education, communication and support form care teams, from prenatal appointments through discharge from the Mother-Baby unit. For some mothers, pandemic circumstances combined with wanting to be more knowledgeable about their pregnancy and birthing process and wanting more agency and control of their birth plan led to electing for homebirth. Mothers also called for continuing education among the workforce, diversification of the workforce, and leveraging community resources such as doulas, lactation consultants, breastfeeding communities, and mental health supports.

MY BODY - WISDOM FROM BREASTFEEDING MOTHERS

Many participants recalled little knowledge prior to breastfeeding, and spoke to the importance of education from clinicians, community, and social networks. While few reported shame or regret, all built breastfeeding confidence as they had more children, especially those with a family history of breastfeeding. Mothers who did not participate in breastfeeding support groups noted that they wished they had access to these groups. Participants strongly encouraged mothers considering breastfeeding in the future to seek both professional, familial, and group support, as well as cautioned mothers regarding the importance of perseverance, determination, and managing expectations. Participants also strongly encouraged consistent communication from the doctors, and more breastfeeding education for doctors and nurses, many having experienced judgment, shame, and a lack of encouragement from care teams themselves. Participants also named expanded access to support groups and working with employers and education institutions to make environments more supportive and personnel more understanding and ultimately aware of the rights and protections for breastfeeding moms.

MY BIRTH - REGARDING QUALITY OF CARE

Generally, high quality, respectful care was defined in terms of time spent, strong communication—especially through changing, unanticipated, and unfavorable birth circumstances—respect for and space to express patient autonomy, and consideration of past birth and trauma experiences, regardless of whether or not the patient verbalizes those experiences as traumatic. They generally agreed that communication and trust were integral in a good patient-provider relationship; however, participants noted that these key factors were often lacking, notably when white healthcare providers encountered Black patients. Interventions brought up in this study include a larger emphasis in health providers practicing trauma-informed and respectful care, as well as increased education for birthing people on birthing options and general knowledge about the birth process, including more information about feeding options.

MY VOICE - REFLECTIONS ON THE RELATIONSHIP BETWEEN BIRTHING PEOPLE AND PROVIDERS

The priority population interviewed advised providers to pressure patients less while taking the opportunity to actively listen for their personal and family history, values, desires, fears and deal breakers. Respondent mothers also emphasized the importance of open, clear, consistent communication and patient education starting early and continuing often. Qualities such as transparency, accessibility, and effective linkage to needed resources were also named as paramount. Mothers generally called for greater personalization of care, but perhaps no group of respondents echoed this more strongly than those mothers whose children spent time in the NICU.

MY SUPPORT - ADVICE TO FUTURE BIRTHING PEOPLE

Mothers participating in the study encouraged future birthing people to focus on holistic health and building support in the preconception phase, to research everything and self-educate as much as possible about birth and birth options, to seek out a provider you trust, to persevere behind your values and priorities but also manage expectations along the way, and to be better prepared, better resourced, better supported, and ultimately prepared to heal holistically, but especially mentally in the postpartum phase.

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Kate Andrus

WIC Program Director

Tara Brown

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Clare Daniel

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Gabrielle Forges

Mother of six; doula

George "Jody" Morris IV

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Jennifer Winters

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Table 1. The following table highlights questions asked to participants in the breastfeeding focus groups.

BREASTFEEDING SPECIFIC QUESTIONS

Breastfeeding Self-efficacy

1. How long did you breastfeed your baby?
2. What is your family's breastfeeding history? If you can remember, can you describe when you first saw a woman breastfeeding prior to birthing your baby.
3. Did you receive prenatal breastfeeding education? Can you describe what breastfeeding prenatal education you received?
4. Did you discuss breastfeeding with your provider? Can you describe your discussions with your provider about breastfeeding?
5. How comfortable were you in your ability to breastfeed prior to birthing your baby? How could you have been more prepared beforehand?

Breastfeeding at Hospital

1. Can you describe your breastfeeding experience while in the hospital?
2. Did you feel supported at the hospital? Please describe.
3. Describe any difficulty with breastfeeding and how you overcame it?
4. What could have improved your experience?

Immediate Postpartum Support

1. Can you describe your breastfeeding experience when you first arrived home?
2. Did you feel supported immediately after giving birth? Please describe.
3. Describe any difficulty with breastfeeding and how did you overcome it?
4. What could have improved on your experience?

Breastfeeding Environment

1. Did you have a community network to support you with breastfeeding? Please describe.
2. If any please describe your experience with breastfeeding in public in New Orleans?
3. What type of community support exists?
4. What are the barriers? Who are the supporters? What support resources exist?
5. Black breastfeeding rates are much lower than white what effect do you think race plays on breastfeeding?

Breastfeeding at BabyCafe

1. How did you learn about the BabyCafe?
2. How could NOLA Baby Cafe inform more people about its services?
3. Can you describe your experience with NOLA BabyCafe?
4. How could the care provided at NOLA BabyCafe be improved?

Breastfeeding and returning to work and school

1. Were you separated from your baby for long periods for work, school or any other reason?
2. Did you continue to breastfeed when you were separated from your baby?
3. Can you describe the preparation you did to return to work, school or being separated from your baby while continuing to breastfeed?
4. How could you have been better prepared?

Overall

1. What resources are needed to assist moms to successfully breastfeed?
2. What advice would you give families about breastfeeding:
   a. Preconception?
   b. Prenatally?
   c. At the hospital?
   d. Going home?
   e. Returning to work and school?
3. What advice would you give the healthcare team who care for women and families?
   a. Preconception?
   b. Prenatally?
   c. At the hospital?
   d. Going home?
   e. Returning to work and school?

Table 2. The following table highlights questions asked to participants in the severe maternal morbidity interviews.

SEVERE MATERNAL MORBIDITY SPECIFIC QUESTIONS

Understanding of Maternal Health Issues

1. Can you describe your child birthing experience?
2. Can you briefly describe your prenatal care experience?
3. Can you describe the landscape of maternal care in New Orleans? This would be the period from prenatal care to one year at the birth of your baby.
4. What are the most pressing issues in maternity care?
5. Does the race of the patient or provider play a role in the care being provided or the outcome?
6. The Black maternal mortality and morbidity rates are higher than whites? What do you think might be the causes for this higher rate?

Quality of Care Standards

1. What would you consider as high quality maternity care?
2. What is your understanding of trauma informed medical care?
3. What specific issues need to be addressed to provide trauma informed maternity care?
4. What is your understanding of respectful maternity care?
5. Do you think New Orleans prenatal care providers are provided with the appropriate tools necessary to provide the best level of care?
   a. Why or why not?

Communication

1. How would you describe the communication during a routine OB/GYN visit?
2. How would you describe the communication when discussing complicated medical information during a prenatal appointment?
3. How would you describe the communication when discussing complicated medical information during labor and delivery at the hospital?
4. How would you describe the communication between patient and provider after an unintended/unfavorable outcome?

5. How would you describe good communication between patient and provider?

Patient and Provider Relationship

1. What role does trust play in the patient and provider relationship?
2. How would you describe a trusting relationship between a patient and a provider? What role does open communication play in that relationship?
3. What effect does the relationship between a provider and patient have on a mothers decision to breastfeed?
4. Can you describe what it looks like when a provider/nurse has a good relationship with patients?

Overall

1. What general message would you give to women who plan to give birth in New Orleans:
   a. In the preconception phase?
   b. During birthing?
   c. Postpartum?

Table 3. The following table highlights questions asked to participants with NICU experience. Note: Due to small sample size, participants with NICU experience were included in the severe maternal morbidity focus groups. They were asked the same questions in Table 4 with the addition of the questions listed below.

NICU EXPERIENCE SPECIFIC QUESTIONS

NICU Experience

1. Can you describe your experience in the NICU?
2. What type of support was provided to you in the NICU?
3. What additional support could you have used?
4. How could the quality of care during a family's time in the NICU be improved?

Table 4. The following table highlights questions asked to participants in the homebirth focus groups.

HOMEBIRTH EXPERIENCE SPECIFIC QUESTIONS

Understanding of Maternal Health Issues

1. Please tell me how many children you have and their ages?
2. Can you describe each of your childbirth experience(s)?
   a. Were there specific aspects of your previous birth experiences that you wanted to change for this birth?
   b. Were there specific things from your past birth experiences that you wanted to replicate, for this birth?
3. How did COVID-19 impact your birth plan?
4. Can you briefly describe your prenatal care experience during your most recent pregnancy?
5. What changes did you make to keep yourself and your baby safe during the pandemic?

Quality of Care

1. Why did you decide to give birth at home?
2. How would you describe your homebirth experience?
   a. How was it different from your hospital/birth center birth experience?
   b. What would you consider as high quality homebirth care?

3. Describe your postpartum experience with your homebirth.
4. Describe your breastfeeding initiation experience with your homebirth.
5. What is your understanding of trauma informed medical care?
6. What is your understanding of respectful maternity care?
7. What specific issues need to be addressed to provide trauma informed maternity care or respectful maternity care?

Communication

1. How would you describe the communication during a routine visit with your midwife? A routine visit with you OB/Gyn?
2. How did your midwife share information with you during your prenatal care?
3. How did your midwife share complicated medical information during the labor and delivery process?
4. How would you describe good communication between patient and provider?
5. What worked well in your communication with your midwife? What could have been improved in your communication with your midwife?

Patient and Midwife Relationship

1. What role does trust play in the patient and midwife relationship?
2. How would you describe a trusting relationship between a patient and a midwife? What role does open communication play in that relationship?
3. What effect does the relationship between a midwife and a mother's decision to breastfeed?
4. Can you describe what it looks like when a provider/nurse midwife has a good relationship with patients?

Overall

1. What general message would you give to women who plan to give birth at home in New Orleans:?
2. How did cost impact your decision to give birth at home?
3. How do you think cost impacts other birthing families when they are making decisions about their birth plans?
4. What can the health care system do to improve birth outcomes in New Orleans?
5. What can community supports do to improve birth outcomes in New Orleans? Community means professionals who work outside the health care system like community-based organizations or universities such as researcher, birth workers, lactation workers.
6. What can community supports do to improve birth outcomes in New Orleans? Community means professionals who work outside the health care system like community-based organizations or universities such as researcher, birth workers, lactation workers.