

Amplifying the Voice of Black Mothers Diagnosed with Hypertension after Birth Regarding Patient-Clinician Communication: Lessons Learned Using a Mixed-Methods Approach

Melanie Fant¹, Sarah Rhoads and Loretia Carroll
University of Tennessee, Memphis, TN, USA

ABSTRACT

Researching vulnerable populations means the researcher has the responsibility to ensure that their voices are magnified. Certain methods should be utilized during recruitment and data collection to garner the trust of your population and be able to capture their experiences accurately. Black postpartum mothers are a unique vulnerable population that involves convenience, patience, and opportunity. During qualitative data collection, many lessons were learned on how to interview them and capture their experiences, but the primary challenge was recruitment. Due to a history of research abuse among Black Americans, many of them have been resistant to research participation. However, due to the recent Black maternal mortality crisis, many Black postpartum mothers felt moved to contribute to this research focus in efforts to help other Black mothers. Race-concordance with the primary investigator also served a great purpose as participants felt more comfortable sharing their experiences. Many were very honest, expressing that they knew their voices would be heard by a black woman. Intentionally adopting the listed qualitative interview technique provided rich qualitative data and empowered Black postpartum mothers to freely share their experiences.

KEYWORDS: Postpartum, methods, black mothers, hypertension, research techniques

It is vital to explore the perceptions of Black postpartum mothers through their experiential lens because the postpartum period exhibits the highest risk for maternal death, especially among Black postpartum mothers (Adams & Young, 2022). However, years of ethical violations and abuse of Black American research participants have negatively impacted research recruitment and participation efforts that could otherwise benefit this vulnerable population (Bowdler, 2023; Frierson et al., 2019; Le et al., 2022; Scharff et al., 2010). Accordingly, the primary investigator (PI) implemented culturally competent techniques and skills while conducting the research project, which future qualitative researchers can replicate. This article aims to discuss the PI's experiences and lessons learned while conducting a research study with Black postpartum mothers.

¹ Corresponding author; an assistant professor of the Department of Health Promotion and Disease Prevention in the College of Nursing at the University of Tennessee Health Science Center. E-mail; melp.fant@gmail.com

Acute Hypertensive Crisis

An acute hypertensive crisis is a condition that causes severely elevated blood pressure during pregnancy or postpartum and requires immediate intervention to prevent stroke or organ damage. Acute hypertensive crisis has several diagnoses, such as preeclampsia, postpartum hypertension, and eclampsia (American College of Obstetricians and Gynecologists [ACOG], 2020; Bernstein et al., 2017). For the purposes of this article, we will generalize the term to severely elevated blood pressure. Black mothers are more likely to have elevated blood pressure and severely elevated blood pressure during pregnancy when compared to Hispanic and non-Hispanic White mothers (Boakye et al., 2021).

Black American Postpartum Mothers

Black postpartum mothers are a vulnerable population that faces systemic health inequities (Bowdler, 2023; Briscoe et al., 2016), with one study noting 1 in 6 Black mothers reported mistreatment during pregnancy and postpartum periods (McLemore, 2019) and another finding that Black mothers are 3-4 times more likely to die from pregnancy-related complications than White mothers (Creanga et al., 2017). Racism affects the quality of healthcare Black people receive (Altman et al., 2019; Markin & Coleman, 2021), including numerous reports of poor patient-provider communication and healthcare mistrust (Davis, 2019; McLemore et al., 2018; Vedam et al., 2019).

As a Black female Labor and Delivery nurse, the PI witnessed gaps in communication between Black mothers and the obstetric health care team compounded by delays in care and implicit bias, placing mothers at significant risk for adverse outcomes. This issue became more striking when the PI's close friend and work colleague, also a Black female, suffered a massive stroke and passed away three days postpartum, leaving her newborn baby behind. The cause of her stroke was documented her medical records as "uncontrolled high blood pressure and delayed treatment." The following year, the PI's best friend, also Black, was unexpectedly hospitalized for postpartum preeclampsia but fortunately survived due to the PI's recommendation to seek timely, appropriate care. When asked why she had not fully disclosed her symptoms with her white male doctor, the friend replied she feared her obstetrician would doubt her symptoms, a similar sentiment echoed by many others in this community.

History of Research Participation Among Black Americans

Recruitment of Black American participants for research studies is challenging (Barrett et al., n.d.; Ejiogu et al., 2011; Otado et al., 2015), with common issues being mistrust, skepticism, transportation restrictions, language barriers, and lack of time, interest, or knowledge related to the research topic (Barrett et al., n.d.; Ejiogu et al., 2011; Getrich et al., 2013; Otado et al., 2015). Despite these challenges, Black Americans are more willing to participate in research studies examining topics pertinent to their communities (Belone et al., 2016). After completing our literature review, there were no specific articles found pertaining to qualitative interview lessons learned while interviewing Black women.

Research Methods

The purpose of this mixed-methods study (Creswell & Poth, 2018) was to explore perceptions of care and patient-clinician communication of Black American postpartum mothers

diagnosed with and treated for severely elevated blood pressure. Recruited individuals were eligible for the study if they (a) self-identified as a Black woman; (b) were 18-40 years old; (c) were able to speak, read, and understand English; (d) delivered a baby/babies within the last 12 months and diagnosed with severely elevated blood pressure; and (e) resided in the Mississippi River Delta Region (Delta) of the United States (US). Participants were pre-screened and consented to the study at the beginning of the online survey. Thirty-eight mothers completed a 24-question online survey exploring their communication experiences with their doctors during their antepartum and intrapartum periods, with 20 out of this group agreeing to participate in one-on-one interviews via Zoom. After each interview, participants were debriefed on what they shared in the interview for validity and reliability. Quantitative and qualitative data were collected concurrently and then analyzed and integrated. Member checking was completed by the research team, which consisted of another mixed-methodologist and nurse researcher. From the 20 interviews, four themes were identified: (1) prior experiences that impact perceptions of care and communication, (2) Black mothers say trust and transparency are vital for relationships, (3) Black mothers desire clear communication and information from clinicians, and (4) Black culture and cultural competence impacted my care (Fant et al., 2023). This article aims to examine lessons learned when conducting a mixed-methods study with Black mothers.

Qualitative Data Collection and Analysis

To ensure a foundational study, we examined the associations between demographic data and perceptions of care and communication and the correlation between their perceptions of care and communication during prenatal visits and hospital stays. We used a Dunn's rank association test to compare the median values of the three sub-domains of the DPQC by the demographics (Rosner, 2016). We used the Spearman's rank correlation to assess relationships between doctor-patient communication during prenatal visits and doctor-patient communication during their hospital stay (Rosner, 2016).

For the qualitative analysis, a phenomenological approach was selected for the qualitative content, as the purpose was to explore the phenomenon of Black American postpartum mothers' experiences and their perception of care and communication (Creswell & Poth, 2018). Interpretive phenomenology, also called hermeneutic phenomenology, is based on the philosophical assumption of ontology that focuses on questioning experiences, interpretation, and understanding (Rodriguez & Smith, 2018). Interpretive phenomenology also focuses on the interaction between a situation and the individual and how one identifies and interprets this interaction as implicit (Rodriguez & Smith, 2018). A phenomenological approach is important in health professions education, as it focuses on the voice of the population being researched (Neubauer et al., 2019), ensuring that the participants' voices are heard and providing the reader with insight into their experience through their lens.

All interviews were recorded, transcribed verbatim by the PI, and loaded into a text-based data management program, NVivo 2022. To initiate analysis, the research team met and read through the first few transcripts. Codebook thematic analysis was employed to analyze the qualitative data and ensured that the voices of Black postpartum mothers were heard by organizing and simplifying the complexity of the data into meaningful and manageable codes, categories, and themes (Peel, 2020). Emerging themes were then identified based on frequency in the rich data set, with actual phrases from the interviews being used to support these themes. Multiple coders were used to ensure validity and trustworthiness. Themes were developed using the field notes, conversations with the research team, participant comments, and introspection by the PI.

Both the quantitative and qualitative data were integrated to enhance the understanding of perceptions of care and patient-clinician communication among Black American mothers who were diagnosed with and treated for an severely elevated blood pressure (Tashakkori et al., (2021). The PI analyzed both data sets separately and then integrated the two using a joint-display table to better visualize how the qualitative and quantitative data confirmed or contrasted or were mixed (Fant, Rhoads, Carroll, Cao Fouquier, Tate, n.d.). The intent of integration of a convergent design was to develop results and interpretations that expand understanding, are comprehensive, and are validated and confirmed by another member of the research team (Creswell & Clark, 2018). The joint display table allowed the research team to look at what both data sets revealed from our three main concepts explored: Information Sharing, Relationship and Trust, and Self-Advocacy and Assertiveness.

Participants reported on their surveys that they were satisfied overall with their patient-clinician relationships and communication during their prenatal visits and hospitalizations. However, in the qualitative interviews, they were able to expound on their birth stories, and overall, they expressed the desire for more clear information and education about acute hypertensive crisis and education. Participants shared statements like, “Nobody has told me anything like yeah, lot of women get high blood pressure after they have a baby, nobody. They told me that this runs in my family. And I’m like, “...Okay?”. Examining further, there was a correlation between relationship and trust during the prenatal period and how often the clinician explained things in a way the patient could understand during their hospital visit ($r=0.463$, $p=0.0034$). Qualitative themes also suggest that their relationship with their clinician impacted their viewpoints on the care received and communication experience (Fant et al., n.d.).

One participant commented, “I was hesitant to reach out because it was a research study, but I’m glad I did. I felt like I could really relax and talk to you.” Studies are often conducted without examining the facilitators and barriers related to the study. Due to the gap in research and barriers to Black mothers’ participation as described above, the PI and team determined it was essential to disseminate lessons learned from conducting this study.

Lessons Learned

Several lessons learned emerged and were identified during the study, with key takeaways regarding recruitment, qualitative interviewing, and data collection being observed. Lessons learned from this project were grouped into the following categories: (1) Reachability and familiarity impacts recruitment, (2) providing and understanding informed consent, (3) structure of the interview questions, (4) convenience: making it easy for mothers to participate, (5) participants’ interest in the research topic, and (6) relatability garners trust.

Reachability and Familiarity Impacts Recruitment

According to the literature, Black Americans tend to have low recruitment. in research studies (Alegria et al., 2021; Frierson et al., 2019; Rogers et al., 2021; Taani et al., 2020). Moreover, many Black Americans report being unaware of research studies and having no understanding of the purpose of research (Frierson et al., 2019). This study aimed to recruit Black mothers from the Delta Region, an area known for having historical and structural barriers that have contributed to difficulties associated with Black participant recruitment (Scharff et al., 2010). Because the inclusion criteria consisted of mothers of child-bearing ages (18 years to 40 years of age), this participant set represented a large age range. Creative measures were used to reach this population, including social media advertisements, word of mouth, and stakeholder collaboration. Social media

provides an excellent resource for social support and the dissemination of pregnancy-related information. Harnessing this powerful tool, the PI created and posted a flyer describing the study on her Instagram page that was shared among online communities of Black mothers and birth workers, with many noting the excitement surrounding a study that would assist Black mothers' voices in being heard.

The PI's connections as a Labor and Delivery nurse and speaking on Black maternal health at community events such as the Arkansas Birthing Project, a non-profit organization led by Black women, and the University of Arkansas for Medical Sciences' Perinatal Outcomes Workgroup through Education and Research also facilitated recruitment and participation.

As a result, many people in the community familiarized themselves with the PI's name and the background for this study.

Providing and Understanding Informed Consent

Informed consent was done verbally using an 8th-grade reading level, avoided complex medical terminology, and emphasized that they could withdraw from the study at any time and that their participation was voluntary. During the informed consent process, several participants had questions concerning anonymity and whether participation would impact their future healthcare services. Therefore, the PI emphasized to all participants that all data would be de-identified before data transcription and analysis to maintain anonymity. Before beginning each interview, the PI assured mothers that participating would not impact future care because findings would not be presented to individual doctors or hospitals, the data would be aggregated, and identifying information would be removed before dissemination. This reassurance of anonymity allowed the participants to freely discuss their experiences, knowing they could disclose personal information that would not be revealed outside of their interactions with the PI. This ultimately facilitated easier conversation flow and more open, honest commentary on their experiences.

Structure of the Interview Questions

When developing the interview guide, the PI carefully considered the wording of the interview questions by consulting with experienced qualitative researchers. Each participant was asked five open-ended, conversation-styled questions specifically inquiring about their experiences: (1) Tell me about your birth story; (2) What were your prenatal visits like?; (3) Tell me about your postpartum experience and what preeclampsia means to you; (4) Can you recall your experience with your obstetrician and obstetrics team?; and (5) In what ways does the healthcare system hinder Black mothers from achieving and maintaining optimal treatment for preeclampsia/high blood pressure? The conversational interview style allowed mothers to discuss their birth stories. Probing questions also helped redirect the participant if needed. At the end of her interview, one participant commented that she "expected this interview to be weird, but it felt like I was talking to my friend about what happened when I had my baby."

Convenience: Making it Easy for Mothers to Participate

The original study plan involved the participant choosing whether to join the interview in person or via Zoom. Zoom is user-friendly, convenient, and accessible via smartphone, and most participants were familiar with it due to the COVID-19 pandemic (Kim et al., 2022; Falter et al., 2022). Therefore all of the participants opted for a virtual interview via Zoom. Security features, such as a secure password, and mothers were informed on what to do if the video call dropped.

Zoom participation enabled mothers, most of whom had their babies with them while on maternity leave or were working from home while caring for them, flexibility to attend the interviews. Most were able to remain on camera throughout their virtual interviews. The PI served as the only interviewer, which provided consistency, and she remained patient and avoided rushing while conducting the interviews. In addition, while the interview was being conducted, mothers were given the opportunity to take short breaks to tend to their babies, decreasing opportunities for stress and increasing their comfort levels and willingness to speak freely and recruit others. One participant said, “Thank you for making this virtual because I really wanted to participate, but I had my baby.”

Participants’ Interest in the Research Topic

All participants expressed interest in this study due to its purpose and topic. All 20 of the interviewed participants were aware of the Black maternal mortality crisis and were fearful or concerned about their well-being during their pregnancy. They shared their willingness to participate because they knew it would directly benefit Black mothers. They also stated that there is not enough research on Black postpartum mothers diagnosed with severely elevated blood pressure and expressed the need for more. Additionally, they reported experiencing implicit bias from clinicians and feeling like nothing is being done about it, and therefore, they wanted to be a part of the change. One participant tearfully said, “I was nervous about participating, but I can’t help but to think about uneducated Black moms who maybe don’t know what to do.”

Relatability Earns Trust

Experts on the research team for this study informed the PI of potential recruitment challenges, as Black Americans are traditionally harder to recruit due to mistrust stemming from historical events, e.g., *The Tuskegee Study of Untreated Syphilis*, as well as statistically lower literacy rates (Frierson et al., 2019; Le et al., 2022; Scharff et al., 2010). However, one strategy often used to combat this challenge is “race-matching,” or racial-concordance, an approach coordinating racially matched researchers to participants in order to increase trust and improve recruitment (Frierson et al., 2019).

Being a Black female of similar age, the PI generated trust and openness from the participants during the interviews and engaged with them in a relaxed, personal conversation where they could be emotionally vulnerable enough to cry or express anger. This interviewing technique was important, as it added to the emotional weight of their unique experiences. Many participants felt like they could trust the study’s validity, as it was being conducted by a Black woman, and told the PI this during their interview. Two participants stated, “I only reached out because I saw you were a black female researcher.”

Personal approaches that may have been unique to the PI at that time during the interviews were also used, such as initiating small talk prior to beginning the interviews, addressing the participant by name during the interview, laughing at their jokes, and maintaining eye contact and full attention when not writing notes. The PI also explained in the beginning that notes would be occasionally taken so that participants never felt like they were being ignored. Also, encouraging them to get comfortable, as the PI wanted them to detail their birth and postpartum stories, allowed them to take the reins of their own storytelling. In addition, because of the PI’s nursing experience, she was familiar with the terms the participants used in the interviews and knew when to ask clarifying questions.

Limitations

One limitation was that the mothers in the qualitative portion of the study were purposefully sampled from surveys, possibly leading to bias and a non-representative sample. The research team spent six months recruiting eligible participants but was only able to recruit 38 participants to take the online survey, with 20 of those participants agreeing to participate in a one-on-one virtual interview, therefore presenting a limitation for generalizability and possible bias. However, the team counteracted this by using a mixed-methods study that relied heavily on the qualitative results through 20 individual, in-depth interviews.

The PI was a Black woman with similar demographics as the mothers and she had previously worked as a Labor and Delivery nurse, which created potential bias and generalizability concerns, as many could assume her own personal experiences navigating healthcare spaces as a Black woman may have influenced data interpretation. To minimize this limitation, the PI assembled a research team of diverse individuals who analyzed the data and engaged in reflexive practices while striving for transparency in the methodology and analysis of results.

Significance of Research Study

This research project poses a significant contribution to new knowledge as there was a gap in the literature on exploring Black mothers' perceptions of their communication interactions with their obstetric clinicians, especially mothers diagnosed with severely elevated blood pressure. Other studies have explored perceptions of care from Black Americans but are not specific to Black American postpartum mothers with acute hypertensive crisis (Altman et al., 2019; Attanasio & Kozhimannil, 2015; Berk et al., 2023; Cuevas et al., 2016; McLemore et al., 2018). One study was conducted on Black mothers' experience with severe maternal morbidity (Canty, 2022), but no study primarily focuses on those with acute hypertensive crises.

Conclusion

Amplifying the voice of Black postpartum mothers in qualitative research requires trust to be established and a study focus that they find valuable to their population. Many participants knew that more research was needed for Black pregnant and postpartum mothers and wanted to do their part in contributing to these efforts. Flexibility and patience while interviewing this population are also vital components to a study's success, as it took several months to recruit participants. Many of these lessons learned will benefit future research with this population.

Ethical considerations. All participants consented to the study that was discussed in this manuscript electronically prior to data collection. Informed consent was provided again at the beginning of each qualitative interview. The authorized consent disclosure statement was obtained from the UTHSC IRB once they were deemed eligible to participate in the study.

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Notes on Contributors

Melanie Fant, is an assistant professor of the Department of Health Promotion and Disease Prevention in the College of Nursing at the University of Tennessee Health Science Center. Her dissertation was titled “*The Exploration of Perceptions of Patient-Clinician Communication in Black Mothers Diagnosed with an Acute Post-Partum Hypertensive Crisis: A Mixed-Methods Study*,” which explored the lived experiences of Black mothers with postpartum hypertension in the Mississippi River Delta region. Her goal for her study was to increase the knowledge regarding Black mothers’ communication with their obstetric provider revolving around a severe diagnosis such as high blood pressure. Melanie has co-written previous publications with Dr. Sarah Rhoads on recognizing early warning signs of preeclampsia from the neonatal nurse’s perspective.

Sarah Rhoads, was Melanie Fant’s committee advisor as well as the Chair of the Department of Community and Population Health in the College of Nursing. Dr. Rhoads is a community engaged researcher and educator, emphasizing the access to care and quality of person- and patient-centered care on health outcomes. Many of her research projects have used connected health technologies to improve access to care for women and neonates. She has been the primary investigator on multiple grants related to rural health, telehealth, increasing access to nurse midwifery care, and distance education for interdisciplinary health care teams. Several of Dr. Rhoads’ research grants have focused on the Mississippi River Delta region of the United States.

Lacretia Carroll, is currently works in consulting for mixed methods research as well as the rehab center for Baptist Memorial Hospital- Memphis. She has held a previous academic appointment for 5 years as an assistant professor at the College of Nursing as well as the mixed methodologist on Melanie Fant’s dissertation committee. Her research focuses on social determinants of health, health equity and disparities, and health outcomes in sexual and gender minority adolescent populations. She has clinical experience in pediatric intensive care and endocrinology and research expertise as a clinical research coordinator in pediatric allergy, immunology, and endocrinology. She received her PhD in 2018 from the University of Tennessee Health Science Center for her dissertation titled “*Health-Related Quality of Life of Female Children with Congenital Adrenal Hyperplasia: A Mixed Methods Study*.” She has also received several research grants.

ORCID

Melanie Fant, <https://orcid.org/0000-0002-1043-2697>

Sarah Rhoads, <https://orcid.org/0000-0002-1757-345X>

Lacretia Carroll, <https://orcid.org/0000-0002-3989-1352>