

*Women's narratives on  
"quality" in prenatal care: A  
multicultural perspective*

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# Purpose of Study

- Explore prenatal care quality, from the perspectives of women
- Demonstrate women's intuitive understanding of patient-centeredness
- Consider the utility of qualitative assessment in patient satisfaction

# Background and Significance

- IOM Report (2001): “Crossing the Quality Chasm: A New Health System for the 21<sup>st</sup> Century”
- Importance of timely prenatal care
- Prenatal care as indicator of health systems performance
- Persistence of racial and ethnic disparities in maternal and child health outcomes, including prenatal and obstetric settings

# Monitoring Quality in U.S. healthcare system

- ***U.S. National Healthcare Quality Report & U.S. National Healthcare Disparities Report***, both released in 2003
- Define and operationalize **Patient-Centeredness**:
  - “Healthcare that establishes a partnership...respect patients’ wants, needs, and preferences...that patients have the education and support...and participate in their own care.”
  - Listening carefully; explaining things; showing respect; and spending enough time

# Research Questions

- What do women's narratives tell us about the nature and quality of their experiences with prenatal care?
- To what extent do the women's narratives reflect the "patient-centeredness" markers of the *U.S. National Healthcare Disparities Report*?

# Methodology

- Re-analysis of focus group data from 1996 study of multicultural (African American, Puerto Rican, Mexican, white) sample:
  - Primiparous women
  - Given birth within 1 year prior to recruitment
  - No subsequent pregnancies
  - Homogenous groups for ethnicity and timing of entry into prenatal care
- Original study, *Social Networks and Prenatal Care Project*, investigated women's reference groups' influence on prenatal care use

# Data Analysis

- Verbatim transcripts into Atlas/ti software
- Additional coding for this study:
  - Participants' narratives—Concepts mapped onto patient-centeredness domains:
    - “Listened carefully”
    - “Explained things”
    - “Showed respect”
    - “Spent enough time”
  - Template analysis (King, 1998)
- Data matrices--women's statements organized by patient-centeredness markers; positive & negative framing; ethnicity

# Frequency of “Patient-Centeredness” Markers from Women’s Narratives

Participants’ Ethnicity  “Patient-Centeredness” Markers	Puerto Rican	Mexican	African American	Caucasian	TOTALS
“Listened Carefully”	1	3	1	6	<b>11</b>
“Explained Things”	10	2	3	21	<b>36</b>
“Showed Respect”	2	5	8	11	<b>26</b>
“Spent Enough Time”	3	8	2	0	<b>13</b>
<b>TOTAL COUNTS IN NARRATIVES</b>	<b>16</b>	<b>18</b>	<b>14</b>	<b>38</b>	<b>86</b>



# Results: "Explained things"

- Most frequently coded, as per narratives
- *"There were certain things that they wouldn't tell you because I guess they didn't want to scare you and they always find out, waited to the last minute to let you know. Like if they did test on you for something they wouldn't let you know right away if they thought there was something wrong. They always waited 'til the last minute until they were positively sure. That that was wrong with you."*

(Puerto Rican woman)

# Results: “Showed Respect”

*“When you go to the desk, you know, you’re at the front desk and these women scare you right out the door. They treated me like I was bothering them and I felt there was no need for me to even come there if they were going to treat me like that.”*

(African American woman)

*“I had a doctor tell me how much he got for like delivery with public aid because I made a scene...we’re not getting nothing out of you, so it’s not like worth their while to be there.”*

(white woman)

# Results: “Spent Enough Time”

*“I had seen my best friend’s [doctor], well she went to a hospital one and they were always busy and everything. Over here they took time to listen to you. I had a notebook full of questions and I would be there until they answered everything. They didn’t even rush or nothing...so I decided to stay here.”*

(Puerto Rican woman)

# Results: “Listened Carefully”

*“I had to switch [one] nurse-midwife and the second one, she didn’t really look at my information from that first one, so she was really impersonal and asked me stupid questions and made me not want to go to her anymore.”*

(African American woman)

# Limitations of Study

- Original study not designed to address current study's research questions
- No data on provider characteristics
  - No conclusions on matching of gender or ethnicity re: patient-provider interactions

# Discussion

- Preponderance of negative experiences commented on by women despite not being prompted for them
- Women demonstrated agency in critiquing their care
- Disparities in quality of prenatal care can contribute to future disparities in receipt of preventive care

# Implications across multiple levels

- Potential psychological harm due to negative interactions and experiences with providers
- Healthcare systems level
  - Centering Pregnancy model
- Patient-physician dyad
  - Medical education curricula to address women's healthcare needs
- Community-based interventions for women
  - Knowledge transfer of healthcare rights & prepare for better communication with providers
- Measuring satisfaction with quantitative surveys part of quality assurance
  - Need to supplement with qualitative methods
  - How women experience care

Thank You!  
Questions and/or Discussion?

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