

**Listen to the Whispers: Examining the Impact of Patient Advocacy and Doctor-Patient
Communication on Black Maternal Outcomes Through Lived Experiences**

Carla Milton

Old Dominion University

Department of Communication and Theatre Arts, Old Dominion University

Author Note

Carla Milton

I do not have any known conflicts of interest to disclose. This study was approved by the Institutional Review Board (IRB) at Old Dominion University, and all participants provided informed consent prior to participation.

I acknowledge my mentor, Dr. Katherine Hawkins, Ph.D., Professor of Communication at Old Dominion University, for her expert guidance throughout this research process. I also appreciate my research assistant, Parker O'Connell, an aspiring OBGYN and EVMS student at Old Dominion University, for her dedication and assistance in transcription review and data analysis.

Correspondence concerning this article should be addressed to Carla Milton, Department of Communication and Theatre Arts, 5115 Hampton Blvd., Norfolk, VA 23529. Email:

cmilt001@odu.edu

Abstract

Despite a recent global decline in maternal mortalities and being one of the most medically advanced nations, the death rate for Black women in the United States remains notably higher compared to their White counterparts and other racial and ethnic groups. This exploratory study examines the Black maternal health crisis while simultaneously analyzing doctor-patient communication and patient advocacy in shaping Black perinatal care and outcomes. Through qualitative thematic analysis of twenty semi-structured interviews with Black women (ages eighteen and older) who have experienced childbirth within the past fifteen years, the research identifies key themes contributing to both negative and positive outcomes. Medical dismissal, silencing, lack of shared decision-making processes, and medical interventions and jargon lacking sufficient explanation led to adverse Black birthing experiences. Conversely, beneficial themes highlight the value of patient advocacy through its various forms—whether by a midwife, doula, or a supportive family member or friend— during labor and delivery. The implications of this research to address Black maternal health disparities emphasize the necessity of community-informed structural reform in healthcare settings by integrating culturally competent care through patient-centered communication practices, equity-based advocacy models, and long-term implicit bias training for medical professionals.

Keywords: doctor-patient communication, Black maternal health, maternal mortality, patient advocacy, midwives, doulas

Table of Contents

Abstract	2
Listen to the Whispers: Examining the Impact of Patient Advocacy and Doctor-Patient Communication on Black Maternal Outcomes Through Lived Experiences	5
Research Questions	8
Literature Review	8
Background	8
Doctor-Patient Communication	10
Patient Advocacy	13
Birth Plans	15
Systemic Barriers: Provider Bias and Training	16
Theoretical Framework: Muted Group Theory (MGT)	17
Study Rationale	17
Methodology	18
Participants Sampling & Selection	19
Data Collection Procedures	19
Instrument	19
Data Analysis	20
Results	20
Practical Implications	41
Limitations and Future Research	43
Conclusion	44
References	47
Appendix A: Semi-Structured Interview Questions	51
Appendix A1: Informed Consent	52
Appendix A2: Recruitment Flyer	55
Appendix A3: Calendly	56
Appendix A4: IRB Approval Letter	57
Appendix A5: Thematic Analysis Summary Spreadsheet	59
Appendix B-Interviewee 1 Transcription	60
Appendix C-Interviewee 2 Transcription	69
Appendix D-Interviewee 3 Transcription	76
Appendix E-Interviewee 4 Transcription	85

Appendix F-Interviewee 5 Transcription.....	90
Appendix G-Interviewee 6 Transcription	95
Appendix H-Interviewee 7 Transcription	97
Appendix I-Interviewee 8 Transcription.....	106
Appendix J-Interviewee 9 Transcription	113
Appendix K-Interviewee 10 Transcription	122
Appendix L-Interviewee 11 Transcription.....	133
Appendix M-Interviewee 12 Transcription	149
Appendix N-Interviewee 13 Transcription	156
Appendix O-Interviewee 14 Transcription	167
Appendix P-Interviewee 15 Transcription.....	195
Appendix Q-Interviewee 16 Transcription	208
Appendix R-Interviewee 17 Transcription	222
Appendix S-Interviewee 18 Transcription	240
Appendix T-Interviewee 19 Transcription	251
Appendix U-Interviewee 20 Transcription	263

Listen to the Whispers: Examining the Impact of Patient Advocacy and Doctor-Patient Communication on Black Maternal Outcomes Through Lived Experiences

According to Njoku et al. (2023), the Centers for Disease Control and Prevention (CDC) reports that the United States, one of the wealthiest and most medically advanced nations, has one of the highest maternal mortality rankings among developed countries. Although Black women are at the forefront of persistent child birthing mortalities, this maternal health crisis affects all women. Njoku et al. note that 50,000 women in the U.S. experience pregnancy complications annually (2023, p.1). Contrastingly, in 2021, there were 69.9 deaths per 100,000 births for Black women compared to 26.6 deaths per 100,000 births for White women (Gitten-Williams et al., 2024, p. 372). The latest CDC data reports a decline in maternal deaths, decreasing in 2021 from 26.6 deaths to 18.6 in 2023 for other non-Black groups (Gitten-Williams et al., 2024; 2025). However, in defiance of the CDC's recent maternal health developments and increased awareness, expert author Borda (2021) asserts that although pregnancy complications are similar across ethnic backgrounds, birthing experiences for Black maternal bodies "can amount to a death sentence" as they continue to suffer an alarmingly higher risk of dying from childbirth-related causes with above the national average rates (p. 356). Corresponding research by public health professor Anuli Njoku and colleagues has observed that, notably, Black women are three to four times more likely than those of any other racial group, reinforcing the ongoing need for systemic changes.

Prior research and findings by Gitten-Williams et al. (2024) and Borda (2021) reveal that factors such as education, wealth, and access to healthcare do not offset prominent Black women from the undermining stereotypes and the risk of maternal mortality. This prior research illustrates that even highly resourced Black women, including doctors, professors, lawyers, and

celebrities such as Serena Williams, whose birthing testimonies include similar pregnancy complications and dismissed medical concerns, are not immune. Therefore, if a U.S. Olympian, someone with cultural and financial status with access to world-class medical care, can still be subjected to life-threatening complications linked to medical dismissal in the 21st century during childbirth, what does that signal about the United States healthcare system and the implications of doctor-patient interactions as a whole? What does it suggest about the saliency of race concerning the inadequacies present in reproductive care for everyday Black women who lack visibility within U.S. medicalized birthing spaces? This evidence-based research demonstrates the fact that maternal mortality is not just a crisis for Black women, but as stated by Gittens-Williams et al., systemic racism and bias underlying the American healthcare system compromise the health of all persons. Hagiwara et al. (2024) suggest that this manifest disparity is not due solely to biological differences but is deeply embedded into systemic, implicit biases and historical injustices that often include poor physician-patient communication, an influential component of Black maternal health, which in this paper is examined in depth.

According to Washington (2008), the historical context of Black maternal health inequalities is rooted in medical racism and reproductive exploitation. Many of these injustices connect back to the 19th-century practices of James Marion Sims, often referred to as the “father of gynecology,” who conducted non-consensual experimental surgeries on enslaved Black women without pain medication or anesthesia. Failing to recognize the humanity beneath their screams, Sims dismissed their evident suffering, believing Black women could endure pain without consequence. In pursuit of medical advancements that ultimately benefited White women, James Sims gained notoriety at the horrific expense of Black bodies (Washington).

Continuously, historical injustices like this translate into the influence of structural inequities in current healthcare settings.

Further findings by Washington (2008) indicate that, frequently, medical judgments in modern medicine perceive and treat Black women as having a higher pain tolerance, leading to medical neglect and preventable deaths. Borda (2021) mentions that commonly, Black women lack agency and autonomy over their bodies and are more likely to be mistreated during childbirth through verbal abuse, dismissal, competency and pain discounted, and coercion into unnecessary surgical procedures such as Caesareans (C-sections). While prior research has examined these various racial disparities in maternal mortality, Spurlock and Pickler (2024) assert that fewer qualitative studies have explicitly focused on the role of doctor-patient communication, particularly during the perinatal period of Black women's childbirth. This qualitative study will integrate existing findings while examining the doctor-communication gap through patient advocacy (e.g., doulas, family, friends) and midwifery aimed in enhancing Black maternal health outcomes by analyzing detailed narratives of Black mothers' lived experiences. This research also expands an understudied topic of maternal research regarding incorporating equity birthing plans versus traditional ones. Previous studies propose that birth plans empower Black women to navigate healthcare systems more effectively, avoiding unwanted interventions like unnecessary C-sections (Gittens-Williams et al., 2024). This study highlights the limitations of existing research, including traditional and equity birth plans, while proposing alternatives to overcome them. Addressing these translational research gaps is beneficial for building trust in medical institutions, which in turn leads to culturally responsive care. Through an in-depth thematic analysis, applying Kramarae's (2005) Muted Group Theory, this study compares and contrasts Black women's diverse child birthing experiences across multiple states within the U.S.

and hospital settings, including military and civilian environments, exploring the impacts of patient advocacy and doctor-patient communication to aid in identifying various systemic barriers and practical support strategies including sustainable culturally competent care that can influence Black maternal health outcomes.

Research Questions

This study's research questions are justified and warrant a thorough examination of Black birthing experiences, doctor-patient communication, patient advocacy, and diverse maternal outcomes.

RQ1: How do practical support strategies, such as patient advocacy, impact doctor-patient communication experiences of Black maternal people?

RQ2: What characteristics of communication between Black mothers and their healthcare providers were perceived as helpful or not helpful to them?

RQ3: What changes did Black mothers suggest would enhance the quality of their communication and birthing experiences with their healthcare providers?

Literature Review

Background

Njoku et al. (2023) argue that to gain a comprehensive understanding of systemic biases that drive adverse maternal outcomes and to effectively dismantle the institutional and social determinants contributing to Black birthing mortalities, particularly linking components such as health communication, it is necessary first to acknowledge the historical foundations of racism within medicalized systems. Previous research and findings have consistently shown that the

disproportionate birthing outcomes among Black mothers are not just a result of socioeconomic factors but an intersection of historical injustices that, over centuries, have been deeply entrenched within U.S. healthcare services. Empirical research documents multiple instances of impactful factors that exacerbate the birth traumas of maternal health disparities, in which Black women's voices are diminished, their concerns dismissed, autonomy undermined, and pain tolerance underestimated (Njoku). An influential aspect of this maternal crisis is that overwhelmingly, healthcare providers fail to “listen to the whispers”—which are the patients' early concerns, complaints of pain, and testimonials, to name a few that serve as warning messages that the CDC identifies as critical to maternal health intervention and mortality prevention (Hoyert, 2025).

According to Hoffman et al. (2016), false beliefs that Black patients are biologically different and more resistant to pain and injury have been echoed for centuries in United States healthcare, and many 19th-century physicians sought to establish their “physical peculiarities” of Black bodies through numerous medical experimentations involving painful surgical procedures (p. 4297). Similarly, Washington's (2008) historical analysis poignantly describes Black women's bodies as “bloody battlegrounds” as 1840s physician and president of the American Medical Association, James Marion Sims, over time, became wealthy by conducting unauthorized and unanesthetized experimental surgeries on the enslaved naked bodies of Black females. Contrastingly, today's healthcare systems continue to exchange and exhibit practices of these historical traumas as Black mothers' voices are still commonly dismissed, pain-discounted, and unnecessary surgeries are performed without consent. Consequently, there continues to be an overexploitation of C-section procedures among Black women who often undergo such surgical interventions without adequate explanation and/or complex medical jargon. Parallel to the

historical exposures of James Sims, who amassed monetary gain, Black maternal bodies remain sites of profit-driven medical intervention. Notably, there is a higher compensation for Cesarean surgeries compared to vaginal deliveries in healthcare settings (Washington).

In more recent research that involved the examination of two studies conducted by Hoffman and colleagues in 2016 at the University of Virginia where, White medical students and residents were asked various questions regarding biases in pain assessments of Black patients, and the survey revealed that a substantial amount of the aspiring medical professionals falsely believed that the Black patients' nerve endings are less sensitive than White counterparts. This work provides evidence of how stigmatized thinking from Colonial times continues to erode medical professionals' judgment of Black bodies, viewing them as biologically and fundamentally different than White persons (Hoffman et al., 2016). Prior research and findings reinforce the biases present in medical professionals' perceptions and treatment of Black mothers, including underestimating and ignoring their complaints of pain. Consequently, this modern manifestation of historical racial bias in Black pain assessment impacts all persons, as existing research also shows that there currently is an over-prescription issue for non-Black patients and underprescription for Black patients in healthcare settings (Hoffman et al.).

Doctor-Patient Communication

The CDC confirms that 80% of Black maternal deaths and birth traumas are preventable, often linked to failures in provider factors, particularly doctor-patient communication practices (Njoku et al., 2023; Hoyert, 2025). Notably, these messaging breakdowns are closely connected to interpersonal and systemic racism. Through a 2011 social science study on race and clinician decision-making practices, Van Ryn et al. illustrated that medical mistrust is preventable through physician-patient interactions that include partner-building skills and open communication.

Notably, trust is a connective factor in provider-patient relations, and medical racism manifestations among medical professionals' attitudes and beliefs that demonstrate inattentive healthcare and disrespect contribute to longstanding systemic barriers of inequitable patient care and mistrust among Black women. Using mixed methods, evidence-based research by Adams and Craddock (2023) utilized STATA statistical software to evaluate the profound Black maternal impacts of mother-provider communication concerning medical mistrust, and the results determined that poor provider-patient interactions that often exclude shared decision-making and include disengaging—both verbal and non-verbal language frequently hinder the productive reception of information. Additionally, their conclusions noted that medical mistrust is not an inherent cultural issue for Black people but is reflective of provider communication practices. The MGT underlines how Black women are not only silenced through medical dismissal or coercion but also through a health communication system that privileges medical jargon, policies, and provider authority over Black mothers' voices (Kramarae, 2005).

Extending on these studies, more recent health communication literature examining the perspectives of Black women states that “communication is one potentially modifiable contributor to negative birth experiences” (Gregory et al., 2024, p. 31). Given the U.S. healthcare system's responsibility to provide equitable care and ensure high-quality interactions are standard between medical teams and their patients, a corresponding analysis by Minooee (2024) utilized a Likert scale to measure subject responses. This quantitative study further explored how discriminative practices within physician-patient relationships affect the behaviors and maternal experiences of Black mothers. Statistical findings determined that interpersonal racism—such as language and racial discrimination—was linked to increased postpartum care utilization services. Minooee's results also revealed that physician-patient interactions often left Black birthing

mothers feeling unprepared for postpartum challenges when they lacked empathy, attentiveness, and clarity. However, it is important to acknowledge a few limitations of these prior statistical studies: Adams and Craddock's (2023) research did not include provider input and participants' demographic data, such as race. One limitation of Minooee's quantitative research was that it examined Black birthing women in a single geographical site—the U.S. state of California. Qualitative components were not integrated, and in-depth insights for nuanced analysis were lacking. Nevertheless, both 2024 studies shed light on how healthcare providers' implicit racial biases and communication practices can impact Black maternal care quality.

In contrast to these adverse maternal communication detriments, as Gregory et al. (2024) emphasized, communication is alterable. Evidence suggests that medical professionals can significantly influence most negative maternal outcomes, as illustrated in a qualitative meta-synthesis analysis by Spurlock and Pickler (2024). This analysis highlights that effective communication, particularly open communication between providers and patients, is highly influential and contributes to high-quality patient care and positive outcomes. Corresponding research studies conducted by Henderson et al. (2023) and Gregory et al. support Spurlock and Pickler's notion by showing that patient-focused interactions, including active listening and transparency, improve trust and enhance birthing experiences that serve Black reproducing bodies versus harming them (Henderson et al.; Gregory et al.). Extant research conducted by Greenwood et al. (2020) shows that shared provider identity does not guarantee advocacy, positive communication, or mitigate maternal outcomes for Black women as they do for their infants. This current research will evaluate this common assumption during the comparative analysis of this study.

Few studies have explored the qualitative components of child-birthing experiences, and communication remains scarce, as most research focuses on quantitative outcomes rather than the in-depth interpersonal processes that help shape them (Spurlock & Picker, 2024). Notably, this translational gap obscures the nuanced ways Black women interpret and respond to communicative marginalization in their birthing experiences. Building upon existing literature and gaps, this study aims to deepen the discourse by centering the voices of Black mothers through an interpretive, experience-based thematic analysis, examining current narratives, including doctor-patient communication, to expand on Black maternal failures and best practices. This distinction is emphasized when examining the integration of patient advocacy in Black birthing experiences.

Patient Advocacy

In maternal healthcare, Njoku et al. (2023) explained that social support contributes to improved outcomes for Black mothers and is transformative throughout all phases of the labor and delivery process. Patient advocacy takes various forms in three tiers: self-advocacy, which, according to Brown et al. (2024), is the ability to speak up for oneself to voice your desires and communicate your needs to others; and systems advocacy, rooted in promoting large-scale social change through advocating for change in negatively impactful rules. Several studies have shown that Black mothers often struggle to have their voices heard during childbirth, and according to Njoku et al., for Black women, when they lack advocacy, it isolates mothers—contributing to their disregarded concerns, often causing self-advocacy to get dismissed. Brown et al. describe individual advocacy as a person who advocates for a single person or a group of people, whether formal through midwives and doulas who are trained to navigate within organization systems

and interface with the patient's doctors, family, and friends— or informal, such as informed companions, family members, and friends, has been identified as a strategic protective factor.

Renfrew et al. (2014) and Sobczak et al. (2023) assert that skilled midwives and doulas have become key contributors to high-quality maternal care in recent years, providing educational, emotional, and physical support for Black women in medical settings. Working effectively with midwives and other medical birth workers, evidence has shown a rapid and sustained decrease in maternal and newborn mortality rates, as well as improvements in perinatal and parturition outcomes (Renfrew et al.; Sobczak et al.). Through individual advocacy integrations, Black mothers are empowered, and their voices are amplified within medical environments as their advocates provide them with complex information that is free of medical jargon in a culturally sensitive manner during pregnancy and childbirth experiences. Sobczak et al. document across sixteen studies that doulas are trained professionals who provide patients with evidence-based information, assisting Black mothers and their families in making informed decisions about their maternal health and overall well-being. Benefits include improved communication and strengthening of patient-provider relations initiatives contributing to reduced anxiety, C-sections, labor and delivery lengths, and preterm births (Sobczak et al.). Despite being considered an informal type of advocacy, the 2023 research by Njoku et al. emphasizes that family members and friends are also influential advocates for birth work initiatives that support Black mothers both within and outside healthcare settings. Importantly, learning and being knowledgeable about the birthing person's options and key maternal health issues is essential for informal advocates to effectively participate in decision-making processes, including enforced support of tangible birth plans that can honor birthing people's needs and desires.

Birth Plans

Since their introduction in the 1980s, traditional birth plans were initially created to embody maternal advocacy and function as a written communication tool between the birthing mother and care team to outline the birthing person's delivery preferences, such as desires for the labor and delivery environment and without having to speak at the moment contribute to doctor-patient communication (Gitten-Williams et al., 2024). Black mothers are often confronted with unexpected decision-making for their birthing experience. Prior research and findings by scholars propose that a birth plan can also act as a protective shield in these situations to help avoid unwanted interventions, including unnecessary C-sections. In contrast to prior studies, Gitten-Williams et al.'s research expands but is divided on the effectiveness of the current use of birth plans for Black women and argues that they are not reliable in obstetrical care settings for improving provider-patient communication and systemic barriers. Their research suggests a replacement of traditional birthing plans that include limiting checklists with the integration of a new equity-based framework that successfully advocates for Black birthing mothers. It is essential to acknowledge the limitations of existing research, as equity-centered birth plans offer an alternative to traditional checklist-style plans. However, each is tangible and lacks the physical enforcement of real-time advocacy, such as that provided by midwives, doulas, family members, and friends. As a result, the effectiveness of either framework for birth plans may be compromised, particularly for birthing women of color navigating systemic bias. This notion supports the argument that individual patient advocacy must extend beyond the hospital setting and can be valuable in ensuring birthing plan expectations are communicated and honored. According to Gittens-Williams et al., although formalized birthing plans have been offered since the late twentieth century, the utilization of these plans by Black women in healthcare settings

remains understudied. This study will also examine how birthing plans intertwined with various forms of patient advocacy can help inform culturally responsive care, maternal birthing outcomes, and patient-provider interactions.

Systemic Barriers: Provider Bias and Training

A substantial body of corresponding literature provides evidence that reveals the persistent, entrenched patterns of structural and systemic barriers in U.S. healthcare systems (Van Ryn et al., 2011). Further emphasizing this issue, Njoku et al. (2023) note that explicit and implicit bias among healthcare providers indicate the importance of cultural competency and are a key cause of poor patient care quality. They further assert that these contributing factors affect Black mothers being afforded moral judgment, including clear explanations of their medical conditions and collaborative decision-making. Van Ryn and colleagues argue that institutional resistance from healthcare systems responsible for high-quality care practices should be addressed by mandating effective training programs that hold clinicians and staff accountable. Hagiwara et al. (2024) extend these research documents, highlighting that organizations often lack guidelines and long-term training implementation for sustainable professional development. Njoku et al. (2023) note that systemic inequalities are often first observed at the organizational level, and these barriers not only disrupt the effectiveness of implicit bias training programs but also limit opportunities for culturally concordant care education, thereby reinforcing maternal disparities, including provider-patient mistrust and communication gaps. The prevalence of these findings points to the disparities in medical interventions researched by Washington (2008), who argues that institutional incentives such as profit-driven hospital policies and implicit biases contribute to the disproportionately high rates of surgical interventions, such as the exploitation of Caesarean sections among Black mothers. Collectively, these evidence-based findings

illustrate how structural forces, including organizations and institutions, converge to shape doctor-patient interactions and reproduce systemic biases and racial disparities that restrict the advancement of maternal equity care and doctor-patient outcomes.

Theoretical Framework: Muted Group Theory (MGT)

The effects of mother-provider communication are foundational and one of the most salient factors affecting maternal outcomes of Black women in healthcare spaces. The guiding theory for this study is the Muted Group Theory (MGT), which was first introduced to research by Edwin Ardener in the 1970s and later expanded by Cheris Kramarae in 2005. Initially rooted in gender dynamics and various inquiries regarding the constraints of women and language created primarily by White men, Kramarae's (2005) MGT has since evolved to include the experiences of marginalized populations, including Black communities whose perspectives are frequently filtered and excluded within dominant institutions. MGT (2005) asserts that the language of dominant groups reflects their narrative and interests, thereby silencing the voices of vulnerable and marginalized groups. Applying the MGT in this study offers a useful theoretical lens for thoroughly analyzing physician-patient communication and Black maternal women's outcomes and how the birthing experiences are shaped by various power dynamic inequalities nested in medical discourse.

Study Rationale

Notably, the United States has the highest maternal mortality rate among high-income countries globally, and despite a recent decline, numbers are emerging for Black mothers in healthcare settings, where habitually their voices go unheard. CDC reports that a majority of Black maternal deaths are preventable, further justifying the critical need for continued research

(Hoyert, 2025). A qualitative research method was employed to amplify the participants' narratives, capturing their nuanced lived experiences—stories that are often absent in quantitative maternal health studies. While prior and existing literature has highlighted racial disparities in maternal health, there is a notable gap in research focusing on the qualitative, in-depth experiences of Black women regarding doctor-patient communication and the impact of individual patient advocacy tools. The results of this study have the potential to make a meaningful contribution toward addressing inadequate Black maternal care practices that impact negative birthing outcomes. The primary objectives of this study are twofold: 1) to qualitatively assess the birthing experiences of Black mothers in real-time, and 2) to utilize the research questions as a guide in investigating the results for thematic patterns that can help mitigate adverse birthing experiences and enhance maternal outcomes for Black women.

Methodology

This qualitative study explored and considered all childbirth experiences within the past fifteen years shared by each participant, focusing on how patient advocacy and doctor-patient communication influenced the experiences and outcomes of Black maternal care. The research was guided by Cheris Kramarae's (2005) interpretation of Muted Group Theory (MGT), which emphasizes how marginalized voices—particularly women of minority groups—are often silenced or misunderstood within the systemic barriers of dominant cultural contexts such as medical institutions that often threaten their agency and safety. Semi-structured interviews and Braun and Clarke's 2006 thematic analysis approach were employed to identify key patterns and overarching themes in participants' narratives.

Participants Sampling & Selection

Purposive sampling was employed to select twenty Black female subjects between the ages of 18 and 89, all of whom were not currently pregnant and had given birth in the last fifteen years. A promotional flyer (see Appendix) was used for digital outreach and recruitment via the Instagram and Facebook platforms—as well as offline referrals through personal and community networks, such as Old Dominion University’s Black Alumni Chapter (ODUBAC). The customized flyer outlined the research aims, including eligibility criteria that adhered to confidentiality measures in accordance with IRB guidelines and ethical principles. Prospective respondents were directed via email to sign an informed consent form, provided through DocuSign (see Appendices B-U), and then schedule an appointment through Calendly, which auto-generated a Zoom link and the interview guide (see Appendix A) for advanced review.

Data Collection Procedures

The data collection process involved twenty pre-screened, virtual semi-structured interviews leveraging Zoom’s built-in features for pre-consented cloud recordings that automatically produce transcriptions for the researcher. The duration for the one-on-one interviews was 30 minutes each and was conducted from February 7, 2025, to February 16, 2025. Zoom also emailed each participant a copy of the recording, which interviewees later referenced for member checking participation. Transcripts were formatted and printed for repeated readings, initial hand theme identification, and pattern recognition.

Instrument

In this study, a semi-structured interview guide (see Appendix A) served as the primary tool for collecting and storing qualitative data. Zoom was utilized for secure recording,

incorporating five pre-scripted questions along with probing inquiries—which were shared with each participant in advance via email. This approach created a flexible dialogue while maintaining consistency and time management across interviews.

Data Analysis

The data assessment process employed a thematic analysis that mirrored Braun and Clarke's (2006) six-step model as follows:

The data familiarization involved repeated review and reading of the transcripts to identify emerging patterns that were highlighted, and the initial codes were logged as keywords: “ignored,” “advocate (doula, midwife),” “OBGYN,” “C-section,” “birth plan,” and “provider bias.” During the final stages of evaluation, codes were grouped into broader themes that consistently emerged and were compared and refined across interviews.

Member checking involved participants reviewing and providing feedback on the findings, which were compared against the previously recorded videos emailed to each subject. This validation technique, paired with triangulation comparisons against existing literature and peer transcript review by an East Virginia Medical School (EVMS) and CITI-certified research assistant, helped reduce potential bias and strengthen the validity and reliability of the final analysis.

Results

The results of this qualitative study reflect findings from 20 participants who identified as: (1) Black race, (2) Female-gender, (3) between the ages of 18-89 years old, (4) English-speaking (5) located within the United States (6) had given birth within fifteen years (6) not pregnant. Interviews occurred from February 7, 2025, to February 16, 2025, and lasted a mean of

30 minutes. During the analysis, four consistent themes emerged related to patient advocacy, doctor-patient communication, and Black birthing experiences and outcomes:

- Medical Dismissal and Neglect
- Patient Advocacy and Birth Plans
- Provider Bias and Systemic Barriers
- Patient Centered Communication and Cultural Competency

Figure 1:

Thematic Count Analysis

Theme	Count	Description
Medical Dismissal and Neglect	11	Participants reported being ignored, disbelieved, or inadequately treated—often during critical care moments.
Patient Advocacy and Birth Plans	12	Participants who had a doula, midwife, supportive and informed family member, or friend often experienced greater agency and safety.
Provider Bias and Systemic Barriers	12	Many encountered race-, gender-, or class-based assumptions, particularly from white providers or within military and hospital bureaucracies.
Patient Centered Communication and Cultural Competency	15	Participants who had culturally affirming and communicative care

Variability in Care:

To reflect the scope of each subject, thematic analysis was applied across all child birthing experiences within the past fifteen years. Participants recounted more than one pregnancy if applicable, and it is important to note that each maternal outcome was not always consistent. Interviewees often shared positive experiences during one birth and adverse treatment in another.

Figure 2:

Thematic Analysis Summary (see Appendix A5 or click [here](#) to access full Excel spreadsheet)

Appendices	Participants	Theme(s)	Provider Identity	Other
B	1	Patient Centered Communication and Cultural Competency Systemic Barriers	white male	3 pregnancies all positive experiences but had some concerns with a possible unnecessary C-section with her last birthing experience
C	2	Medical Dismissal and Neglect Systemic Barriers Patient Centered and Cultural Competency	black and white	Pregnancy 1-miscarriage (negative)-lack of resources poor communication Pregnancy 2-delivered (positive)
D	3	Medical Dismissal and Neglect Systemic Barriers Patient Centered and Cultural Competency	white males and females, white male	She was not informed about preeclampsia, a C-section, or proper recovery; fainted twice on the table; repeatedly said she wasn't listened to or supported.Referred to insurance-network limits, "doc-in-a-box" care, and being shuffled between providers
E	4	Patient Advocacy Patient Centered Communication and Culturally Competent	white male	Described excellent bedside manner and feeling fully informed and heard. Noted how her partner's presence and identity shaped care; shared cultural moments acknowledged
F	5	Patient Advocacy Patient-Centered Communication and Cultural Competency	white doctor and diverse medical staff	Naval hospital-husband was present-two birthing experiences (miscarried with 2nd pregnancy) but due to positive communication and cultural competence she reported both experiences as positive
G	6	Patient Centered Communication and Cultural Competency Patient Advocacy	black female OBGYN and friend advocate	Had a friend present as informal support during labor.Praised the doctor's communication and support.Black female provider; explicitly stated cultural alignment enhanced trust
H	7	Medical Dismissal and Neglect Patient Advocacy Provider Bias and Systemic Barriers	Black female OBGYN and white medical staff	Her repeated pain, instincts, and urgency were ignored; care was delayed.A nurse friend and daughter's grandmother assisted during delivery, acting as informal advocates. She repeatedly stated that communication was poor, dismissive, and unsafe.She was surrounded by white student nurses who ignored her concerns and did not call her Black doctor despite requests. While she had a Black doctor, the issue was that she was excluded from care due to racial and institutional dynamics—not empowered by cultural competency
I	8	Medical Dismissal Patient Advocacy and Patient-Centered Communication Systemic Barriers Cultural Competency	Black female OBGYN and husband advocate	3 pregnancies: Her pain and early labor signs were repeatedly ignored or downplayed by front desk staff and nurses admissions staff who were white. She emphasized the importance of bringing her husband and choosing her own provider team.She experienced class and racial stereotyping (e.g., being assumed to be on Medicaid), and faced dismissive comments about her pain tolerance.She described strong communication with her OB-GYN and pediatricians, who respected her and corrected mistreatment.She explicitly sought out Black providers for cultural trust and described how it impacted her care positively
J	9	Medical Dismissal and Neglect Systemic Barriers	Black female OBGYN	3 pregnancies -felt coerced-unnecessary surgical procedures—patient is NOW a doula
K	10	Medical Dismissal and Neglect OBGYN Systemic Barriers Patient Advocacy Patient Centered COMM (midwife)	Midwife and OBGYN	1st and only pregnancy-Chose midwife, brought nurse friend for support.Received clear, respectful communication from midwife.Had to switch care structure due to being high risk; experienced a difference in communication from white male OB
L	11	Patient Advocacy Patient Centered COMM and Cultural Competency (midwife) Systemic (PA)	Midwife and sister black provider and advocate	had a midwife and sister present, overall positive experience despite provider bias with white PA
M	12	Patient Centered Communication and Cultural Competency	and Black labor and delivery nurse	Communication was thorough, personalized, and rooted in cultural understanding
N	13	Medical Dismissal and Neglect Patient Advocacy and Birth Plan Patient Centered and Cultural Competency		Small/private hospital and had a nurse caring for her who happened to be a sorority sister and served as an advocate
O	14	Medical Dismissal and Neglect Provider Bias and Systemic Barriers	asian male	Lack of support although her boyfriend present, he was not well-informed, unnecessary surgical procedure that resulted in the tragic loss of fraternal twins (stillborn). Holds a PhD and has still received medical mistreatment
P	15	Medical Dismissal and Neglect Bias and Systemic Barriers Patient Advocacy Patient Centered COMM and Cultural Competency	Black OBGYN	(PhD candidate and former school principal) Nurses made assumptions about her status and care appropriateness based on race and class.Her sister was a powerful support and helped navigate care decisions.Faced race- and class-based bias from hospital staff, questioned for insurance, and had a prolonged stay.Praised OB-GYN for compassionate and affirming care; emphasized how shared identity mattered
Q	16	Medical Dismissal and Neglect Patient Advocacy Provider Bias and Systemic Barriers Patient Centered	Had more than one midwife older and younger	Initially sent home despite pain and contractions, told to "take Benadryl"; received an epidural during a contraction without proper explanation.Experienced robotic, emotionally cold communication from both an older midwife and the white nurse during a high-stress moment.Praised the younger midwife for walking her through everything, using affirming communication, and helping her feel seen and heard.
R	17	Medical Dismissal and Neglect Patient Advocacy Patient Centered Communication and Cultural Competency Provider Bias and Systemic Barriers	white male (on-call) and female OBGYN and doula	Two pregnancies: white OBGYN with 1st and doula with 2nd.On call white male OBGYN did not honor her OB's instructions-dismissive and false claims of fetal distress; texted alarming genetic info without in-person follow-up (white male OB).Interviewee and her husband firmly advocated for delayed intervention; OB and doula supported her plan.White female OB-GYN honored birth plan, called after hours, maintained emotional trust, respected autonomy
S	18	Patient Centered Communication and Cultural Competency (Pregnancy 1) Medical Dismissal and Neglect (Pregnancy 2)	Hispanic female and white and black males (military hospital settings)	Positive COMM present only in first pregnancy via Hispanic OB-GYN who followed up even after relocation.Pain, pelvic issues, and risk factors were repeatedly dismissed; poor follow-up and surgical care.Institutional indifference at military facility; no continuity of care; racist and gendered assumptions
T	19	Patient Centered Communication and Cultural Competency Patient Advocacy and Birth Plan	Black female OBGYN	Chose a Black OB intentionally; care team honored her requests (e.g., stopping vaginal insert on command, providing epidural immediately). She emphasized that she felt heard, never pressured, and prioritized a culturally affirming environment.Her partner wasn't present due to pandemic restrictions, so she was intentional about self-advocacy, used hypnobirthing, and had affirmations posted throughout the room. She stated everything went "according to my birth plan."

U	20	Patient Advocacy	white female OBGYN and midwife experiences	Pregnancy 1 : Civilian care with male OB-GYN team – Positive, though slightly rushed; responded well to fetal distress at 37 weeks. Pregnancy 2: Civilian care with female OB – Highly affirming, but nurses during delivery dismissed her pain until the baby was crowning. Team was entirely white. Pregnancy 3: Military care with midwives – Great appointments, severe headache 12 days postpartum was immediately addressed. Provider caught signs of preeclampsia and admitted her to ICU, saving her life.
---	----	------------------	--	--

Doctor Patient Communication: Medical Dismissal and Neglect

Interviewee 2 (see Appendix C) described her traumatic experience involving the miscarriage of her first child, where she was not treated as an emergency and was instructed to sit in the waiting room when arriving at the hospital. There was a lack of resources as hospital equipment was dated and often not functional, and poor doctor-patient communication and among healthcare staff, stating:

They were not communicating good, at that point, because I should have been sent to the back like a direct admit and taken care of, not just sitting there for hours. So, I even think the OBGYN at the time didn't communicate, good you know with other hospital staff to get me taken care of, and I ended up carrying a deceased baby inside of me through the Christmas holidays through the new year like the 12th of January is when the baby was removed (Interviewee 2, 06:13).

Similarly, **Interviewee 3** (see Appendix D), at the height of COVID-19, was also subjected to maternal mistreatment during her first childbirth, which resulted in a premature birth:

He was like, Oh, okay, yeah, you're not doing that, and they said, because we can't get your blood pressure down, and you know your liver is getting affected, your kidneys are getting affected, we're taking the baby now. I had no idea. So, I hated every minute of it. When I say the communication, it was more of a telling me what to do versus explaining

what we're going to do. It was, this is what we're doing. This is how we're doing it. You cannot leave. You don't have second opinions. This is how it goes (00:10).

Despite progressing in labor, the attending medical staff, **Interviewee 7** (see Appendix H), described how her pain was dismissed during labor, “I started cramping really bad and feeling like I needed to push, and I told the girl I was like, Something is wrong. She came in and checked, and she was like, 'No, you haven't dilated but 5-6 cm so far now” (00:01:34.010-00:01:50.710).

So, I asked for my doctor. She was like, 'Well, it's only 4:30, and she's still in the office seeing patients, so she'll come over once she's done seeing patients,' and I'm like, no, I need my doctor. Something isn't right. She still didn't come in. They didn't go call her in, so she came in after her rounds, and her doctor visits, or whatever she had scheduled in the office. She came in, and she checked me. She said, 'Oh, my gosh, it's time to push you! It's time to have this baby!' and I've been saying this for the longest, something isn't right (Interviewee 7, 00:02:07.150-00:02:45.029).

This medical negligence resulted in the participants’ infant being rushed out of the room due to the swallowing of fluid because, as described by **Interviewee 7**:

And after she came out, it seemed like everything was fine, but then they had to take her straight out of the room, and I'm like getting frantic and scared, like what's going on with my baby, and that, you know, had me upset. She ends up swallowing fluid because she stayed in so long and wasn't able to. You know, me pushing her out when she was supposed to come out, so that birthing experience is why I said I wasn't going to have any more kids. I was one and done; that experience really kept me from wanting to have

another baby because of the communication between the nurses (00:03:14.800 - 00:04:01.179).

Despite shared cultural identity, including race and gender, **Interviewee 9** (see Appendix J) still experienced medical dismissal and what she deemed as an unnecessary C-section: I actually did my due diligence of finding African American women or women of color to be my healthcare providers:

Interviewee 9: I actually did my due diligence of finding African American women or women of color to be my healthcare providers. I thought that would have led to a more positive experience, being that you know I can identify with the person who was treating me. I felt like, you know, my thoughts and concerns would be more taken into consideration. Unfortunately, I don't believe that was the case. I don't regret going with a provider of color. I would definitely do that again if I did have another pregnancy. However, it just wasn't a completely positive experience, unfortunately (00:05:56.960-00:07:02.300).

Interviewee 14: This man just looked at me with no emotion and was like, if your babies come early, we're not going to save them, because they won't be viable. Yep, a straight face, no empathy, nothing; he just said they would come early. They won't save them. So, my 1st daughter was stillborn, but I feel like she was stillborn because they broke my water. Then my second daughter. She was born alive. But remember, they said that they weren't going to save her, and they literally did nothing but stand there and had a stethoscope. As I was called to check your heart, they just had her lying on a bed and were just like monitoring her heart, and then they were like, Oh, do you want to hold her?

But they literally did nothing to save her, like not hooked her up to anything, like none of that (00:13:45.710 -00:07:21.199).

Patient Advocacy and Birth Plans

Findings illustrated that in Black child birthing, advocacy is vital in transforming maternal outcomes, such as quality management and improved doctor-patient rapport.

Conversely, participants with advocates such as midwives, doulas, family members, and friends reported higher satisfaction with their maternal outcomes. **Interviewee 9**, who, after her three traumatic birthing experiences, now serves as a Doula, emphasizes the importance of maternal advocacy:

Interviewee 9: So, I would say now, looking back on my experiences and as a doula now, with the information that I have. I just feel like, you know, women, especially women of color, can definitely have the births that they choose to have. I just feel like you just definitely have to be an advocate for yourself. Have a doula or some support there for you. So that way. That communication is there with your provider, and that way you can have the healthy birth that you're looking for (00:09:33.780--00:10:08.969).

Interviewee 10 (see Appendix K) shared that she strategically chose her best friend, a labor and delivery nurse of twenty years, who could, on her behalf, ask pertinent questions and intervene when necessary to help navigate her maternal outcomes:

I still don't know how y'all, you know, act towards us black women when it comes to delivering the child. You know it could be all good throughout all the different appointments and things like that, but when it comes to delivering, I might not even make it through delivery, and you know, my child may not either, so I made sure my best friend

was there with me because I wanted to ensure that me and my child was safe
(00:03:02.170-00:03:28.790).

A similar satisfactory maternal outcome emerged throughout the narrative of **Interviewee 11** (see Appendix L), the participant who appointed both her sister and a midwife described her birthing experience as “for me, my labor journey. I felt like it was like painless” (00:00:16.400-00:00:22.979). Additionally, the results revealed that open communication that included shared decision-making was a contributing factor to the subject’s positive maternal outcomes:

The whole time, everything was communicated perfectly. Nothing was ever like done.

And then they said, 'Oh, yeah, we did XYZ.' Like, 'Hey, this is your option. ' This is what we're looking to do. Are you okay with it? They always made sure that I was okay with anything they were about to do to me (Interviewee 11, 00:02:33.040 -00:02:49.617).

When asked if she found anything unsatisfactory, the participant shared that she did not, because she had opted to select a midwife for her childbirth, stating:

I think the difference for me was that I had midwives versus an OB/GYN. I ended up having the best, most comfortable, most precious angel deliver me. She was an older woman, made. She looked like she was maybe in her upper fifties, a White woman, and even my mom was like she took care of my baby (Interviewee 11, 00:03:04.830 - 00:09:24.190).

Interviewee 4 (see Appendix E) shares that although her provider and staff were all White, her husband, Chris, an informal advocate, but knowledgeable and well informed, contributed to her birthing outcome:

I was in a predominantly White county, Towns County. So, we had just moved up there from Savannah. Didn't know anybody. Chris was working for Young Harris College. So

now we go to the we find our OBGYN, Dr. D, and he's a White man. Everybody in the office is predominantly White, but he was really nice. He was welcoming. Chris made a difference because of his intellect him, being an educated black man (00:13).

Although **Interviewee 5** (see Appendix F) experienced a miscarriage in one of her two birthing experiences, she shared positive feedback for both:

She actually took the time to show concern. She was there; she talked to my husband. She spoke with us, so that was very, very helpful. They heard me. They listened when I spoke up about the different concerns that I had. They let me tell my story. They looked at my records, they did everything as far as trying to find out versus just saying, well, medically, we can do this, and we can do that. They listened throughout that whole time, and I could say with the miscarriage, the doctor was way more compassionate- she was compassionate (07:00).

- **Interviewee 16:** “So, my childbirth experience went pretty well. I had a midwife instead of a doctor because I felt like a midwife would be more personable than a doctor” (00:00:08.281- 00:00:23.309).

Birth Plans (B/P)

Table 1

Birth Plan Implementation and Impact

Participants	Outcome	Advocate	Provider Identity	Theme
Interviewee 11 (see Appendix L)	Positive B/P honored	Yes	White midwife	Patient Advocacy

Interviewee 13 (see Appendix N)	Positive B/P honored	Yes	Hispanic male OBGYN and Black labor and delivery, who was also her sorority sister	Patient Centered COMM and Cultural Competency
Interviewee 14 (see Appendix O)	Negative B/P ignored	No	White male OBGYN	Medical Dismissal and Neglect
Interviewee 17 (see Appendix R)	Positive B/P honored	Yes	White OBGYN and doula	Patient Advocacy and Patient Centered COMM
Interviewee 19 (see Appendix T)	Positive B/P honored	No (due to COVID- 19)	Black female OBGYN	Patient Centered COMM and Cultural Competency

Supporting Quotes:

- **Interviewee 19:** “Everything went according to my birth plan, like I didn't have anything that didn't go according to plan” (00:05:01.650-00:05:19.760).
- **Interviewee 14:** “If you bring somebody there with you, or someone who already knows your birthing plan, or someone who already knows what you want. That person can help step in when those moments come when you're just kind of overwhelmed” (00:22:47.090-00:23:03.020).

Interviewee 17 (see Appendix R). She was as patient as possible. I wasn't rushed. My Doula was able to come to the appointments, and she addressed our concerns. We walked through our birthing plan together. She just calmly, so with my birthing plan, I didn't want his umbilical cord to be cut immediately. It's called the Golden Hour. So, you get skin-to-

skin. She was still trying to honor my birthing plan, like she was not trying to take him away from me (00:09:36.576 -00:10:46.529).

- **Interviewee 13** (see Appendix N) describes here how her sorority sister, who was the labor and delivery nurse, being present helped to enforce her birthing plan:

Interviewee 13: I did not want a Caesarean, and they did their best to appease my wishes. Another nurse could have become impatient and said, ' You need to have an emergency.' C-section but this nurse, was like, 'no, your wishes is to have a vaginal delivery. We're going to slow it down.' She put me in probably six different positions using medicine balls. There isn't anything I would do differently, because I was already prepared to communicate my wishes, through my birth plan, and what I wanted for that day. Once things got going, it was pretty smooth (00:04:56.650 -00:09:35.020).

Provider Bias and Systemic Barriers:

Unnecessary Medical Interventions

Interviewee 7 (see Appendix H) recalled, “I was barely given an option. They told me my baby was ‘in distress,’ but I felt like they rushed the decision without explaining other possibilities” (00:23:14). **Interviewee 9** (see Appendix J), who opted for a Black female OBGYN for protective factors, still experienced being forced into an unnecessary surgical procedure. In this instance, it is important to note that shared cultural identity did not prevent an adverse maternal outcome: “With my second birth, my doctor was going to be traveling. And so, basically, she wanted to get my C-section out of the way so that she could travel” (00:04:04.180-00:04:15.199). She commented further:

Interviewee 9: I feel like my doctor basically used fearful tactics in order to get me to go ahead and consent to a repeat C-section. Towards the end of my pregnancy, around 39, 40 weeks I was trying to push towards having that trial of labor, so I can try the vaginal birth, and she just got like, really, you know, somewhat nasty with me, and like really forceful. I feel like I was not able to advocate for myself at the time in a way in which it was receptive of the providers that I had at the time, and so I feel like more so with like the second and third births that I was forced into repeat C-sections, rather than receiving that option to have a trial of labor (00:02:09.919 - 00:01:19.620).

Insurance Stereotypes

Interviewee 8 explains that despite her educational status and profession, she experienced implicit biases involving her insurance:

Interviewee 8: Now I work at a college. I am a college professor. I came in there with my husband. I had my badge on, and she asked me, 'Do you have your Medicare papers and Medicaid paperwork?' And I was so confused. I said, 'I use Blue Cross Blue Shield.' I don't use anything else. Then she said, Oh, I pulled the wrong file. How did you pull the wrong file, ma'am? You got my driver's license, confirmed the name, went and got the file, and then turned and asked me about Medicare paperwork, or Medicaid, or whatever, whichever one. I was so offended; it was offensive because you're looking at me and assuming things about me, despite the fact that I want people to have the care they need. But I don't want you to look at me and assume that I am disadvantaged because I'm a Black woman (5:04).

Interviewee 8 (see Appendix I), who typically prefers Black medical professionals, also shares why she was guarded when a White physician had to unexpectedly deliver her baby, when her Black female OBGYN could not:

Interviewee 8: So, a White man delivered her, and that was, I mean, it was okay. He actually trained the OBGYN that I go to. I kind of felt as though I couldn't really relate to him, but I was also guarded. So, I just could not relate to him. I'm thinking about all the stereotypes in medicine and all of the things like, oh, they think Black people have a high pain tolerance. They think Black people's skin is thicker than White people's skin, and all this kind of stuff, or Black women's, you know, claims are ignored, you know, in the health and health facilities, when we say we're experiencing one thing, and people ignore that. So that was at the forefront of my mind. But my husband was with me, and you know, throughout the whole process, and so everything ran very smoothly (00:33).

Positive (Patient-Centered) Communication and Cultural Competency:

In comparison, the following interviewees did not share cultural identity, but due to positive communication, the maternal outcome was positive:

- **Interviewer** (see Appendix D): “So, with that positive communication experience, what was the outcome like with the birthing experience, being that you were in a better situation communication-wise?” (15:32).
- **Interviewee 3** (see Appendix D): “I wasn't high-strung. I wasn't nervous. I was more willing, I guess, to be open to certain things, and when I say that, like trying another medicine or trying, how can I say it? I actually felt really good about giving birth. I actually felt good that I would make it back to my son” (15:44).

- **Interviewee 3:** “He was the only White male doctor that actually gave a damn. It made me feel like super special, you know, like my doctor invested enough in me to at least recognize my name and say, hey, let me check to see if I can help” (13:04-13:42).
- **Interviewee 5** (see Appendix F): “So, everything was great. He talked to me. He listened to my concerns when I got ready for birth”(01:45).
- **Interviewee 17** (see Appendix R): “She was amazing. Her communication was clear. She was honest and supportive, which helped me feel more comfortable and informed. She communicated that she understood my concerns. Our fears and anticipation” (00:07:09.380 -00:07:32.709).

Shared Cultural Identity and Competency (e.g., race and gender)

Interviewee 19 (see Appendix T): Oh, yeah, I don't. I don't have not one non-black provider for anything. Dentists, regular PCP, I mean, all my providers are black. I haven't been going to her since I was in college, anyway, so we had a really great relationship, but even if I hadn't gone to her, it would have been a black provider, like there's I'm only going to have a black gynecologist or a black obstetrician. That's it (00:12:53.070-00:13:48.920).

- **Interviewee 19:** “I don't really have any negative experiences at all with my overall birthing experience, and everything was positive. Communication was positive” (00:09:13.099- 00:09:24.269).

Patient-Provider Trust and Safety

Some participants in the study shared their rationale for seeking Black physicians, often expressing their fears, needs for trust, and shared cultural experiences:

- **Interviewee 6** (see Appendix G): “She was a good doctor, and she always was very informative. I feel like if I ever have another child, that would be the doctor I would choose because she was really patient. She cares about her patients” (00:36-03:56).
- **Interviewee 8** (see Appendix I): I had a positive birth experience. My OBGYN is a Black woman, and my primary care physician is a Black woman, and I prioritize having Black care providers because I knew the importance of having Black women that I could talk to, that I could trust, that understood me (00:09-00:33).
- **Interviewee 19** (see Appendix T): “Just because one, the comfort level that I would have with a Black woman versus a provider of another race or a provider of another sex” (00:13:28.992 -00:13:38.160).

Discussion and Theoretical Implications

Through Braun and Clarke’s (2006) thematic analysis of twenty semi-structured interviews, the findings from this qualitative study highlight how doctor-patient communication and advocacy—or the absence of both—influence Black maternal experiences. Interpreted through the framework of Kramarae’s (2005) Muted Group Theory, this research indicates how Black women navigate communicative silencing within dominant healthcare structures. Participants who integrated formal and informal individual types of advocates (e.g., midwives, doulas, family members, or friends) experienced patient-centered care, including open and shared decision-making. Fewer negative childbirth experiences were reported when culturally competent communication practices were employed, regardless of whether the race and gender aligned with those of healthcare providers. These maternal strategies employed by Black mothers confirm and extend prior research that identified primary deficiencies in healthcare communication, biases, birth plans, and systemic barriers within the maternal sector as contributors to Black child birthing outcomes.

Doctor-Patient Communication: Medical Dismissal and Neglect

Multiple participants within this study reveal instances in which they endured systemic neglect within healthcare spaces, including interpersonal racism such as language discrimination (Minooee, 2024). The theme of medical dismissal and neglect is featured in several of the subjects' narratives (see Figure 1 and Appendices B-U). Conversely, many Black women participating in this study noted communication lapses during childbirth and reported that healthcare providers frequently downplayed or ignored their complaints about pain and discomfort. **Interviewee 17** (see Appendix S), whose birthing experience was in a military hospital setting, shares how she felt dismissed by a team of male doctors despite the information she shared about her concerns:

I was still considered high risk. I still had, you know, like I said, all my aches and pains. I couldn't even walk half the time because I was in so much pain, so like, you don't sit here and tell me that, Oh, yeah, that's normal. I was miserable the whole pregnancy, and then I was dealing with depression on top of that, because I was so miserable, because they just did not listen (00:02:48.890 -00:03:34.879).

Previous studies assert that systemic racial bias in maternal healthcare routinely leads to a denial of pain management and discounting the medical needs and care for Black patients, resulting in insufficient management of pain and delayed or ignored intervention (Hoffman et al., 2016; Gregory et al., 2024). **Interviewee 14's** (see Appendix O) child-birthing trauma and life-threatening experience resulting in her fraternal twins being stillborn due to an unexpected vaginal exam involving the doctor unnecessarily breaking her water at five months pregnant. These infants' mortalities were avoidable if only the participants' early inquiries had been heard. As emphasized metaphorically by Njoku et al. (2023), the urgency for medical professionals to

listen to the whispers before they become screams was acknowledged. This birthing trauma supports Hoyert's (2025) existing CDC reports that highlight that most maternal mortalities and infant morbidity are preventable through timely and equitable care. As well as Greenwood and colleagues' (2020) findings suggesting that Black infant survival rates increase or decrease according to racial concordances between the physician and newborn patient.

She broke my water, and my boyfriend was there at the time, and he was like, well, now that you broke the water, doesn't that mean that the baby doesn't have you know, water around her and stuff like that. The doctor said, 'Oh, no, it's still some there, you know.' She'll be fine, and then the next morning, when they came in to check, they were basically like one of the baby's legs is hanging out. So, all these doctors and nurses started rushing, and they started pulling the bed apart, basically telling me like I've got to push. So, my first daughter was stillborn, but I feel like she was stillborn because they broke my water (Interviewee 14, 00:12:56.940-00:13:55.610).

Black mothers are also more likely to experience life-threatening conditions such as preeclampsia, postpartum hemorrhage, blood clots, pre-term births, and low birth weight. These severe maternal health issues have significant short and long-term consequences for Black women's health and well-being. During the first birthing experience of **Interviewee 3** (see Appendix D), she expressed her frustration and fear about the lack of information regarding a pre-eclampsia diagnosis she learned about while she was on the operating table and later by way of her research, which triggered an emergency C-section (00:10). Although Interviewees 3, 7 and 14 communicated distress for themselves and infants regarding life-threatening symptoms and trauma were not treated with urgency and empathy. The persistence of such stereotypes within

medical dismissal and neglect reveals a health system built on historical racist assumptions, such as false beliefs concerning Black women's pain tolerance and their voices being deprioritized.

Patient Advocacy and Birth Plan Implementation and Limitations

Patient advocacy was a recurring thread throughout this study and emerged as one of the most defining factors across participants' lived experiences. Consistently, interview subjects who had a skilled support system, such as a midwife, doula, informed family member, or friends, reported significantly more positive interactions with medical birth workers. It is important to note that pregnancy can be a time of uncertainty, and the patient advocate's role is to work with Black birthing mothers and the maternal birth workers to help alleviate the stressors and make sure the patient and families stay informed (Brown et al., 2024). During this time, it is common for mothers to receive an overload of information, or unexpected birthing decisions may be conveyed to mothers in various forms, frequently including complex medical terminology. This study's results reinforce existing literature by Renfrew et al. (2014), Sobczak et al. (2023), and Brown et al. highlighting that skilled formal advocates including midwives and doulas help Black mothers consider whether it is beneficial for Black mothers and their infants, what the risks are, and do they outweigh the benefits, what are the alternatives and whether something else can be done in place of this decision that would work better for the patient and is best to do nothing because sometimes inaction is just as important as an action.

Consistently, the majority of participants regained agency through the presence of advocates—midwives, doulas, and informed partners to help enforce their birth plans that often are not honored within dominant medical institutions where vulnerable groups, particularly Black women, voices are muted (Kramarae, 2005). Patient advocacy integration into Black birthing experiences serves as a protective tool and communicative strategy to interrupt these

structural silencing processes. Kramarae notes that muted groups often develop alternative channels to be heard. This study supports that claim: **Interviewee 13** (see Appendix N) credited her sorority sister, also a labor and delivery nurse, with enforcing her birth plan, preventing an unnecessary C-section (00:04:56.650 -00:09:35.020). These results align with previous findings from Renfrew et al. (2014) and Sobczak et al. (2023), who emphasize the role of trained advocates in improving perinatal outcomes for marginalized groups.

The birth plan was designed to be a tool for establishing productive communication early in the birthing process; it allows medical staff to be clear about what mothers want during their perinatal and early postpartum experiences. The findings show (see Table 1) that while birth plans were designed to empower. Often, when integrated into Black birthing experiences, they were sometimes discarded, particularly without the presence of an advocate or patient-centered and culturally competent interactions with healthcare providers and staff. Conversely, **Interviewee 14** (see Appendix O, 00:22:47.090-00:23:03.020), who did not have a support system, felt that her birth plan was ignored, suggesting that birth plans alone are insufficient without advocacy and culturally responsive care—a critical finding that builds on prior research by Gitten-Williams et al. (2024).

In contrast, participants 11, 13, 17, and 19, all of whom had positive birthing experiences with the presence of an advocate and/or culturally competent physician and medical personnel (see Table 1). Research suggests that Black mothers' care teams should extend beyond the hospital through advocacy integration, ensuring the actionable communication of birthing preferences in case a birthing plan has to change with the medical professionals (Renfrew et al., 2014; Sobczak et al., 2023; Brown et al., 2024). Therefore, if and when the Black birthing person is unable to speak up for any reason, the advocate can intervene. These findings offer alternatives

to the limitations of Gitten-Williams et al.'s research, which suggests equity birth plans are a more productive communicative tool compared to traditional formats. This study highlights that while traditional and equity birth plans are valuable, their effectiveness depends on whether healthcare teams are willing to engage in collaborative decision-making, a point reinforced by Henderson et al. (2023).

Provider Bias and Systemic Barriers

While some participants sought care from Black providers, hoping for culturally responsive treatment, the findings of this study reflect and reinforce the past research of Greenwood et al. (2020), which posits that shared racial identity does not guarantee advocacy or mitigate maternal mortality for Black women. While some participants shared positive outcomes with health providers who shared racial concordance, this was not a universal experience.

Interviewee 2 (see Appendix C) chose a Black female OBGYN. Optimistic that their in-common race would translate into empathetic and informed maternal care, she instead reported that it did not. Interviewee two's first birthing experience resulting in a miscarriage involved a lack of resources, such as updated technology, and poor communication between the doctor and among the medical staff, shared:

Sometimes we think that sometimes going to a Black doctor is always best, and sometimes it's not. It just depends. You've got to do your research, and it's a lot of things besides color that need to take part when you're making a decision to find a physician to treat you or your child, or any of your family members. You know, you just have gotta look at everything, the technology, the staff in the office. How well they communicate the education, their reviews! You gotta look at everything. You can't look at skin color

because you just, oh, this is a Black doctor. This doctor is going to be, maybe not. And everybody experiences differently (Interviewee 2, 14:24).

This narrative illustrates that shared provider identity does not mitigate systemic barriers and structural inequalities, such as the underfunding of facilities that serve a high population of Black birthing persons, and it does not supersede the critical necessity for patient-centered communication in Black perinatal care. This participant's story also points to Washington (2008) and Hagiwara et al.(2024) research, asserting that Black maternal outcomes are stagnated by systemic and historical barriers that often constrain Black providers and birthing people. This study also reflects Borda's (2021) argument that stereotypes towards Black women are not alleviated by education. Class and race-based biases, such as false assumptions, judgments, and beliefs, were described by **Interviewee 8** (see Appendix I) as occurring within clinician interactions. Despite being identified as a highly educated college professor was assumed to have Medicaid versus private insurance by medical administration staff, "I am a college professor, and I came in there with my husband. I had my badge on, and she asked me, 'Do you have your Medicare papers and Medicaid paperwork?'" (Interviewee 8, 5:04). This current research supports the corresponding studies by Van Ryn et al. (2011), Njoku et al.(2023), and Hagiwara et al those biases whether low or high in range, intentional or non-intentional contribute to Black maternal experiences and complications.

Recent statistical research, conducted by Hagiwara et al. (2024), critiques the healthcare systems, which prior research asserts are ultimately responsible for ensuring patient quality care, for failing to implement effective training initiatives that promote sustainable changes in behavior among medical professionals through long-term implicit bias training rather than short-term interventions. While Borda (2021) explains that the problem is not individual malice but a

system that devalues Black maternal voices whose practices “harm the reproducing Black body” (Gregory et al., 2024, p. 31). This study supports these claims and provides a more current, qualitative depth to their analyses through patient advocacy, sustainable training that cultivates culturally competent patient-centered communication and care, suggesting pathways toward improving Black maternal outcomes. These nuanced insights lay the groundwork for the implications and future recommendations.

Practical Implications

Prior evidence-based research and findings by Spurlock and Pickler (2024) suggest that improving Black maternal experiences and outcomes will require changes to healthcare system practices, institutional policies, and reforms. However, when considering the practical, “hands-on,” and real-world implications of a national public healthcare crisis, such as maternal mortality, it is also especially urgent to further explore more immediate medical interventions for Black mothers. Notably, Hoyert (2025) reports that Black mothers and infants are dying now. While systemic change and national policy reform are integral, it is also long-term, as legislative changes are often delayed. This qualitative study focused on what is actionable and within reach for Black women within dominant healthcare institutions—including patient advocacy, doctor-patient communication, and the implementation of enhanced medical training in cultural competency and addressing biases (both subtle and implicit).

Prior literature highlighted the in-depth qualitative gaps that focus on the Black women’s perceptions and nuanced birthing experiences including mother-provider interactions, understudied patient advocacy forms (e.g. doulas and midwives), and birth plans (Minooee, 2024; Sobczak et al., 2023; Renfrew et al., 2014, and Spurlock & Pickler, 2024). This qualitative

study, supported by existing research, focuses on community-centered implications grounded in the lived experiences of Black mothers. As described by Kramarae's MGT (2005), dominant healthcare structures' practices and behaviors, such as systemic silencing, often marginalize Black women and require examination. In this study, qualitative reports reviewed underscored that one of the most immediately effective and accessible key strategies for Black maternal interventions is the integration of skilled midwives, doulas, and informed support—such as family members and friends—into childbirth processes. Impactfully, many participants with positive birthing outcomes trusted formal and informal individuals who understood their birthing needs and could effectively advocate for them in medical environments, particularly in the maternal care sector. These real-world examples reported less anxiety, bridged communication gaps, fewer interventions, and holistic emotional support, which aligns with the 2023 study conducted by Sobczak and colleagues, highlighting the value of externally trained support networks that extend beyond the hospital settings to the community. Further affirming that cultural intelligence and care do not always require large-scale reform; instead, it involves the intentional inclusion of those who are professionally and personally driven by quality “human” care practices. To that end, midwifery programs need to be expanded and supported—particularly for underserved populations and marginalized groups such as Black women. Hospitals must go beyond merely permitting doulas in delivery rooms—they should partner with community organizations to fund and embed trained individual advocates within standard maternal care models.

This study confirms prior research findings by Gregory et al. (2024), emphasizing that doctor-patient communication plays an influential role in the experiences of Black women and can be strengthened through long-term sensitivity training programs. Reinforcing prior research

conducted by Van Ryn et al. (2021), Njoku et al. (2023), and Hagiwara et al. (2024), this study suggests that health systems should, at the organizational level, begin raising cultural awareness among medical staff at the front lines while holding them accountable. Although short-term training is less costly at an institutional level, previous research by Hagiwara et al. has shown that these programs are also less effective because in-depth inner work, which fosters changed behaviors, requires time. Budgeting and/or investing in ongoing supportive patient care training that considers both implicit and explicit biases contributing to poor physician-patient interactions is vital. It is important to note that this current research does not dismiss the importance of long-term policy reform. Notably, too often, existing research calls for “policy change” to become abstract, distant goals, while Black maternal rates continue to rise. This study proposes actionable alternatives that do not require an act of local government or Congress but instead focus on meaningful changes accessible to the vulnerable populations most impacted—changes that Black mothers, communities, and hospitals, among others, can implement now. These practical implications are realistically an impactful place to start, as historical systems and policies are dismantled.

Limitations and Future Research

It is necessary to acknowledge that this qualitative study has a few limitations and note the research constraints of content analysis on data synthesis. Given the absence of quantitative data, provider input, and a purposive sampling size of twenty Black women, the study’s generalizability is limited. These noted limitations justify the need for continued research, and future studies may benefit from employing the following research approaches:

- **Mixed-Methods Approach:** Employ a statistically measurable, yet anonymous survey to stimulate transparency among healthcare providers and Black birthing persons
- **Sample Size:** It is highly recommended to increase the sample size to at least 200-300 participants to strengthen the adequacy of representation across populations.

It is important to note that although the qualitative sample size was limited, the data were self-reported and therefore cannot be generalized. Nevertheless, the commonalities shared among the twenty participants' lived experiences are transferable, consistent, and offer accessible alternatives to prior research findings and gaps.

Conclusion

A substantial amount of existing literature illustrates that Black maternal bodies and voices have long been suppressed and their birthing safety threatened by institutional and interpersonal racism. Persisting maternal mortality rates among Black mothers in the U.S. were found to be historically linked to deeply entrenched healthcare disparities. Prior research findings have shown that dominant medical systems have consistently undermined Black women's bodily autonomy and agency for generations. Guided by the theoretical framework of the Muted Group Theory (MGT), this qualitative study centered on the lives of twenty Black mothers, amplifying each of their narratives, to thoroughly examine how patient advocacy and doctor-patient communication impacted their maternal care outcomes. Through thematic analysis, four themes emerged: medical dismissal and neglect, patient advocacy, provider bias, and systemic barriers to care. The benefits of culturally competent, patient-centered care practices were also emphasized throughout the study. Conversely, interviewees frequently described how implicit bias and poor

healthcare communication contributed to harmful and often preventable negative birthing outcomes, including:

1. Medical Dismissal and Neglect
2. Patient Advocacy and Birth Plans
3. Provider Bias and Systemic Barriers
4. Patient-Centered Communication and Cultural Competency

Contrastingly, the presence of advocacy ranged from formal midwives and doulas to informal yet informed family members or friends who were often experts within the medical field. Resulted in improved maternal experiences where birthing plans were respected and honored, and maternal care felt more supportive and collaborative. Provider identities were noted and varied in terms of race and gender, encompassing Black, Hispanic, Jamaican, and Asian backgrounds, and most of the subjects still expressed ways in which their care could have been improved. This observation points to a deeper systemic issue, one that transcends individual providers and reflects a lack of effective training, cultural awareness, and accountability within medical spaces.

Building on previous research and these current accounts, this study proposes an accessible alternative to incorporate a culturally competent, community-based, patient-focused maternal framework grounded in mindful communication practices. This recommends that these changes initiate at the organizational level, with sustained investment in long-term professional development training for medical staff that extends beyond the routine of short-term workshops and surface-level diversity efforts. Providers and their medical team must be culturally equipped to recognize their implicit and explicit biases, foster trust, and partner with their maternal patients—mindfully recognizing that Black mothers are the experts of their bodies. Healthcare

professionals must *listen to the whispers*—respecting Black women’s competency and acknowledging their voiced concerns before they escalate into crises. Importantly, policy change remains a critical and valuable aspect. This research emphasizes more immediate solutions and actionable steps—such as community-based advocacy efforts, sponsorships, and partnerships—as well as long-term systemic investments in continuous cultural intelligence training and respectful, patient-centered care.

Maternal health is not a cultural challenge—it is a public health crisis for all people. Systemic racism involving discrimination and poor treatment experienced by Black women ultimately harms everyone. Black mothers’ health status reflects broader societal failures. Black women deserve to exist in safe healthcare environments where they can birth new life without fear of their lives being taken—and respect their voices, honor their bodily autonomy, and provide them with the care that all humans deserve.

References

- Adams, V., & Craddock, J. (2023). Patient-provider communication quality as a predictor of medical mistrust among young Black women. *Social Work in Public Health*, 38(4), 334–343. <https://doi.org/10.1080/19371918.2023.2177225>
- Borda, J. L. (2021). The embodied maternal rhetorics of Serena Williams. *Communication and Critical/Cultural Studies*, 18(4), 349–368.
<https://doi.org/10.1080/14791420.2021.1905167>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Brown, C. F., Zvenyach, T., Paul, E., Golden, L., Varney, C., & Bays, H. E. (2024). Obesity and advocacy: A joint clinical perspective and expert review from the obesity medicine association and the obesity action coalition - 2024. *Obesity Pillars (Online)*, 11, 100119-.
<https://doi.org/10.1016/j.obpill.2024.100119>
- Gittens-Williams, L., Campbell, D., & Rego, E. (2024). Leveraging an equity birth plan as a communication tool to address health equity and improve health outcomes in black birthing people. *Journal of Communication in Healthcare*, 17(4), 372–375.
<https://doi.org/10.1080/17538068.2024.2423143>
- Greenwood, B. N., Hardeman, R. R., Huang, L., & Sojourner, A. (2020). Physician-patient racial concordance and disparities in birthing mortality for newborns. *Proceedings of the National Academy of Sciences - PNAS*, 117(35), 21194–21200.
<https://doi.org/10.1073/pnas.1913405117>

- Gregory, E. F., Johnson, G. T., Barreto, A., Zakama, A. K., Maddox, A. I., Levine, L. D., Lorch, S. A., Fiks, A. G., & Cronholm, P. F. (2024). Communication and birth experiences among Black birthing people who experienced preterm birth. *Annals of Family Medicine*, 22(1), 31–36. <https://doi.org/10.1370/afm.3048>
- Hagiwara, N., Duffy, C., Cyrus, J., Harika, N., Watson, G. S., & Green, T. L. (2024). The nature and validity of implicit bias training for health care providers and trainees: A systematic review. *Science Advances*, 10(33), eado5957-. <https://doi.org/10.1126/sciadv.ado5957>
- Henderson, M. S. G., JaKa, M. M., Dinh, J. M., Olson-Bullis, B. A., Brown-Robinson, C., Kottke, T. E., & Ziegenfuss, J. Y. (2023). America’s racial reckoning within perinatal communication: A rapid review using sociotechnical systems theory to compare publications before and after 2020. *Journal of Primary Care & Community Health*, 14, 21501319231163123–21501319231163123. <https://doi.org/10.1177/21501319231163123>
- Hoffman, K. M., Trawalter, S., Axt, J. R., & Oliver, M. N. (2016). Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and Whites. *Proceedings of the National Academy of Sciences - PNAS*, 113(16), 4296–4301. <https://doi.org/10.1073/pnas.1516047113>
- Hoyert, D. L. (2025). Maternal mortality rates in the United States, 2023. In *NCHS Health E Stats*. National Center for Health Statistics (US). <https://dx.doi.org/10.15620/cdc/174577>.
- Kramarae, C. (2005). Muted group theory and communication: Asking dangerous questions. *Women & Language*, 28(2), 55–61.

- Minooee, S. (2024). Discrimination during childbirth among black birthing people predicts postpartum care utilization. *Evidence-Based Nursing*, 27(3), 89–89.
<https://doi.org/10.1136/ebnurs-2023-103849>
- Njoku, A., Evans, M., Nimo-Sefah, L., & Bailey, J. (2023). Listen to the whispers before they become screams: Addressing Black maternal morbidity and mortality in the United States. *Healthcare (Basel)*, 11(3), 438-. <https://doi.org/10.3390/healthcare11030438>
- Renfrew, M. J., McFadden, A., Bastos, M. H., Campbell, J., Channon, A. A., Cheung, N. F., Silva, D. R. A. D., Downe, S., Kennedy, H. P., Malata, A., McCormick, F., Wick, L., & Declercq, E. (2014). Midwifery and quality care: Findings from a new evidence-informed framework for maternal and newborn care. *The Lancet (British Edition)*, 384(9948), 1129–1145. [https://doi.org/10.1016/S0140-6736\(14\)60789-3](https://doi.org/10.1016/S0140-6736(14)60789-3)
- Sobczak, A., Taylor, L., Solomon, S., Ho, J., Kemper, S., Phillips, B., Jacobson, K., Castellano, C., Ring, A., Castellano, B., & Jacobs, R. J. (2023). The effect of doulas on maternal and birth outcomes: A scoping review. *Cureus*, 15(5), e39451.
<https://doi.org/10.7759/cureus.3945>
- Spurlock, E. J., & Pickler, R. H. (2024). Birth experience among black women in the United States: A qualitative meta-synthesis. *Journal of Midwifery & Women's Health*, 69(5), 697–717. <https://doi.org/10.1111/jmwh.13628>
- Van Ryn, M., Burgess, D. J., Dovidio, J. F., Phelan, S. M., Saha, S., Malat, J., Griffin, J. M., Fu, S. S., & Perry, S. (2011). The impact of racism on clinician cognition, behavior, and clinical decision making. *Du Bois Review: Social Science Research on Race*, 8(1), 199–218. <https://doi.org/10.1017/s1742058x11000191>

Washington, H. A. (2008). *Medical apartheid: The dark history of medical experimentation on Black Americans from colonial times to the present*. Knopf Doubleday Publishing Group.

<https://ebookcentral.proquest.com/lib/odu/detail.action?docID=6101226>

Appendix A: Semi-Structured Interview Questions

Semi-Structured Interview Questions:

1. Please briefly describe your childbirth experience.

Possible probe: What was the outcome?

2. What characteristics of the communication between you and your healthcare providers throughout your birthing experience seemed satisfactory or helpful to you?

Possible probe: Why did you find that communication satisfactory or helpful?

3. What characteristics of the communication between you and your healthcare providers throughout the birthing experience seemed unsatisfactory or unhelpful to you?

Possible probe: Why did you find that communication unsatisfactory or unhelpful?

4. What changes to your communication with your healthcare providers throughout the birthing experience would have made the communication more satisfactory or helpful to you?

Possible probe: Why do you feel those changes would have made the communication more satisfactory or helpful to you?

5. Is there anything else you would like to share with me about the communication between you and your healthcare providers during your child-birthing experience?

Appendix A1: Informed Consent

CONFIDENTIALITY

Precautions will be taken to ensure your responses to the interview questions remain confidential. Once the interviews have taken place, your name or other identifying information will be removed and replaced with a random ID code. All information will be stored according to this random ID code in locked cabinets and/or on password-protected computers and secure network servers. A master list linking your name and random ID code will be stored in a locked cabinet and/or on a secure computer network. Your name and ID code will only be referenced together in this master list and nowhere else. This list will be destroyed once the data analysis is complete. While the de-identified transcripts of the interviews will be retained for the purpose of data analysis, the Zoom recordings of the interviews will be deleted as soon as the study is complete. The results of this study may be used in reports, presentations, and publications; but the researchers will not identify you. The de-identified transcripts may be retained for the purposes of scientific transparency, but no identifiable information will be saved or shared. While it is unlikely, it is possible that the de-identified transcripts may be subpoenaed by court order or inspected by government bodies with oversight authority.

WITHDRAWAL PRIVILEGE

You have the right to decline to participate in this study. That is, it is OK for you to say NO. Even if you say YES now, you are free to say NO later, and walk away or withdraw from the study at any time. Your decision will not affect your relationship with Old Dominion University, or otherwise cause a loss of benefits to which you might otherwise be entitled. The researchers reserve the right to conclude your participation in this study, at any time, if they observe potential problems with your continued participation.

COMPENSATION FOR ILLNESS AND INJURY

If you say YES, then your consent in this document does not waive any of your legal rights. However, in the event of an injury arising from this study, neither Old Dominion University nor the researchers are able to give you any money, insurance coverage, free medical care, or any other compensation for such injury. In the event that you feel you have suffered injury as a result of participation, then you may contact Katherine Hawkins, PhD, at 757-683-4905 at Old Dominion University, Dr. Tancy Vandecar-Burdin, the ODU Institutional Review Board chair, at 757-683-3802 at Old Dominion University, or the Old Dominion University Division of Research and Economic Development at 757-683-4636 who will be glad to review the matter with you.

VOLUNTARY CONSENT

By agreeing to participate, you are saying several things. You are saying that you have read this form or have had it read to you, that you are satisfied that you understand this form, the research study, and its risks and benefits. The researchers should have answered any questions you may have had about the research. If you have any questions later on, then the researchers should be able to answer them:

Katherine Hawkins, PhD
Professor of Communication
Old Dominion University
Phone: 757-683-4905
Email: kwhawkin@odu.edu

Carla Milton
Graduate Student
Lifespan and Digital Communication
Old Dominion University
Phone: 706-329-8824
Email: cmilt001@odu.edu

If at any time you feel pressured to participate, or if you have any questions about your rights or this form, then you should call Dr. Tancy Vandecar-Burdin, the ODU Institutional Review Board chair, at 757-683-3802, or the Old Dominion University Division of Research and Economic Development, at 757-683-4636.

By agreeing to participate, you are telling the researcher that YES, you agree to participate in this study. The researcher should give you a copy of this form for your records.

Subject's Printed Name & Signature	Date
---	-------------

INFORMED CONSENT DOCUMENT OLD DOMINION UNIVERSITY

PROJECT TITLE: Healthcare Communication: Doctor-Patient Communication During the Childbirth Experiences of Black Women

INTRODUCTION

The purposes of this form are to give you information that may affect your decision whether to say YES or NO to participate in this research, and to record the consent of those who say YES. This form describes what would be asked of you if you participate, as well as the procedures, risks, and benefits involved with participating.

RESEARCHERS

Katherine Hawkins, PhD, Responsible Project Investigator, Professor in the Department of Communication and Theatre Arts, which is a part of the College of Arts & Letters at Old Dominion University.

Carla Milton, master's student in the Lifespan and Digital Communication Program at Old Dominion University, under the supervision of Dr. Katherine Hawkins.

DESCRIPTION OF RESEARCH STUDY

You have been asked to participate in a study exploring communication between health care providers and patients during your experience giving birth. Below is a description of the study procedures.

If you agree to participate in this study, you will participate in a brief interview via Zoom with Ms. Milton. You will be asked a series of open-ended questions about the extent to which you found your communication with your health care provider helpful to you and effective in addressing your health concerns regarding your experience giving birth. The interview will be recorded and transcribed to ensure that your answers are accurately saved so that what you share can be reviewed for the purposes of the study.

If you say YES, then your participation will require no more than a 60-minute time commitment during the Zoom session with Ms. Milton. We expect 20 subjects will be participating in the study.

EXCLUSIONARY CRITERIA

The following are required to be eligible for participation: you must be an English-speaking Black woman between the ages of 18 and 89 and you must have given birth within the past 15 years.

RISKS AND BENEFITS

RISKS: You will be asked a series of questions regarding your communication with your health care providers during your experience giving birth. While the interviewer will be as respectful as possible, it is possible that responding to one or more of the questions may trigger memories or thoughts that are distressing to you. If at any point in the interview you wish to discontinue the interview, you have the right to do so.

In addition, there is a small risk that your data may be seen by individuals other than the investigators. To protect against this risk, the investigators will collect minimal sensitive information from you. In addition, your name will be replaced on any files or forms with a random ID code known only to the investigators.

As with any research, there is some possibility that you may be subject to risks that have not yet been identified.

BENEFITS: There are no direct benefits to you of participating in this study (e.g., gifts or money). However, the results of this study have the potential to expand our knowledge about how health care providers communicate with their patients during the experience of giving birth and hopefully suggest ways in which that communication can be made more helpful and effective for patients.

COSTS AND PAYMENTS

The researchers want your decision about participating to be absolutely voluntary. There are no costs to you other than your time spent in the Zoom interview. You will receive no payment for your time participating in the Zoom interview.

NEW INFORMATION

If the researchers find new information during this study that would reasonably change your decision about participating, then they will share that information with you.

INVESTIGATORS' STATEMENT

We certify that we have explained to this individual the nature and purpose of this research, including benefits, risks, costs, and any experimental procedures. We have described the rights and protections afforded to human participants and have done nothing to pressure, coerce, or falsely entice this individual into participating. We are aware of our obligations under state and federal laws and promise compliance. We have answered the individual's questions and have encouraged her to ask additional questions at any time during this study. The participant's consent to participate in the study as described in this informed consent form has been witnessed and documented.

Investigator's Printed Name & Signature	Date
--	-------------

Investigator's Printed Name & Signature	Date
--	-------------

Appendix A2: Recruitment Flyer



OLD DOMINION
UNIVERSITY



PARTICIPANTS NEEDED

FOR A GRADUATE STUDY

Listen to The Whispers: Examining Doctor–Patient Communication and Maternal Mortality Through The Childbirth Experiences of Black Women

PARTICIPANTS ARE SOUGHT FOR AN INTERVIEW STUDY LOOKING AT COMMUNICATION BETWEEN HEALTHCARE PROVIDERS AND THEIR PATIENTS WHO HAVE EXPERIENCED CHILDBIRTH IN THE PAST 15 YEARS.

- Confidentiality will be strictly maintained
- You must be a English speaking Black Woman between 18 –89 years of age
- Participation involves a brief Zoom interview discussing communication with healthcare providers during child-birthing experiences
- Women who are currently pregnant are not eligible for participation
- No compensation for participation

Summaries of the interview participants' responses may be used for research. However, you will never be directly identified in any presentations or publications of research about this study. If you choose to participate initially and then change your mind later, you have the right to withdraw from the study at any time without any negative consequences.



If you are interested in participating in this study, please contact Carla Milton at



cmilt001@odu.edu.

Appendix A3: Calendly

Scheduling settings

Date range

Invitees can schedule...



60

calendar days

into the future



Within a date range

Feb 13 – Feb 16, 2025



Indefinitely into the future

Hours and calendar settings

Copy from...

Set times that hosts can be scheduled for these types of events.



Carla Milton, PMP (you)

Sun, 7:30 am - 4 pm, +3 more times

+42 date-specific times



Carla Milton, PMP

30 Minute Meeting

⌚ 30 min



Web conferencing details provided upon confirmation.

Appendix A4: IRB Approval Letter



OFFICE OF THE VICE PRESIDENT FOR RESEARCH

Physical Address

4111 Monarch Way, Suite 203
Norfolk, Virginia 23508

Mailing Address

Office of Research
1 Old Dominion University
Norfolk, Virginia 23529
Phone(757) 683-3460
Fax(757) 683-5902

DATE: February 3, 2025

TO: Katherine Hawkins, Ph.D.
FROM: Old Dominion University Institutional Review Board

PROJECT TITLE: [2278835-2] Healthcare Communication: Doctor-Patient Communication
During the Childbirth Experiences of Black Women

REFERENCE #: 25-008

SUBMISSION TYPE: New Project

ACTION: APPROVED

APPROVAL DATE: February 3, 2025

NEXT REPORT DUE: February 3, 2026

REVIEW TYPE: Expedited Review

REVIEW CATEGORY: Expedited review category #7

Thank you for your submission of New Project materials for this project. The Old Dominion University Institutional Review Board has APPROVED your submission. This approval is based on an appropriate risk/benefit ratio and a project design wherein the risks have been minimized. All research must be conducted in accordance with this approved submission.

This submission has received Expedited Review based on the applicable federal regulations.

This project has been determined to be a MINIMAL RISK project. Based on the risks, this project does not require continuing review. You will receive an annual check in reminder. **Please complete the annual check in form and submit it for administrative approval by your next report due date of February 3, 2026.**

Please remember that informed consent is a process beginning with a description of the project and insurance of participant understanding followed by a signed consent form. Informed consent must continue throughout the project via a dialogue between the researcher and research participant. Federal regulations require that each participant receives a copy of the consent document.

Please note that any revision to previously approved materials must be approved by this committee prior to initiation. Please use the appropriate revision forms for this procedure.

All UNANTICIPATED PROBLEMS involving risks to subjects or others (UPIRSOs) and SERIOUS and UNEXPECTED adverse events must be reported promptly to this office. Please use the appropriate reporting forms for this procedure. All FDA and sponsor reporting requirements should also be followed.

All NON-COMPLIANCE issues or COMPLAINTS regarding this project must be reported promptly to this office.

Please note that all research records must be retained for a minimum of five years after the completion of the project.

If you have any questions, please contact Olivia Trumino at 7576834636 or otrumino@odu.edu. Please include your project title and reference number in all correspondence with this committee.

This letter has been issued in accordance with all applicable regulations, and a copy is retained within Old Dominion University Institutional Review Board's records.

Appendix A5: Thematic Analysis Summary Spreadsheet

This appendix contains a link to a manually coded thematic analysis spreadsheet of the twenty semi-structured interviews. It has been reviewed by the author and is available via

Google Drive. Access the spreadsheet [here](#):

Note: This file is view-only and available to Old Dominion University reviewers

Appendix B-Interviewee 1 Transcription

Date: 02/07/2025

Duration: 24 minutes, 19 seconds

Method: Conducted via Zoom

Confidentiality Statement: To maintain participant anonymity, interviewees are identified by numbers (e.g., Interviewee 1, Interviewee 2). The interviewer is referred to as "Interviewer."

[Start Transcribing Here]

Interviewer: Hello! Good morning, and thank you for meeting with me to tell your story. My name is Interviewer, and I know that we already know each other. But I just want you to briefly describe your childbirth experience. I know you have three children, so just approach it however you want.

Interviewee 1 (00:32): Okay. Well, I go back, my son. I actually had him in Jacksonville. He was born in February 2000. He was born actually like during that time, probably within a 30-to-45-day time span, or something like it was it was really close to when Kamaya, that little girl. was kidnapped from the hospital. So, I was at the same hospital. So, you know, that was playing in the back of my head. I mean, the physical experience itself, I didn't have a problem, you know. I remember it wasn't the nurses, the staff. Everybody was good. Of course, I was younger, and physically, it was good.

Interviewer (01:18): How old were you?

Interviewee 1 (01:20): I was 21.

Interviewer (01:22): Okay.

Interviewee 1 (01:23): Yeah, 21. I know my water broke early. I didn't know. Of course, it was my first child, so I didn't know my water had broke, so I think I was walking around for about 2 days, and my water was broke. I thought I was just peeing on myself. So that was just me something I didn't know something. I was just, I guess, scared. So, when I finally, when you know, I didn't have any issues. You know, it was in the back of my head about that experience that just happened with the baby disappearing but staff and all, they were good. I think I received as much information as I need it cause you, you know, being a first-time mom, I guess you don't know what you need until you need it.

Interviewer (02:11): Right. So, you were younger. That so the outcome of that childbirth and experience, as far as Doctor-Patient and communication was, you felt, was positive?

Interviewee 1 (02:21): Yes, yeah, I do. My son, I guess due to me not knowing I needed that I was actually my placenta, or whatever had broke, my water had broke. He ended up having to stay in the hospital for a few days afterward. So, you know I was, of course with that I was terrified, you know, even if even if that didn't have the baby situation that happened at the

hospital now, I still had to leave my baby at the hospital, you know. So, but he had to stay in for a few days. But even with that, you know, it was, it was what it was. I can't say it was anything negative. It was just me, as a mom, being nervous about my child. But I can say that in general, the whole experience was a positive experience.

Interviewer (03:14): That is good, so that was with your oldest child?

Interviewee 1 (03:18): Yeah, my first child.

Interviewer (03:22): What about your middle child?

Interviewee 1 (03:25): So, my middle daughter. I had her here in Brunswick at the hospital, and I will say, too, that experience was good.

Interviewer (03:36): Okay.

Interviewee 1 (03:39): It was. It was positive, like.

Interviewer (03:41): Okay.

Interviewee 1 (03:42): But I guess, compared to most, you know, even with my first two, compared to, I would say, in comparison, my labor was probably fairly easy, you know, compared to the horror stories you hear. So, I mean, literally like with my daughter. Like, literally, the doctor was walking in the room, and she popped out. He had to catch her. So you know it was it the you know everything. It was good. I could say it was a positive experience. The staff was attentive. I don't recall anything, you know, strange or abnormal, or you know anything I didn't feel comfortable doing.

Interviewer (04:21): So that was a positive outcome as well. So, for your oldest and your middle child that you've shared with me were the medical professionals that delivered and assisted you. Was your doctor like a White male or a minority?

Interviewee 1 (04:38): Well, with my son Chance, it was a black female.

Interviewer (04:42): And that was your first.

Interviewee 1 (04:44): Yeah, my first. Yeah, it was it was a black female. She I remember, you know they used to, like those emergency room documentaries where they showed the ER you know, people coming in gunshot wounds, you know back in at that time, when all that was real, starting up. You remember those TV shows? I remember actually looking at the show one time or watching on TV and I like vividly remember, this man literally had a machete stuck in his head. He was being wheeled into the emergency room, and the lady who was my OBGYN. She was just like standing in the middle of the floor, and she just watched him like, Oh, my God! And I was like, Oh, that's my doctor!

Interviewer (05:40): Okay.

Interviewee 1 (05:41): So. Yeah, so, my daughter, it was Dr. S.. And it's like a group of those doctors that it's a group, you know. Dr. S., Dr. B.. Yeah, on the same office. So Dr. S. delivered my first daughter, and then Dr. B. delivered my last child, but he was still my OBGYN for a number of years.

Interviewer (06:09): So, you use that same physician.

Interviewee 1 (06:12): Yeah, I was. I stayed to the same doctor. I didn't. I never switched doctors. I stayed. I mean now, as I've gotten older, I still stay with him, but I've decided to go to another like women's clinic as well. So, I've done that there in Waycross, so that I've been to them twice. And I just felt like, you know, like the information they was giving me, or you know, when I met them, they were at one of the events at the school, I met them. I was out, you know, I guess I felt like, let me just try something different. Make sure I'm not missing anything with my body which I never thank God, I never had any, you know, health issues. I've dealt with high blood pressure for some years, but it hadn't been like extremely high, you know.

Interviewer (07:03): Hmm.

Interviewee 1 (07:04): Like on the mid-level. So, I've been able to control it. But that's really in my weight, you know, my weight fluctuates. But just like we've like you saw, dealing with different life issues. We don't know why we put on weight. But when we get out of that situation our body balances itself out, you know, cause.

Interviewer (07:25): You were. You were kind of yo-yoing, in a sense, with your weight. During this time, you had stressors going on that impacted your, you know, relaxation responses during that time when you were carrying your daughter.

Interviewee 1 (07:44): My 1st daughter. I felt like I was, everything was pretty much normal.

Interviewer (07:50): Okay.

Interviewee 1 (07:51): I'm just saying, like my weight in general throughout the years, just fluctuating up and down.

Interviewer (07:55): Oh, okay.

Interviewee 1 (07:56): With my 3rd child. I was old. I was 37/38. So yeah, I was like, I guess, at that cut off age, you know, they try to tell us, or I just feel like they just kind of beat that in our heads. But because I feel like it's everybody's different individually. But either way. So, I ran into this at the end of my pregnancy. Well, that that pregnancy was stressful, it was stressful, I will say. It was still normal. But I know I did have a lot going on, you know my personal life. But towards the end of the pregnancy, it got to where my pressure went up, and I had to have a Caesarean. Like the doctor told me, I had to have a Caesarean, and so that was my one and only Caesarean. My last child was a Caesarean. I feel like the experience, it was good. I didn't have any problems with. Of course, I was nervous because I did not want to do that.

Interviewer (09:00): And you were older at this time, and your physician at this time was a White male?

Interviewee 1 (09:04): A White male. Yeah, he was a White male. Doctor B..

Interviewer (09:07): And how old were you when you had your youngest child?

Interviewee 1 (09:11): My 1st child was 21. My second child, I was like 28. And then my last child, I was well, I was like 27/28, my second one. Then, my last one, I was like 37/38.

Interviewer (09:25): Okay. So, your 1st child, when you were younger, you had a black female physician. And for your middle child, you were at what society has said is childbearing age, and at that time, you had a White physician.

Interviewee 1 (09:43): Yeah, one.

Interviewer (09:43): And that's the same one that delivered your youngest.

Interviewee 1 (09:48): Well, he's not the same one, but he's in the same practice.

Interviewer (09:51): Okay? So, both were White males. Okay? All right. That's good to know. And you had positive outcomes with all of your childbirth and experiences?

Interviewee 1 (10:01): Yes, I did. I did.

Interviewer (10:03): Good to know.

Interviewee 1 (10:04): I mean, you know we, as far as like the staff, I did, but of course, like again. You know my body changed. You know, I was at a different place with my body, so you know, of course, I had to have a Caesarean with my last child compared to the first two, and I guess, like mentally, I was just so clouded mentally. You know, all I can really recall of why I needed a Caesarean was just like she didn't really initially turn at first, but she did end up turning, and I guess, like, when I thought about it, I think it was probably just a more scheduled thing. I know my pressure was high, but I don't think it was high to where it was an emergency situation. So, I did not have to have an emergency Caesarean. It was a, in my opinion, was a routine schedule, Caesarean. But now that I think back on it, I really think that I don't know, I just feel like, maybe if we would have waited it out more or just, I don't know, I just felt like maybe it could have been a different outcome. I could have had her vaginally.

Interviewer (11:23): That is an important point because there are a lot of unnecessary Caesareans being given, especially to women of color. So, I'm glad that you highlighted that because that's definitely an important point.

Interviewee 1 (11:45): Once I had that conversation with somebody, I started thinking back on that, and I started thinking that. Because I really didn't want to, I didn't want to have a CEsarian. I didn't.

Interviewer (11:59): Did you communicate that?

Interviewee 1 (12:01): Yeah, I did. But of course, you know, if you don't know, you just go by what the doctor says. You know he wasn't overbearing, or anything, but you could tell like they know what to say. They know how to say it; they know to say, Oh, we're going to do a Caesarean because you know your pressure is high. And we need to make sure we don't have any complications. You know, things like that. They tell you they point out, you know, not in a bad light, but they point out the negative. In my opinion, it kinda gets you a little rowdy, or, to make sure.

Interviewer (12:32): Justify having the surgery.

Interviewee 1 (12:34): Yeah.

Interviewer (12:35): Versus, say, a natural birth, or trying to get to the root cause of the high blood pressure.

Interviewee 1 (12:42): Yeah.

Interviewer (12:43): So.

Interviewee 1 (12:43): I'm just letting it be you know. Let it let it play out in its own way.

Interviewer (12:50): Right. So, what characteristics of the communication between you and that healthcare provider throughout your birth and experience seem satisfactory or helpful to you, I mean, why did you find the communication satisfactory or helpful? Did you find it satisfactory or helpful? What characteristics of the communication did you find satisfactory during that Caesarean experience?

Interviewee 1 (12:24): I mean, I did not. If I recall like I didn't like how I guess my husband couldn't be in there with me. Well, you know, with the anesthesia part of it. He couldn't be in there with me. So yeah, I was nervous, but I do appreciate, like Dr. B., he grabbed my hand. He held my hand. He helped me calm down.

Interviewer (13:44): That was nice.

Interviewee 1 (13:45): Yeah, he did. And, of course, like, you know, once they get it in there. Good. You know you're good. It's like the instant you know it instantly calms down. Once you start getting the medicine. And of course, you know they do. I can't recall at each step they explain everything to you. You know, we're gonna do this first. You're gonna feel this. We're gonna do that, you know. So. But I can say I've always admired Dr. B. and his practice. That's why I've always stayed with him like I've never had any negative experiences with them. So, he, you know, he does give you information, and I and you know I've always felt like he's been truthful. I don't feel like he's not really led me either astray either way. He's always been pretty truthful.

Interviewer (14:44): Yeah, because there's a lot of mistrust in health care. So, you feel like you can trust him. And one of the satisfactory communication highlights was physical touch. When he reached out to you. You were nervous, so you feel like that was something that stood out to you during that time?

Interviewee 1 (15:05): Yeah. Oh, yeah.

Interviewer (15:06): Okay.

Interviewee 1 (15:07): Definitely cause, you know, I just remember, you know, sitting in that room, and my husband couldn't be in the room with me. And yeah, I've never had a Caesarean. So yeah, all that was new to me. That was, that was a very nervous. You know. That was nervous. A big nervous place for me. But yeah, I did really appreciate that. So once everything got settled, you know, my husband was able to come in the room and you know the process went how it went.

Interviewer (15:40): Okay? So, I'm going to ask you the same question. But this time, I want to know what characteristics of the communication between you and your healthcare providers throughout the birthing experience seem unsatisfactory or not helpful to you. Why did you find that communication unsatisfactory or not helpful? And if there wasn't anything you know to reference, that's fine, too.

Interviewee 1 (16:14): No, I didn't. I honestly can't recall that there was anything honestly.

Interviewer (16:19): Okay. But do you, just looking back, you mentioned that you feel like the Caesarean could have been avoided.

Interviewee 1 (16:31): And a part of me feels like it, like I don't feel sad or mad about it, but a part of me does feel like it, probably could have been avoided. But then, I guess, on the flip side, I know I had a lot of emotional things going on in my home personally. So maybe it was okay. Maybe it was good that I did have it, too. But I felt like, if I knew you know, of course, again you if you knew what you don't know, but you don't know what you don't know. You know what I'm saying. So based on what I knew, I felt comfortable. But of course, now you know, looking back, that you just hear other stories and know other things, you're like, okay. I didn't know that then. If I had known that, then I would have done this because even my husband was like you better not change the date, because he knew I was. That was how I would do that. I would change the date. I'd be like, we having a baby today on Wednesday. Let's wait the next week, you know. Like, yeah, I was that that was my first, and he and he knew that I would be like, doc, we'll do this next week. Because my mindset would have been like, let me see if my water gonna break, and I could vaginally deliver this baby.

Interviewer (17:51): Because you want it, you desired to deliver it naturally versus them kind of suggesting maybe even forcing, in a way, trying to sway you to have the surgery over a natural birth.

Interviewee 1 (18:07): Right, right, right.

Interviewer (18:10): And they knew you wanted to have a natural birth. They knew that.

Interviewee 1 (18:15): Yeah, he knew it. But of course, you know, he again, you know, told me everything this and that. You know you have this going on you got have that going on, you know. Make sure we want to make sure you don't have any issues, any problems with the baby and this and that. So yeah, he knew.

Interviewer (18:32): That's interesting. What changes to your communication with your Healthcare providers throughout the birthing experience would have made the communication more satisfactory or helpful to you? Why do you feel those changes would have made the communication more satisfactory or helpful? So, I think that actually, this question is actually relatable to what you're talking about now, you know, because, as the patient, we know our bodies better than anybody you know, and at the same time, you look at them as the expert when we should in return look at them as a consult, you know. But a lot of times, we look at our doctors as what they say being the bible, you know. But considering that, what changes to your communication with your healthcare providers throughout the birthing experience would have made the communication more satisfactory or helpful? So, considering how you were feeling inside, what do you feel like could have been done to make it more satisfactory or helpful to meet your desires?

Interviewee 1 (19:48): Well, either way. Ultimately, again, I would say, not in a bad way, but I just would put that on me.

Interviewer (19:55): Okay.

Interviewee 1 (19:56): Yeah, I would just put that on me. Because again, you know. I didn't know what questions to ask, and I really didn't have the support you know that I could have had. You know what I'm saying like if your partner doesn't really know what questions to ask. You know they don't know what questions to push you to ask, either. You get what I'm saying. They just pretty much stuck on you better do what the doctor says. I would just really put that whole question; I would just put that fall that let that fall back on me, but not in a bad way, not in a bad way. Cause, I'm sure, if I came in his office and was like a doc, look at this, check this out. Tell me this compared to that. Now you got to show me something better than this compared to that. Yeah, we would have had that conversation because he, you know, that's he knows I feel like he knew me enough to know that I would be like. You got to tell me something. You know what I'm saying, so I don't think he would have dismissed me. I don't think he would have not had.

Interviewer (20:59): Like he was dismissive? Do you feel like his decision was based on precautions? You think he was just trying to be -

Interviewee 1 (21:07): Overall. Yeah, overall precautions and overall. Just you know generally what the statistics were or what the paperwork said. Or, you know, that type of thing. So yeah, but no, I don't think that there was necessarily any type of miscommunication. It just really fell down on what I didn't know at the time. That's all. Yeah.

Interviewer (21:32): But that's their job as our physician, too. You know, to educate us, you know, because we do go in there with a lot of trust, and so forth. But I'm glad to hear that you do. This is someone, well, their practice has delivered to your children. Is there anything else you would like to share with me about the communication between you and your healthcare providers during your childbirth and experiences?

Interviewee 1 (22:03): - no.

Interviewer (22:06): Okay.

Interviewee 1 (22:07): No, the follow-up was good, like, you know. Of course, he's very personable, you know. Good bedside manner, of course. In that last one, I got my tubes tied in that one, and I can only say now, of course, you know, once you get at a different phase of life. I didn't know. I guess, when you think like, or what I knew about getting tubes tied. I thought that was it. You just get your tubes tied like there was like a basic tube tie process I get. I don't know how to explain it compared to like. If they're going to remove, let's say, the left side of your tubes like they'll tell you, or if they're gonna, of course, if you get something else snatched out of there like, actually tell you, I guess I just thought maybe tube tying was like, there's a basic pattern or a basic procedure to do it I guess if I can explain it right. So you know, when I find out now, you know, these years fast forward, you know, when I was thinking, or thought I wanted to have more children, you know, he was like, well, I've cut, you know, cut an extensive amount of your tube. You know that, of course, it couldn't be tied back together. You know what I'm saying. So, my mind, I was a little disappointed with that, because that's but again, you know, at that time you're just in that space at that time you don't know. You don't think maybe I might want to do this later in life? You're just in that in that space what you're in. But

Interviewer (23:25): So, it was your decision to get the tubal ligation, or did the doctor also suggest that?

Interviewee 1 (23:51): No, it was. It was between me and my husband.

Interviewer (23:56): Okay.

Interviewee 1 (23:57): Yeah, it was it was between me and my husband.

Interviewer (24:01): Okay, and before I stop recording, is there anything else you want to share?

Interviewee 1 (24:07): No, that's all the questions. I'm good.

Interviewer (24:10): Well, thank you for interviewing. Stay on, ---. I'm just gonna stop the recording. Okay.

Interviewee 1 (24:15): Okay.

[End transcription]

Appendix C-Interviewee 2 Transcription

Date: 02/07/2025

Duration: 26 minutes, 16 seconds

Method: Conducted via Zoom

Confidentiality Statement: To maintain participant anonymity, interviewees are identified by numbers (e.g., Interviewee 1, Interviewee 2). The interviewer is referred to as "Interviewer."

[Start Transcribing Here]

Interviewer (00:04): Briefly describe your child-birthing experience. And what was the outcome?

Interviewee 2 (00:13): Okay, my first child birthing experience I had a miscarriage, and I don't think I had the right doctor, because they didn't have the right technology, or I didn't receive the right care. And I ended up going to another doctor who treated me, and got me in. I had the procedure, and the baby was discharged. But the second doctor did provide good care. She had a good bedside manner, and she had it updated you know, like technology and resources to be able to assist me during the miscarriage. So I would say that the experience turned out to be a good one. But it didn't start out being good and I don't know if it was good, because it was a Medicaid doctor or what, they just didn't have the right technology and things to assist me during my appointments.

Interviewer (01:18): Okay. So, this was a past miscarriage. And you're saying that technology like the equipment, was a factor, a complication in the how birth and processing?

Interviewee 2 (01:35): I took an at-home test. I found out I may. No, I actually was going, not this time. I was going to my regular checkup and doing, you know, once they weigh you, they do a pregnancy test. That's standard. They were like, you're expecting. So, we're going to get you an ultrasound. Well, they let me sit in the room for about an hour. Then they said, We're going to take you next door for an ultrasound. I got ready to get hooked up. The ultrasound machine didn't work. It was very outdated. You could see that compared to other you know, machines that I've seen. It was outdated. It wasn't working, so I couldn't get it done. So, then I had to go back in another room, wait another 30 min for the doctor to come in, and you know, then they talked to me about pregnancy. Then they rescheduled me because the machine wasn't working for another week, so I had to wait and come back. The machine still wasn't working, so they put me in another room and talked to the doctor, and they were gonna send me to the hospital. I got to the hospital. It was a bunch of sick people there. I didn't feel comfortable after sitting in the chair for hours that evening. The doctor hadn't come over yet, so I just told the nurse that I thought it would be best for me to go home. I followed up with another doctor, and she saw me through getting, you know, getting my baby discharged and getting myself back to better health.

Interviewer (03:09): What characteristics of the communication between you and your healthcare providers throughout that birth and experience seem satisfactory or helpful to you?

Like what did you find that communication set, I mean, did you? Why did you find any communication satisfactory? Did you find within that experience any type of communication was satisfactory, and if it wasn't, that's okay. You can say that too.

Interviewee 2 (03:40): Once I got to my other doctor. She you know she had update technology. She had nurses there to assist her. And they, you know, they had the lab there. They had everything there, so it they were able to give me more information. They would be able to communicate with me what was going on with me and my partner, and they did provide better communication. They walked me through it, you know they was there every step of the way, even to the day of the procedure. They walked us through it. They was there, they gave us information. They gave us literature, even when I did my follow up. That was good, too. And so I built a relationship with them. And so I still go to her now. And so she you know, is the one that helped me with my current pregnancy. That I, just, you know, had a baby. So they I think they're pretty good with communication. There.

Interviewer (04:42): Compared to in the past, where you had a miscarriage.

Interviewee 2 (04:47): Yeah.

Interviewer (04:49): Okay. So just for clarity, you're saying that because you just gave birth, and how old is your baby? Your baby isn't even a month yet, right?

Interviewee 2 (05:02): 3 and a half weeks. So.

Interviewer (5:05): 3 and a half weeks. So, you had a successful pregnancy. And this communicative experience and overall experience was more positive. You felt like your voice was heard. Their technology was also up to date compared to past situations. They were more mindful of the you know of you and the child. You do?

Interviewee 2 (05:34): Yeah, they gave me a lot of resources. I had a lot of help, too, with this pregnancy, too.

Interviewer (05:42): Okay, what characteristics? So it's the same question I'm going to ask you. But it's going to be the opposite. What characteristics of the communication between you and your healthcare providers throughout the birthing experience seem unsatisfactory or are not helpful to you?

Interviewee 2 (06:03): This current pregnancy?

Interviewer (06:05): You can comment on both if you like because you did open up with those 2 comparisons. Whatever you want to do is fine.

Interviewee 2 (06:13): Well with the miscarriage, they? I just don't think they communicated good with like once. I well, one they don't communicate good with themselves, because I would think the doctor should know that her ultrasound machine is not working. That's number one. So the staff definitely wasn't communicating good with the healthcare provider to let her know. But

even when I went to the hospital, when they, you know, told me to go over to the hospital, they weren't communicating good at that point, because I should have been sent to the back like a direct admit, and taken care of not just sitting there for hours. So, I even think the OBGYN at the time didn't communicate good you know, with other hospital staff to get me taken care of, and I still ended up carrying a deceased baby inside of me through the Christmas holidays through the new year to like the 12th of January when I had the baby removed. So, it just wasn't a good, you know. No good. I wouldn't say the communication was good at all. They did try afterwards to apologize. They still to this day try to contact me to come back, but I will never go back to that practice. As far as my current situation, the communication was always good. They were always, you know, upfront about what to expect, whether the outcome would be good or bad. They gave you your pros and cons, and they kind of let you decide? You know they didn't. You know they; you know they always talked about vaccines and stuff. They didn't force them on me, but they made sure I was educated, I would say. This time this experience was better. They did communicate with me every step of the way. They gave me a lot of resources. They gave me a nurse just to be the liaison between my doctor's appointments. Whether I went to the dentist, the heart, doctor, whatever I that followed me for, that I had a nurse who called every day afternoon and made sure she got my blood pressure for the morning, the night my weight because they want to try to keep you from getting preeclampsia, because that's something that a lot of women suffer with so I had a nurse for that I had a bereavement nurse, a person that followed me just like if I wanted to talk just counseling, you know. She still followed me to this day, my nurse, they still follow me all to this day, so I had. I had like 3 or 4 nurses that just followed me outside of the practice they called me if I needed them to come by and bring paperwork or logs, or whatever they did, and then I had my nurses that I saw in the office my nurse practitioners. They were all they worked together. They knew my situation. I didn't have to be explaining. Okay, this is what I'm here for this. Why, I'm here, you know. They communicated well, they had meetings and huddles, and you know, they discussed me and the baby and just different outcomes, and they were there every step of the way. They are still with me now, even after the fact.

Interviewer (09:38): Wow! It really sounds like your most recent team put the care in healthcare because it seems like today, with modern medicine and things, just the bedside mannerisms and everything, like people are really getting away from putting the care in healthcare. So I'm happy to hear that you were able to deliver your child, and you had a positive experience with your recent physician in comparison to past experiences. What changes to your communication with your healthcare providers throughout the birth and experience would have made the communication more satisfactory? Meaning, why do you feel those changes would have made communication more satisfactory or helpful to you? You kind of understand that question, or you need me to repeat it.

Interviewee 2 (10:42): With the, with my current situation?

Interviewer (10:46): Yeah. So, it's just asking what changes to your communication with your healthcare providers throughout the birth and experience would have made the communication more satisfactory? Look reflecting back in either situation, do you feel like your communication with them? Was productive for them to be able to have the information they need, you know, for it to be an effective, you know, receiving and sending messaging approach. What are your thoughts on that?

Interviewee 2 (11:17): I think I wouldn't change anything about my current situation, and how they treated me, or how I communicated with them, because we were always up front open communication. I had good dialogue with those doctors. Some of them became my favorite, some of them probably not because everybody has different bedside manners. Some doctors are older, so they kind of old school. That don't mean it takes away from their care. But you know you just kind of have your favorites like out of all 4 of them I had 2. That was my favorite. Not that the other 2 weren't good because they helped me well as well. But I wouldn't change anything about my communication or theirs. I think they did really good to help me you know. You know they went over and beyond. They tried to help me get to the end, even though I did have my baby early. They got me. They got me as far as they could, and they heard me. They listened to me. They knew what I wanted and when it was time we just had to make the best health care decision at the time, but I think it was pretty much satisfactory. I really wouldn't. I couldn't change anything else about the experience. I mean. They did good by me.

Interviewer (12:44): And this is with your current physician. You feel like your voice was heard? No one was dismissive.

Interviewee 2 (12:51): Yeah, no, I feel like my voice was heard, and with my last situation they just, just they. They probably just need to upgrade everything, the staff they kind of. They're not as professional, like, oh, hey, girl! Like, if it's not professional, they don't have the right technology. And then someone else. I, my niece, is pregnant, and I sent her there because she well, she went there on her own, and they told me, and I was like, no, I don't think that's a good place, and they had the same experience. She didn't think it was professional. It just was kind of like out of date. It needs to be upgraded. And so, they're still actually having the same issues, and somebody else was able to see it. So, I just, I don't think the communication there is good was good. I don't think that. It was just a good birthing experience like it wouldn't have been. It probably wouldn't have turned out to be a good birthing experience either because what I did experience there wasn't good. Even my partner didn't feel like it was like they were on it like they should have been. And that's from a man's perspective.

Interviewer (14:10): Yeah, because this not only impacted you, it impacts your partner as well. So how did that experience make you feel? How did it make you feel?

Interviewee 2 (14:24): Well, it's just sometimes we think that sometimes going to a Black doctor is always best, and sometimes it's not. It just depends. You got to do your research, and it's a lot of things besides color that need to take part in when you're making a decision to find a physician to treat you or your child, or any of your family members. You know, you just have gotta look at everything, the technology, the staff in the office. How well they communicate the education, their reviews! You gotta look at everything you just. You can't look at skin color because you just oh, this is a black doctor. This doctor is going to be, maybe not. And everybody experiences different. And I'm not gonna say she's a bad doctor. She just wasn't a good fit for me. Even with that, he didn't. He sees a difference in the care because he was there with me during that one, that pregnancy, and then he was there with me during this one, and this it was like night and day.

Interviewer (15:34): With that negative experience, communicative experience, that one where you miscarried, unfortunately, that was with a Black African American physician?

Interviewee 2 (15:46): Mhmm.

Interviewer (15:47): And how old were you at that time?

Interviewee 2 (15:51): Oh, I was 42/43. 43.

Interviewer (15:58): Okay. And this recent, your most recent physician, is with a White physician?

Interviewee 2 (16:09): Yeah.

Interviewer (16:10): Interesting. And my last question for you, is there anything else you would like to share with me about the communication between you and your healthcare providers doing your childbirth and experiences, or just anything in general you would like to share that towards this research study, or just anything that's on your mind about, or anything you didn't mention?

Interviewee 2 (16:40): I just think that people need to do research before they select the doctor because you want somebody that's going to be a good advocate for you like. I knew that my new ob-gyn was good because my cousin went there, and we drove over an hour to get to her every week because she was high-risk, and she went over and beyond for her and her baby. So, I knew she was good. So, when I, when she moved to my area, she relocated. I knew she was a good doctor, so it's good to, you know. Talk to people in the community and kind of compare notes and see who's good. And you know that, you know and just talk to other people. Do your own research because you want somebody that's going to be a good advocate for you, because she could have just kept me at her practice and saw me through. But she knew because of my age, and you know my skin color and just different factors that I needed to be with a high risk, doctor, that specializes in that. Steve's high risk, too. But she put me with a good medical team, and even through that whole process what was crazy the funniest thing was he transferred me over there, and because of my situation. I got admitted to the hospital at 7 months, at 29 weeks, and the day that they decided they was going to after being in the hospital for 6 days. The day that they decided they was gonna take my baby, guess who was in the ER- my original doctor- because she was on call. So, I ended up. She still ended up delivering my baby for me. So it all worked out and so it was a good birthing experience, I mean, I had my baby early, but it was.

Interviewer (18:28): How early did you have your baby? How early was it?

Interviewee 2 (18:32): She was 29 weeks and 4 days when I had her, so she was 7 months. So yep. So, she came around 7 months, and it saved my life and hers. So, if I had to do it over again...

Interviewer (18:47): Wow! So, you feel like this positive experience, communication, experience and just overall experience, you feel like they saved, both you and your child life you just mentioned?

Interviewee 2 (19:06): Yeah, I think so. Because I mean, if we weren't communicating, I didn't have the resources. And like, because it happened on a Sunday like I just felt like a bad cramp. I went to the emergency. They told me to go to the emergency room. I went there, and they got me immediately I was taken to the back. I probably sit in the lobby for 5 min, just waiting for somebody to come from the maternity side to bring the wheelchair to get me. They took us back. I was seen; I was admitted. I was put in a room and they, you know, they worked me up immediately. My doctor team, my doctor, you know they was already there. It worked out.

Interviewer (19:51): So, you felt like you were a priority, unlike before. You felt like there was good communication among the medical staff and with them.

Interviewee 2 (20:01): Yeah.

Interviewer (20:02): And with your partner.

Interviewee 2 (20:05): Yeah, I think so. I think so. It was a good experience.

Interviewer (20:10): How do you feel?

Interviewee 2 (20:13): I mean. It made me feel good. I felt I felt safe. You know. I know I had my family's support. I had a good team of doctors that you know, been working with me, and I felt good. A lot of stuff I don't even know happened because I you know, I was on the stuff, but from what my family tell me, they took really good care of me. I had a good team of doctors, they still, you know, following me and making sure you know everything is good. I go to my follow; you know they made sure I have all my follow-ups. They message me on my MyChart and check on me, and they make sure I have all the things I need, you know, and even though you know my hospital stay was a little different than most mothers who just go to have a baby, even though I was there for probably 2 weeks with other stuff that happened, they still were coming to see me checking my incisions, making sure I was pumping. They make sure the lactation people follow me even afterwards to this day. You know my baby's still there. The lactation, you know, team, come down and talk to me, so I think they gave me a lot of resources. I didn't even know that they did all that, but it was. It was good, it was good. It had a good outcome.

Interviewer (21:34): And I just want to highlight something before we conclude that I heard you say. It was a point in your childbirth and experience where you could not communicate for yourself verbally because did you just say you were on a ventilator?

Interviewee 2 (21:49): Yeah. Well, after I had my baby, I guess when I went to the hospital, it's something called Preeclampsia, but we, although we were watching for it. It's a part of it that's asymptomatic. You don't show signs. And what preeclampsia does it make it make your blood pressure shoot up? I'm kind of uncontrollably, and it make you swell your body filled with fluids. You have a lot of edema. Although I didn't have it I didn't think I had it, and they couldn't see it. It was not detected. It wasn't until I went to the hospital that you know. My blood pressure kind of went out of control. It was fine at home, and so they watched me for about 5 days. They tried

to get it down, and then on that day on the 10th They realized like, Okay we can't get it down. We got things we could give you for it, but it wouldn't be healthy for your baby. So, we're going to have to go ahead and do an emergency C-section. Once we remove your baby, then we can treat you. That way we could save your baby and get her the help that she needs. She could go to NICU, and they'll take care of her, and then we can get your blood pressure down. Well, I went through that everything was fine. Baby delivered fine. Baby was fine. I was fine, so I thought that night after I got back to my room after recovery I was resting, and I guess the fluid started building up around my lungs, and it started affecting your organs and cause your organs to shut down. And so, they had to make a life like, Okay, either we're gonna have to put on a ventilator and get, you know, a dialysis machine started to remove the fluid, or we could lose us. So they went with the best decision. You know, with my family. My partner was there, you know, they made the best decision, and that's what happened. So I was on SICU, for about how long ago, about 4 days, 2 days on the ventilator, and they slowly took me off. They got the fluid off. I had to go through some dialysis in patient, and they just kept removing the fluid, so they got most of it off, and then I just. I left ICU and went to a regular room, and then they just treated me. And then I got a little bowel obstruction from being in the bed, so they treated that, and then after that I was able to go home, and then I had to do. I have to do a month of outpatient dialysis to make sure all the fluid and toxins are off my body, and then, after a month we're going to regroup and then move on from there hopefully I won't have to do no more dialysis, because it takes a lot out your week. But.

Interviewer (24:48): Right. It does.

Interviewee 2 (24:50): Yeah, it's not that bad now that I'm used to it. But you know, I'm gonna do whatever I gotta do to make sure I'm here to take care of my baby. So yeah, that's what I do. And then I just go to the hospital every day. Once I come from Dallas. I come home and rest for about 2 hours, and I go to the hospital and be with my baby on the off days. I just go and be to the hospital with my baby.

Interviewer (25:17): I just think you had a phenomenal team, because the fact, when it got to a point where you couldn't communicate, and the outcome was positive. Because you have your child with you, and that's what matters. You're here. Your child is here, and the fact that speaks in itself the fact when you were not verbally communicative, there were nonverbal cues that they listened to, and then you had people around you to, you know incorporate effective communication and look where that where you are now, because of that. So that in itself speaks for itself. And I just want to say, considering everything you've experienced, I just want to thank you again for meeting with me and taking time out. I'm going to stop the recording now. But hang on. Okay?

[End transcription]

Appendix D-Interviewee 3 Transcription

Date: 02/07/2025

Duration: 32 minutes, 02 seconds

Method: Conducted via Zoom

Confidentiality Statement: To maintain participant anonymity, interviewees are identified by numbers (e.g., Interviewee 1, Interviewee 2). The interviewer is referred to as "Interviewer."

[Start Transcribing Here]

Interviewer (00:02): Okay, we are now recording. Please briefly describe your child birthing experiences.

Interviewee 3 (00:10): Okay. Well, my birthing experience. My 1st birth, I have to admit, was very traumatic. It was in the height of Covid in 2021. My son was 7 weeks and 4 days early, so he was premature. I had significant symptoms of preeclampsia, and for me, I was so taken aback because this was my first time hearing about preeclampsia. There was no type of prepping saying, this was, you know, this was this, what could happen? You could have him early. There was no talk of you know, like different scenarios. So, when I went in for just a routine appointment, my blood pressure was like over 200. They sent me to OB or the OB emergency area to be monitored, and they still couldn't get my blood pressure down. I was there for 2 days, and they also did like a protein test, which wasn't my first test. So, I did that, and I remember the specialist I was seeing. Because I was over 35, I had to see a specialist, and he called me to see how things were going because he was going on vacation. I was like, everything's good. I'm ready to pack up. I'm ready to go home. He was like, oh, okay, yeah, you're not doing that. And they said, because we can't get your blood pressure down, and you know your liver is getting affected, your kidneys are getting affected, we're taking baby now. And I had no idea. So, I hated every minute of it. When I say the communication, it was more of a telling me what to do versus explaining what we're going to do. It was, this is what we're doing. This is how we're doing it. You cannot leave. You don't have second opinions. This is how it goes. And you know, being a first-time Mom, being first-time anything, I was terrified because I had a C-section. You know the recovery process was not explained, that you don't just try and get up out the bed. You know it was a certain way you're supposed to get out of bed. None of that was communicated, and, like I could have sworn, I busted a stitch trying to sit up the first time. Nobody told me anything. That recovery was very traumatic. I stayed in the hospital for over a week because they could not regulate my blood pressure. And then I eventually left. But then I started doing my own research like, why did this happen to me, you know? Even seeing my OB. Nobody said anything about you know, I was susceptible to preeclampsia. I didn't even know what that was until I was on the operating table. So, once I did that, I was so scared. I said, I'm never having kids again. I'm never doing it again.

Interviewer (03:30): So that's how that made you feel it just.

Interviewee 3 (03:33): Yeah.

Interviewer (03:33): How did it make you feel? Tell me.

Interviewee 3 (03:37): I was. I was angry because I was like, what? Why did they gatekeep this information from me? Like, if this was a possibility, you know, they told me all other possibilities, you know you could rupture or tear something giving birth vaginally. They never talked about a Caesarean ever, never talked about Caesareans. When I watched the videos, that was like the worst thing you could ever have a Caesarean. So when they're telling me they're taking the baby via Caesarean, I'm expecting the absolute worst, you know. It's major surgery. I wasn't prepped. I just ate. They gave me this pill, so I don't throw up in surgery. My blood pressure dropped twice. I fainted twice. You know I was going through all this. I, emotionally, was not prepared for this at all. I couldn't have my parents there couldn't have my mother-in-law there, or even my mom there because of Covid. So that played a big role into why I said I would never have another one. So yeah. So, I was very, and also felt like, I kind of felt like a little stupid because I didn't know what to expect. And I'm like, well, maybe this is the norm. Maybe every woman knew this could be personal, you know a possibility, and maybe I just didn't do my due diligence. I started self-doubting, and then it went into you know, I went to doubt maybe I shouldn't have become a mom. Maybe I shouldn't have, you know, because I couldn't figure out even the basics of you know, child birthing. I failed at birthing, you know you got you went through all these emotional, you know, just putting yourself down because, you know, because he came so early. He didn't latch, and, you know, spending almost our a little under a month in NICU, and you know even the NICU part was traumatic, and you know, just going through like PTSD and all these other things, you know you just. It put me in a mindset that I said I can't go- I cannot, physically or mentally go through this again for my sake. I can't do this. So, for 3 and a half years, I didn't. You know I didn't.

Interviewer (05:55): So, it impacted you even after childbirth.

Interviewee 3 (05:58): Yeah, yeah, I was very diligent and very adamant about not having another child. And then, once again, doctors were not communicating with each other when it came to medicines, and me being prescribed a medicine that made me over-ovulate. And that's how I got pregnant with my you know, my baby Ava, my little girl! And completely shocked, completely surprised, she was an absolute surprise. The doctor went in there, and she said, you know this is what we give people to start ovulation, to help with fertility. You know, this combination of drugs, and I'm like nobody told me anything, you know. Nobody said anything to me.

Interviewer (06:44): You feel like your voice wasn't heard.

Interviewee 3 (06:47): Not only was it heard, it also was like an assumption, like, of course I knew these things like the assumption is that I knew this so, of course, because I knew this then I knew that you know this was going to happen, and I had no idea, and they were shocked that I was shocked.

Interviewer (07:08): And did they, in a sense make you feel like you were less than for not knowing or?

Interviewee 3 (07:15): Yeah, yeah, absolutely. Especially the first OB I went to. If they weren't in my network, I would have never went with them if they weren't in my insurance network, I would have never went. I went to that office and cussed people out twice because they made me feel as though I was the one that was the problem. Like I, because I'm asking questions, I didn't know what I what I was doing or like, because I'm asking questions. I'm ---- Sorry. My husband talking to me.

Interviewer (07:55): That's fine.

Interviewee 3 (07:56): Sorry about that. He tried to sign language. He's bad at it.

Interviewer (08:03): So, this experience was, because you are a mother of 2, this experience was with your first child.

Interviewee 3 (08:11): Yes, my son in 2021, my first son. This experience. The recovery was tough. The pregnancy was great, the prenatal care I don't know. Compared to what it was for my daughter, was awful. And I say that because I was so ill-informed, I was not informed at all in any capacity as I am when I had her. And I contribute that to maybe because there were so many like so many deaths that happened previously, or it could have been that.

Interviewer (08:58): What do you mean when you say so many deaths that happened?

Interviewee 3 (09:01): Well, it's like, because when I got pregnant with her in 2024, you know, we just had 3 women in Georgia.

Interviewer (09:08): Oh!

Interviewee 3 (09:09): that passed away due to complications with like miscarriage, abortions, all these other things. And that was another reason. I was terrified of being pregnant. Right? You know that that stigma of you know, if something was wrong with this baby, I'm gonna have to go to like Minnesota to go get the care I need. You know.

Interviewer (09:29): Right.

Interviewee 3 (09:30): Because that is health care. And I had that village behind me for 2024. I had access to knowledge now in 2024 than I ever did with my son in 2021.

Interviewer (09:45): So, do you think race was a factor? What were your physicians, may I ask, like, what were their races?

Interviewee 3 (09:56): So, it's funny you mentioned that. So, in 2021, my first OB, I don't think they listened at all. It was more so of a shuffle thing. It was because you're having a baby. You don't know who your daughter's going to be. So, we're going to see you're going to see everyone inside the clinic.

Interviewer (10:17): Oh, like a doc in a box facility.

Interviewee 3 (10:20): Yes, so it's like, you know, this is Dr. ABCD, and E, so we're gonna introduce you to ABCD and E, you develop the relationship during that time. The best way you can. Instead of having a constant provider, instead of having a constant NP. Instead of having a constant, you know, point of contact. Because so and so has to read so and so messages and notes from the previous visit, and then realize, oh, you already did that test, and it's like I was literally like a claim, a claim number. I was easy, you know. I was a claim number. I was just another prenatal appointment, and God forbid I asked a question about okay, so if I want it done this way, for example, I wanted my tubes tied after I had my son. They said no, no. They told me. No, no, you're still young, you know. You're still young, you know. You might want kids a little later if you decide to have your tubes tied; we're not going to do it in the operating room while we have you open. You have to come back and get it done. And that to me was you're not listening to me.

Interviewer (11:33): Was this a diverse team? Was it a certain--

Interviewee 3 (11:36): I would say they were all White, 3 women, 2 men OB facility, and that was just for my son. For my daughter, again, the experience was totally different.

Interviewer (11:58): And this is your second child now you're referencing?

Interviewee 3 (12:02): The one I'm talking about now, the one I went to now, they listen more than I could ever imagine. We came up with a plan, we came up with, like we had all these because this happened with my son. We're going to do this, you know. We're going to be a little bit more proactive. We're going to, you know, monitor you just a little bit more, you know. They actually sat down and took notes which was wild. I never had a doctor sit down and actually take notes when I'm talking to them, you know, and I'm telling them, you know, I'm feeling this. I, you know, I want to have another C-section, because I want you to remove my tubes because I don't want any more children. And now my wishes have been incorporated into their schedule. So the guy that delivered my son was the same one that delivered my daughter, and that was the only guy I actually trusted because I saw him after my delivery. He checked in after.

Interviewer (13:03): Oh, okay.

Interviewee 3 (13:04): He was the only White male doctor that actually gave a damn. I mean I don't know how else to say it. He's actually the one that, like. He saw my son went to the hospital one day. He actually called the doctor attending physician to see how my son was doing, and I've never had a doctor even do that, he said. You know your name is different, you know it's unforgettable. So, you know, when I saw your name, I wanted to make sure everything was okay. And I've never had a doctor do that which I thought was great.

Interviewer (13:41): How did that make you feel?

Interviewee 3 (13:42): That made me feel so. It made me feel like super special, you know, like my doctor invested enough in me to at least recognize my name and say, hey, let me check to see

if I can help. Let me see if it's the patient, or if it's or if it's the baby either way. Let me check to see if they're good, and it's exactly what he did.

Interviewer (14:03): So, they made you feel like you were human. You were seen. You matter.

Interviewee 3 (14:07): Yeah, yeah, he's the one that I have specifically I asked for. I said I want to talk to Dr. E. I want to talk to Dr. E.. His wife is good. They're both good, I said, but he actually sits there, phone off, holding my hand, making notes. We're going over our plans. He's actually sitting there talking to me like an actual person. He's not in a rush. He's not, you know. He's not preoccupied with this one and this one and this one. He gave me my 20 min to launch, you know, lodge my grievances. He went over my test results, saying, you know this is a little high, but it could be due to this. Let's go ahead and retest you for this. He sat there and said, do you have any concerns, questions, or comments? Do you want to yell? Are you okay? Is there anything else I can do to help with baby girl's, you know, delivery, your pregnancy? What else can I do? He actually posed this to me, And you know, which was amazing; he greeted me right before he took her. He said, you know, even on the table, he said, look, you know, he said, you got more scar tissue than I anticipated. I'm letting you know we we're struggling with getting the scar tissue cleaned up. He talked to me. He talked to me every step of the way.

Interviewer (15:32): So, with that positive communication experience, what was the outcome like with the birthing experience, being that you were in a better situation communication-wise?

Interviewee 3 (15:44): I was, I wasn't high-strung. I wasn't nervous. I was more willing to I guess, be open to certain things, and when I say that, like trying another medicine or trying, how can I say it? I actually felt really good about giving birth. I actually felt good that my life like I would make it back to my son. You know.

Interviewer (16:16): Wow! So, it enhanced your confidence.

Interviewee 3 (16:19): Yeah, big time. And I still to this day I praise Dr. E, I will never forget him. He has just been amazing. He even like before, during after he came and checked on me every single day, you know. Are you ready to go home, if you're not ready to go home, you still got 5 more days. You can stay with us if you're not ready to go home. How are your stitches doing? This is, you know he does this technique where he binds you up after your surgery, which nobody else does. And it's only him. So, when I was getting ready to, you know, in recovery. And the Mom baby unit, the nurses were changing me, and it was like, Oh, Aj. Did your surgery and I and I was like, well, how do they know that there's like Aj. Is the only doctor we know that does the binding to help with when you sit up. Or when you need to move, that helps with you, not tearing a stitch. And so, I was like, Wow, he has his own like signature, you know, thing that helps with recovery. And he just, my birthing experience with my daughter was amazing. Like, absolutely amazing. I had no issues, 0 issues, 0 uncertainties. I did have again once have issues with which is so strange, I developed preeclampsia after I gave birth, so I was hospitalized after I gave birth to her. And it's so rare. This is incredibly rare, but it does happen where my body's still trying to get all the kinks out. And he again told me this. He told me before I left the hospital. This is a possibility. It's so rare it could happen. But you never know. And because he told me that I recognized the symptoms of high blood pressure of me going into, you know, going into a

state of where I was going into like kidney failure. And all these other things he gave me the symptoms to recognize, to go to the emergency room ASAP which helped with my recovery after having her 2 weeks, 2 weeks later, I developed Preeclampsia, not.

Interviewer (18:40): Oh, wow!

Interviewee 3 (18:41): Yeah. After I had her, she was born, went for an exam. They said, you need to go to the emergency room now you're going. You're about to have a stroke, girl and recognized it immediately went, and they were able to intervene before it got to that stroke territory. So.

Interviewer (19:05): See, and that's what leads to a lot of these maternal mortalities. Unfortunately, it's all connected. And you kind of touched on this already highlighting what you found satisfactory. But the next 2 questions. It asks, what characteristics of the communication between you and your healthcare providers throughout your birth and experience seem satisfactory or helpful to you? And then the next question asks that same question, but it asks what seemed unsatisfactory. So, considering you can kind of answer both questions in one. So just tell me you know what characteristics of the communication between you and your medical provider seemed helpful and satisfactory, and then the opposite unsatisfactory, and you can talk about both experiences.

Interviewee 3 (20:01): Okay, alright great. So, with my son, the older one, the 2021 experience. I don't think the specialist and the OB communicated at all. It was to where, instead of them reviewing the notes from one another, they relied on me to tell them what the other was saying, which to me was terrifying. Because what if I didn't tell them everything? Or what if I didn't show them all the test results? It was like if something happened to me then. Now it's on me, and I'm like but you ordered the test and why can't you give it to Dr. B. You know what I mean like that to me was very-

Interviewer (20:50): Unsatisfactory?

Interviewee 3 (20:51): Yes. It was to where, if you're if I'm coming in, you know I have an appointment with you and Dr. A. sent me, you should review my file before I even get there. Why are we reviewing while I'm sitting here like why are we doing this?

Interviewer (21:08): That's why you found that unsatisfactory. That's why you found it in that situation. Was there anything ever satisfactory about it, or you didn't have that until another birth?

Interviewee 3 (21:22): No, I can't say with my son's 2021 pregnancy and delivery. I can't say that they finally got it together. No, because it was oh, we see this in your test result. Oh, my goodness! Because you got that number, let's test you again. And I'm like this should have been up like this should be okay. You're here because of A, BC, and D, not. Oh, let's look at your results together, and you know, figure it out together like you're the doctor. You're the doctor, and if you knew I needed testing like you could have told me this, and I was working, too. I was working, you know, on-site, and you know I couldn't. I didn't have the time to get off, so a lot of

times my prenatal appointments I had to reschedule because I didn't have the time to take off because one doctor would say, Go for testing. I see Dr. B, Dr. B. is like, oh, we need you to go back for more testing. And I didn't plan for Dr. B. to send me back to the lab, because I already took off for Dr. A's test.

Interviewer (22:34): Oh, wow! So, they were not on the same page. You were getting all these different directives and medications based on whoever you were dealing with at that time. Yeah, so risky.

Interviewee 3 (22:48): Yes, and so, and it, you know, it was to the point, even with, like my NICU, when, my son being NICU, I had to start an even more intense therapy sessions, because I developed PTSD from like the beeping. I still remember the beeping from like when the babies were on the monitor, or when you know the teams come in, and all these doctors are coming in looking at, and it couldn't. It might not have been my baby, but it was still another baby that they air vaced you know, somewhere else. They just don't prepare you for that kind of stuff, and they don't talk you off the ledge during this thing that's happening, you know. It's just, it was, it was awful, NICU, and that particular pregnancy was not a good pregnancy.

Interviewer (23:38): So. And what about, in an instance, where it was? What characteristics of communication did you that seemed satisfactory or helpful to you? Was that in the second pregnancy with your daughter?

Interviewee 3 (23:51): Yes. So, my 2024 pregnancy, I'm assuming, because it was a new doctor, a different specialist, a different doctor's office. They were on it the moment I came in. Hey, we've seen you seen Dr. E, and we start. We got the test results. These look great. This looks amazing. So right now, what we're going to do today is do a more intense, you know, ultrasound. A great example of communication. I went to my OB, and then I had to go to a specialist again, older; they told me, look, we can't get a good image of baby girl's heart, so we have to send you to a pediatric cardiologist in Atlanta. So it was one of those things to where both communicated, both agreed, and they immediately set up an appointment on my behalf, and both doctors were aware. So when I went in, hey, everything looked great on this, on the scan, you know. No worries. We finally got it. She's just not moving. She's in a weird position. She's a big girl, you know. Everybody was in agreement, all 3 doctors and it was no what did this doctor say, or were you able to get the paperwork from this doctor so we could...

Interviewer (25:10): So, you were dealing with one OBGYN with your second daughter versus before. It was like a doc in a box depending on the day. That's who you saw.

Interviewee 3 (25:21): And you know what. Yes, they had the same type of practice to where, you know, we don't know who's going to deliver. And I did meet each doctor, but each doctor did develop a personal relationship with me until I chose how I wanted to deliver. So, if I wanted to try for a VBAC, a vaginal birth. I had the option to choose which doctor I wanted to deliver, but because I chose for Caesarean, and I wanted Dr. E. I had Dr. E from like week 32 up until I delivered. So, I was able to still keep that rapport. That relationship, you know, work with his nurse practitioner, work with his specific, you know, RN. His doctor or his NP. And without

having to feel like, you know, maybe it's doctor whoops in, or something, you know. That the Piedmont OB in midwifery. They're probably one of the best OBs I've ever encountered. Like they were great. They were. They were absolutely wonderful.

Interviewer (26:36): Well, I'm glad you actually had a positive experience, especially considering what you went through the first time. What changes to your communication with your healthcare providers throughout the birthing experience would have made the communication more satisfactory or helpful to you? Why do you feel, and why do you feel those changes would have made the communication more satisfactory or helpful to you? So do you feel like you know, in both, or in either or situation, you could have done something differently to make the situation more satisfactory, or you feel like that your place as a patient. What are your thoughts on that question?

Interviewee 3 (27:24): I? No, I don't think now should have been my, that shouldn't have been my circus. That's not my monkey, not my circus. No, I don't. I don't feel like as a patient. I'm supposed to be the one, you know, creating a more effective point of communication when you know I'm coming to you for service, so if I'm paying you and coming to you for a service, you communicate with me as effortlessly as possible. You know.

Interviewer (27:56): You're the expert.

Interviewee 3 (27:58): Exactly. Yeah. Why am I telling you about my A1C or my glucose testing when you are the one that ordered you?

Interviewer (28:07): And why are you expecting me to know and make these decisions?

Interviewee 3 (28:10): Why, why are you doing this, sir? You're dropping the ball, ma'am? Sir, you guys! Why, why are you making me do this? You know. I don't know what these tests mean. I don't know what percentage this means. I don't know why my blood pressure went up. These are things that you're supposed to do, you come in and say, Hey, your blood pressure is a little high. How are you feeling? Are things? How are you feeling? Okay? You know you didn't do any of the probing questions I have to come to you. But like, Hey, my blood pressure is a little high. What does that mean? When it's the exact opposite. You're supposed to notice that and tell me what's going on. Not.

Interviewer (28:49): I completely agree, and I completely agree. I love the way you answered that question because it was a little tricky. The last question is, is there anything else you would like to share with me about the communication between you and your healthcare providers during your childbirth experiences? Is there anything you left out or anything you want to say? The floor is yours.

Interviewee 3 (29:17): I'll just say that I wish ideally, I wish that OB, and you know I wish it was just a one doctor type of thing, and realistically, I know that's not. That's just not a thing. You know. Doctors have other obligations. I get it. I just wish that OB, any type of specialist, I wish it was more seamless communication versus like, if I'm going to a cardiologist, you should know why I'm there. I shouldn't explain why I'm there like it shouldn't be a surprise to you as to why

I'm there like, are you here to see so and so? No, it should be. Oh, you're so and so you're here to see so and so.

Interviewer (30:03): Yeah, they've already looked at your chart.

Interviewee 3 (30:06): Before I even got there, I should be treated like a queen by the time I get there. You should know exactly who I am not you probing to figure out who I am. So, I know that's the dream that it's only one person I you know it is what it is. I wish that they would change the specialists, like the requirements to see a specialist because both of my pregnancies were healthy. And I could understand if I had other like comorbidities. But I didn't. It was just because I was 35. That's the only reason why I saw a specialist. It wasn't because I had other issues going on. It was.

Interviewer (30:56): You were 35 when you had your first child or second?

Interviewee 3 (30:59): My 1st child. And I was 39 when I had her.

Interviewer (31:02): Okay.

Interviewee 3 (31:03): So, it's like, the only reason why I'm going is because you think I'm old. But that's it. That's the only reason it wasn't because you saw something strange. It wasn't because you saw this on the Monitor. It was because my age said I was 35, and you're making me feel as though I'm like, if it almost feels like a punishment because I'm older, that I had a baby, that I have to see a specialist.

Interviewer (31:33): So, do you feel like the Caesarean was unnecessary?

Interviewee 3 (31:36): For my 1st one yes, for my son, absolutely, because I was given no other options. I was given no options whatsoever, none. Well, my daughter midwifed for that, because I knew for a fight I didn't want any more children.

Interviewer (31:52): Okay, well, I'm going to stop recording one moment. Thank you for your time. Stay on.

Interviewee 3 (32:00): Okay.

[End transcription]

Appendix E-Interviewee 4 Transcription

Date: 02/08/2025

Duration: 20 minutes, 11 seconds

Method: Conducted via Zoom

Confidentiality Statement: To maintain participant anonymity, interviewees are identified by numbers (e.g., Interviewee 1, Interviewee 2). The interviewer is referred to as “Interviewer.”

[Start Transcribing Here]

Interviewer (00:03) Please briefly describe your childbirth and experience. And what was the outcome?

Interviewee 4 (00:13): So, I found out I was pregnant in May 2016, and I was in the North Georgia Mountains. I was in a predominantly White county, Towns County. So, we had just moved up there from Savannah. Didn't know anybody. I was working for United Community Bank. Chris was working for Young Harris College, and we, of course, we were just ecstatic. So now we go to the we find our OBGYN, Dr. D, and he's a White man. Everybody in the office is predominantly White. It might have been one black girl, maybe I honestly don't remember. But I had seen a few pictures of multi-race-colored babies in the office. And then. But he was really nice. He was welcoming. Chris made a difference because of his intellect. Him, being an educated black man. He was a tall, beautiful black man with locks, and they were just so intrigued by that. So

Interviewer (01:58): Oh, wow!

Interviewee 4 (01:59): Confirm, confirmed that I was pregnant, and then I'll say, you know, as I continue to grow, I think by the time I was 3 months, I started, I was still working, and I remember being at work, and I remember going to the bathroom, and I was in so much pain, just trying to go to the bathroom.

Interviewer (2:28) Wow!

Interviewee 4 (02:28): I couldn't even walk back from the bathroom to the cubicle. So my supervisor ended up putting me in her car and taking me to the doctor's office to see Dr. D. Come to find out, I was constipated.

Interviewer (02:44) Oh, okay, that'll do it.

Interviewee 4 (02:46): And so, you know, I didn't know. I don't drink water. I think water is the most disgusting thing unless I'm absolutely thirsty. So, he said, Ms. ---. I need you to drink water. You can't sip on nothing else but water, that's all water. Are you gonna continue to be constipated

so at the rate ice became my friend. I was chewing on ice all day long. But he, as far as you know, just my pregnancy in general, I've never got sick. I was taking the prenatal vitamins I never, never threw up, never, not liked anything. I ate everything, nothing tasted nasty. My only craving was ice. I wanted shaved ice or ice from Zaxby's 24/7.

Interviewer (03:47): Oh, yeah, that Zaxby, that Zaxby's crushed ice is good.

Interviewee 4 (03:52): Girl, he was going to and bringing ice home in bags. That's how much I was loving ice. And so, I say, like my whole pregnancy. I drove. It was. It was about 8 hours from the mountains to Brunswick. I would drive myself on the driver's side from up in the mountains down to Brunswick at least every 3 months during my pregnancy. I had a great pregnancy after being constipated. After that, I didn't have any other issues.

Interviewer (04:39): Good.

Interviewee 4 (04:43): And so, I'll have to say when it came, she was supposed to be delivered because I had fibroid surgery, probably about 3 or 4 years before when we lived in Savannah, so I to deliver. So, it was always planned to have a C-section with her, and so the C-section was scheduled for January 25th. But January 17th that day, by this time, now I'm you know, 9 months in she was on my bladder, so I was constantly having to go to the bathroom. So now the doc, he because I was 38, so yeah, I was 38. So, because I was over 35, I was already I guess, geriatric, I was having to consider it a geriatric pregnancy. So, he went ahead and put me on bed rest the first part of January, and he was like no more, you know, going to work driving yourself so on and so forth. So, I was home, and that was the only reason because there was nothing wrong that we weren't experiencing any issues. And then January 17th I started feeling like I had gas. To me, it was gas, but I found out it was contractions.

Interviewer (06:23) Oh, wow!

Interviewee 4 (06:24): We were getting ready to go to a basketball game that night. I hadn't got dressed for the game, and we were sitting on the sofa. He's like, "What's wrong with you?" I was like, "I had gas all day". And he was like, "you sure that's gas?" Like, yeah. So, I'm going to the bathroom using the bathroom and stuff. And they kept saying, You know, when you see this little pink something in the toilet, you know they your water broke. And so, I was like, maybe I did, and he was like, so I'm like, maybe, he said. So, let's go ahead and call the doctor's office. So, I called, and they told me to, you know. Go ahead and go to the emergency room. So now I'm just sitting on the sofa, and I'm just like, Oh, I'm all right. But then, after a while, some contractions started kicking in, and I was like, Oh, no, this ain't gas no more. We got in the car, and he was driving me to the hospital, and we got to this red-light girl, and he stopped at that red light. I remember looking at him and asking, What are you doing? And just as calm just like that, what are you doing? So, we got to the emergency room, and they took me upstairs to the Maternity ward, and again we were in this predominantly White hospital, and they, the emergency room people, just was like, Do you know how many? Do you know how far the contractions are? and I was like, no, this is my first pregnancy. I don't know. I don't even remember what I told them, but they were looking at me as if they're gonna try to send me back home. So, one of the ladies in the Maternity Ward saw that I was scheduled for a C-section on the 25th, and she said, well, let's go ahead and get her on a

monitor, and they put the thing around your stomach and to, I guess, see your contractions, or whatever. And once I got up there, they were like, Oh, yeah, she is coming.

Interviewer (08:45): Wow! Well, thank God for her, you know, looking into your charts versus them, just looking at you. And then, oh, she doesn't have enough information to give us and sending you back home and look, and it was time for you to give birth. So I'm glad to hear that you did have a positive experience. I'm going to ask you 2 questions that connect to each other. What characteristics of the communication between you and your healthcare provider throughout your birth and experience seem satisfactory or helpful to you? And the next question is the same one basically just asking what seemed unsatisfactory. So what seemed helpful and satisfactory? What seemed unsatisfactory? What characteristics of communication that you found was very helpful, like, you know, when you spoke, did you feel like you had a voice? What you said matter? They weren't dismissive. What did you like when it came to like communication with them?

93

00:09:55.000 --> 00:10:03.710

Interviewee 4 (09:55): Yeah, with Dr. D and his staff. They were great, any anything we had a question about? They answered. We really didn't have a lot of questions, because they were forthcoming with me about what to expect. And his bed he was, he was perfect with his bedside manner from the beginning, because he had children in education at in California. Can't think of the name, but it starts with a P. His daughter was in school over there, so to know that Chris was an educator in higher learning and doing dual enrollment for high school students, he and Chris just kind of connected. So, I felt like he just was that him having that connection with Chris made him and with this being our first child with me being over 35, he just was adamant about taking real good care of me. So, Dr. D was great even when I got up there, and now they had to do the epidural because now, because I'm having a C-section, no matter what, and it just so happens, he lived in Tennessee, so he had to. Normally, he would have had to drive from Tennessee back to Georgia to do the C-section, and it just so happened that night. He didn't go home. He stayed in town. So, he so I probably got to the hospital like 8 o'clock/9 o'clock, he before 9 o'clock he was there, and he they began to do the epidural. And because I'm so really, I'm I got all this stomach in front of me, but I'm skinny. There's not much to me. So, they couldn't really get it where I guess it needed to be to keep from me, possibly being paralyzed, because that's the pros and cons to getting an epidural right if they don't do it right then. So, I they were trying to do it in between my contractions. So, I had to be still.

Interviewer (12:29): Wow! I remember that. Yeah, I was terrified. I was terrified. Yeah.

Interviewee 4 (12:37): And so, he, Dr. D, he's out just I don't know. It was just something about him he was in there, and he was looking at me, and he said, these contractions are gonna come. But I need you to get this epidural because we gotta do this C- C-section tonight. And so, I sat on that table, and I had to sit up. I remember having to sit up, and that female nurse, or whoever she was, she was like, Okay, I'm gonna count to 3. And she did it. But I had to do it twice. Because the 1st time it didn't take. And then and then so I I she was like so you know, she was very apologetic. So, I'm gonna be honest, I can't think of anything else unsatisfactory.

Interviewer (13:38): And that's okay. That is fine.

Interviewee 4 (13:40): The only unsatisfactory event that I could think of during that whole process was after the birth. We wanted that skin-on-skin approach, like we kept saying it, like, you know, when are you gonna bring her to us so we could do the skin-to-skin? I was so out of it. I remember having that conversation before I went out, and that never happened. I didn't get to do that until I got home.

Interviewer (14:30): So, in that situation. What changes to your communication with your healthcare provider throughout that birthing experience would have made the communication more satisfactory? Like, why do you feel those changes would have made the communication more satisfactory? So basically, that question could be a little confusing. But in that instance, you were not in the position to communicate right. You were like under, you know, medication or pain meds, or whatever. So, do you feel like any changes needed to be made in communicating that y'all wanted the skin to skin, was that communicated to the staff? Do you feel like you could have changed anything, or do you feel like you did your part? It just wasn't executed.

Interviewee 4 (15:27): I feel it wasn't. It wasn't executed, it wasn't, yeah, it wasn't it. It wasn't executed they were so; they were so involved with the fact that they had a black baby, with all this beautiful black hair. And that if we needed something we could call, they came. But they was just so. Only thing, I tell you, medically wise. They took care of me. They kept me clean, and they kept me changed.

Interviewer (16:29): But just in that one instance.

Interviewee 4 (16:31): And that one instance. Even the importance of showing me or cause, I kept saying, when I also kept asking them, When can we do the skin-to-skin? And when do I start trying to breastfeed her? Because I wanted to breastfeed and making them understand those, that those were important things to us. We kept having it repeated. We just kept having to repeat it, or and kept having to ask for a lactation.

Interviewer (17:11) Okay.

Interviewee 4 (17:12): So, but I think that was the that that was my only.

Interviewer (17:18): Unsatisfactory.

Interviewee 4 (17:20): Yeah, with them was, you know, cause they kept saying, Well, are you gonna do milk, are we? And I was like, No, we're not doing, you know. I want to breastfeed. I kept saying I wanted. I kept having to tell them I wanted to breastfeed, and then finally, had to be the second day, is when it became let's lead a baby in here with them, and we took it upon ourselves to, you know, lay her on me, or lay her on Chris. And then I kept asking the nurse, you know, each time they change shifts, like, you know, when are we gonna, when am I gonna get to see the lactation coach? So yeah, that will be mine.

Interviewer (18:22): When you were asked that, what? What was her response? When were you asked about the coach?

Interviewee 4 (18:33): It seemed like they could never get a hold of her. They couldn't find out what her schedule was, or she hadn't called them back yet. I almost feel like that wasn't a thing for them in Towns County, or something like breastfeeding for black women wasn't a thing or something. I don't know.

Interviewer (19:03): So, you felt like they almost wanted you to do formula over breastfeeding?

Interviewee 4 (19:12): Yep.

Interviewer (19:14): Wow! Is there anything else you would like to share with me about the communication between you and your healthcare providers during your childbirth and experience?

Interviewee 4 (19:32): I think that was it because the only thing I can remember after getting the epidural, I remember telling Chris I was like, I can't feel my legs. Like they didn't explain to me like I then he said, I wouldn't feel anything from the waist down, but my brain wasn't comprehending the fact that I was laying there, and I was like, I literally cannot feel my legs. I was trying to move my legs. My legs don't move after that. I don't remember that now.

Interviewer (20:02): Yeah, you were out of it. Okay, well, I'm going to stop the recording. Hang tight. Don't go anywhere.

Interviewee 4 (20:09): Okay.

[End transcription]

Appendix F-Interviewee 5 Transcription

Date: 02/09/2025

Duration: 14 minutes, 53 seconds

Method: Conducted via Zoom

Confidentiality Statement: To maintain participant anonymity, interviewees are identified by numbers (e.g., Interviewee 1, Interviewee 2). The interviewer is referred to as "Interviewer."

[Start Transcribing Here]

Interviewer (00:02): Okay, so question number one, describe your childbirth experience. And what was the outcome?

Interviewee 5 (00:10): So, my whole birthing experience was very unique. Kind of a little different. In 2007, I had surgery to remove some fibroid tumors. I was told that it could be rare that I could get pregnant wasn't trying. My husband and I got married, found out I was pregnant. That was in 2011. So, 5 months we moved to Pensacola. I had my whole birthing; all my appointments were at the Naval Hospital. There, they found out because with the high fibroid tumors that I had, I was at high risk for that, and then they also found out I had a rare blood Antigen in my blood that detects blood cells that aren't mine. Most women, or most people, develop that through a blood transfusion, which I've never had. So, I'm 1 of the rare who has it on their own.

Interviewer (00:56) Wow!

Interviewee 5 (00:57): So, they were afraid that my blood cells could detect my sons and fight it off and kill them. So, I had to go see the high-risk OB for that. Thankfully, thank God, that it was very low. It didn't do anything to them, but they were still concerned because of the fibroid tumors. I had the head of the OB clinic was my doctor at the Naval Hospital, so he was very concerned. He spoke back, tried to talk with my doctor back in Brunswick to try to figure out the best, the high risk. They all work together. So, I had a scheduled C-section. They told my husband, if I felt any pain, don't listen to me, rush me to the hospital because they were afraid for me, having giving birth, pushing naturally, as far as with the fibroid tumors, anything could happen.

Interviewer (01:44): Wow!

Interviewee 5 (01:45): So, they scheduled the C-section. I was happy because I have a super low tolerance for pain, so I was afraid to give birth naturally, anyway, and it ended up being great. I prayed. I was like, this is the date they're telling me. Let me make it to this day, no problems, nothing. So, everything was great. He talked to me. He listened to my concerns. When I got ready for birth. Before the C-section, we talked. I had to go in early because they were afraid if I did lose blood, they had to give me my own blood, so I had to go in and get blood drawn like the day before. Then we went supernatural. My husband almost missed the C-section because the

nurse forgot to go get him, but they got him in time; everything was great, even afterward. Follow-ups with him. He was happy. He talked, he communicated. Just wanted to make sure they would put in a plan to see what could possibly be done to get the fibroids removed if I wanted that, which I didn't want, so everything was great. He was excellent, like communication. I was scared because most people have had bad experiences giving birth at a military hospital because some people say with the lack of communication, but I was thankful and very thankful to God that I had an excellent team.

Interviewer (03:04): How many children do you have?

Interviewee 5 (03:08): Just one. I had one birth, and then we ended up getting pregnant again, but that went to a miscarriage.

Interviewer (03:14): Would you like to share anything about that? How was that, as well? Only if you're comfortable.

Interviewee 5 (03:21): No, I'm good. It was 2018. Our son was almost 7. So, 7 years, thinking that we could never get pregnant again, because I ended up having another procedure done for fibroid tumors in 2013, which the result of that they only do this surgery on premenopausal women. But when they did the ultrasound, I had too many fibroid tumors for them to count, so they stopped counting. So, they said I was a good candidate for it. So, it was uterine fibroid embolization where they just stick something that stops the blood cells for the fibroid tumors to grow. With that, I have that 2013. So, from 2013 to 2017, I went 4 years without a cycle. It completely stopped. They tested, I wasn't going through menopause or anything like that. That was just a result because I was still ovulating. So late 2017, we, my husband and I talked. We were like, hmm! Maybe we should try for another child. Started IV treatment. But it was just too much with the hormone changing, so we decided to stop. 5 or 6 months after that we, naturally, after my birthday, something was off, and I was like, Hmm, let me take a pregnancy test, thinking. Like all the other ones, we take it, was going to say, not pregnant. The day after my birthday found out that we were. We ended up going for our first appointment, and because of the different procedures that I have, I can tell when a radiology tech sees something that's not right. So, I could see her. She kept moving the thing. She wasn't seeing anything, and she was like, Hmm! Let me go get the doctor left. They couldn't find a heartbeat or couldn't see the baby. With that, they told me a couple of days I would get ready to miscarry. They gave me different stuff to do. Miscarried a little. The miscarriage started happening, BUT my body was still showing that I was pregnant. So, I had to get. They kept taking my PH levels all the time, and it was still very high. So, from July up until September, they kept checking. It was still very high, so I ended up having to go in for a D&C. So, but the doctor, again, this was an on-base doctor; we were in Ohio. She was great. She talked to me the whole team. They were sad like every time I kept coming in. They were like we were hoping your levels were low. We were hoping your levels were low, and this was like a week every week going in, and so they were thankful she was like, we can't let you go any longer. We got to get you in and get you in for this surgery. So, I had great communication with them as well.

Interviewer (05:59): That's good, especially during a time like that. So, and I want I like hearing rather, is unfortunately a negative situation and are a positive situation, because that a lot of time

leads to positive outcomes because of them seeing black women as a human versus a demographic them listening to us versus telling us so. With that being in mind, what characteristics of the communication between you and your healthcare providers throughout your birth and experiences seem satisfactory and unsatisfactory to you? What did you find helpful and satisfactory? And what did you not find satisfactory or helpful to you? And if you didn't, if that doesn't apply, if that doesn't apply as far as the unsatisfactory. You can also say that.

Interviewee 5 (07:00): Okay. What was satisfactory? I think because they heard me. They listened when I spoke up and said about the different concerns that I had. They listen. They let me tell my story. They looked at my records, they did everything as far as talking to find out versus giving their honest opinion. And saying this, not listening, just saying, well, medically, we can do this, and we can do that. They actually took the time to listen to me. Where everything that all the different procedures that I've had done, they listened throughout that whole time, and I could say with the miscarriage, the doctor was way more- she was compassionate. Like she didn't just take it all, you know, we'll just keep it going. She actually took the time to show concern. She was there she talked to my husband. She spoke with us, so that was very, very helpful. The only thing I'd say dissatisfactory is that I sometimes got more than I had one to actually tell me that I needed to get a hysterectomy, and that wasn't something that I wanted, because I didn't want to have any more surgeries. And then I actually had one that came from a holistic perspective and told me different things to change, which has been very helpful.

Interviewer (08:11) Oh, wow! So, was with this, with the first pregnancy or the second one?

Interviewee 5 (08:17): This was with the second.

Interviewer (08:19): And that's when you were you were told to have a hysterectomy. They thought that you should have.

Interviewee 5 (08:25): Yeah. One guy kept just saying, Maybe I should have that. But it wasn't the actual doctor who did the D&C. It was a completely different doctor who was filling in that day.

Interviewer (08:34) Interesting, interesting. Okay? Well, my next question is this: As far as your communication with the team, do you feel like... The question is, what changes to your communication with your healthcare providers throughout the birth and experience would have made the communication more satisfactory? Do you feel like on your end, you were also communicating effectively? Or do you feel like there was anything you could have changed?

Interviewee 5 (09:04): No, I think I did. Well, I did speak up just as far as knowing the history, just telling them beforehand, because I know, like sometimes, they might not have the time to read my records, and then me coming from a civilian and marrying my husband. None of my records were there, military-wise. So just me explaining everything was like helpful.

Interviewer (09:23) Okay. And I, I really want to point out. And one of the reasons I really wanted to interview you is because you're showing the military community, the military side of

things, the military side of health care versus the civilian side. So, can you share, like, what branch your family is in the military?

Interviewee 5 (09:45): My husband's Air Force. So, we're an Air Force family. But I was this is where, the pregnancy was at a Naval Hospital. So we were at a Naval base, and then the second time that I got pregnant, we were actually at an Air Force hospital.

Interviewer (09:59): So, both were military hospitals. Okay, that's definitely important to note because the military they do take care of their own, you know, for most of the time. So that's good. To hear that you had a positive experience. Is there anything else you would like to share with me about the communication between you and your healthcare providers during your childbirth and experience? Is there anything else you left out or you want to point out?

Interviewee 5 (10:25): No, the only other thing, and I guess, to give you from a perspective from another country. It just wasn't as far as child birthing or anything like that. I ended up when we were in Germany, I had it at a German hospital because I was having sharp pain again. That doctor found out I had some built-up scar tissue from the C-section surgery I had in 2007, so I had built up scar tissue from that and then found out I had endometriosis. So, I had to have surgery in a German hospital, and health care in another country is on a whole another level from the United States- really great.

Interviewer (11:04): Wow! Explain, what are some of the differences like?

Interviewee 5 (11:10): So, like, I said. He listened. It wasn't like a language barrier. My actual doctor spoke excellent English. Now, they are staying in a hospital, and some of the germs didn't speak English. So, one nurse actually told me she was trying with the language barrier. So, if she didn't understand, we pointed. Now the only thing they don't believe with like pain medicine that much. So, after we got off the surgery from the surgery, they put me back in my room they automatically removed the IV for pain medicine. So, they bring you pain medicine later, if you need it. But as soon as I got back into my room. It was unhooked the IV. But I had excellent treatment that went super well. He listened the whole time we talked and even followed up afterwards. His just big thing was he was like, I'm gonna you're gonna get pregnant. You will have another baby when you see me. I was like I don't know but it was excellent. So just give you another perspective from having something done in another country.

Interviewer (12:10): I find it interesting that they don't just push the medications on you. They try to probably see what your body can do and see what it can do on its own versus you know, the medications. So, I kind of I know you have a high. You said your pain tolerance is low so I know you probably wasn't as happy about it, but I understand their approach with that, and because the body is powerful, and it can heal itself, especially if your mindset is really strong. So, they just were probably trying to see what you could tolerate on your own.

Interviewee 5 (12:52): And actually, I tolerate it pretty well, I think what I don't know, whatever they gave me beforehand if it was super strong, but I was actually great until I didn't anything until late that night. So, I was like, Okay.

Interviewer (13:03): That's good, that's good. Well, I have one more question, too. So, in all of your child-birthing experiences, did you have a diverse team of professionals? Was it males and females, and or was it predominantly White for both situations?

Interviewee 5 (13:23): Oh, so for my son. And that was the first I had an all-male, all-male team. That was then the delivery with the C-section. The head nurse, he was a black nurse, a black male. My doctor was a White male. The whole other nursing staff was half and half Caucasian and African American. So, with that one, I can say a right pet, a White female doctor, and I think everybody else was White as well, but with the actual birth of my son, it was half and half, all male.

Interviewer (13:56) And you feel like all of these surgical procedures and decisions they made. It was like collaborative? You were included in it, and you feel like all of it was necessary?

Interviewee 5 (14:08): Yes, especially because I didn't know as far as when I found out about the rare antigen in my blood like they actually spoke to me and explained that before versus we're giving you this referral, you're going to go there not knowing who I was going to go see and what I was going to go see, for so the doctor actually explained all of that to me before I actually went.

Interviewer (14:28): And he actually listened to you; that's good. Yeah. Okay.

Interviewee 5 (14:33): When I wasn't, I didn't know, and he could see the look in my face. So, he was more concerned because I was like, okay. What are you telling me?

Interviewer (14:40): He was observant. He looked for the nonverbal cues as well. So, his communication was spot on. I'm gonna conclude the interview on a high note, you stay there. Hang on.

[End transcription]

Appendix G-Interviewee 6 Transcription

Date: 02/10/2025

Duration: 05 minutes, 06 seconds

Method: Conducted via Zoom

Confidentiality Statement: To maintain participant anonymity, interviewees are identified by numbers (e.g., Interviewee 1, Interviewee 2). The interviewer is referred to as “Interviewer.”

[Start Transcribing Here]

Interviewer (00:05): Okay, briefly describe your childbirth and experience. And what was the outcome?

Interviewee 6 (00:13): My childbirth experience, I would say overall. It was a great experience, I mean, I did have complications during because of a vitamin C deficiency, but other than that, it went well.

Interviewer (00:30): So, you felt like your voice was heard when you know with your doctor?

Interviewee 6 (00:36): Yeah, of course. Yeah. She was a good doctor. And she always was very informative.

Interviewer (00:43): So, if you don't mind me asking, what was the race of your doctor?

Interviewee 6 (00:48): She was Black.

Interviewer (00:49): So, you had a Black African American doctor, and you had a positive experience. Okay. my next question is, what characteristics of the communication between you and your healthcare provider throughout your birth and experience seem satisfactory or helpful to you that made that a positive experience? What made it a positive experience, and also in the same breath, what made it an unsatisfactory experience? And if it doesn't apply, you can say that.

Interviewee 6 (01:23): I think that she was. I feel like having a woman as your doctor, especially giving birth. I feel like that's the best thing communication-wise, definitely, because they've experienced, well, most have experienced childbirth. And I feel like especially like with her just being that Black woman, you know, going through the same thing as me, so I feel like that was a good communication.

Interviewer (01:53): So, you feel like there was a cultural connection, too? It was a safe place for you. It was someone you could identify with. I mean, she looks like you. So, you felt kind of comfortable.

Interviewee 6 (02:06): Right.

Interviewer (02:07): Even though it was a scary situation, being that that was your first child. Okay, so was there any unsatisfactory communication that you experienced with her or her team, or-

Interviewee 6 (02:23): Yeah, well, not much. But I did have an incident where they had a new nurse. She basically was doing an ultrasound, and I don't know if she was still learning or whatever. But she just was like she couldn't find a heartbeat. And then that's when the doctor had to come in and find it for her. So, I feel like that was a very scary moment, but that was the only time I've had any problems with them.

Interviewer (02:52): Okay. My next question. What changes to your communication with your healthcare providers throughout the birth and experience would you have made would have made the communication more satisfactory or helpful to you? Why do you feel those changes would have made the communication more satisfactory or helpful to you? And if this does not apply, you can just say, you know, you can say that.

Interviewee 6 (03:22): Only thing is, I feel like I was real young at the time, so I feel like the things that I know now, I didn't know. So, if I could change anything, just like my knowledge of everything.

Interviewer (03:36): Okay. And the last question, is there anything else you would like to share with me about the communication between you and your healthcare providers during your childbirth and experience? Did you leave out anything? Is there anything you want to add?

Interviewee 6 (03:56): No, not really. I feel like if I ever, you know, decide to give like, you know, have another child. That would be the doctor I choose because she was really like she was really patient like she was. She's really like, how can I say it? She cares about her patients. So, I feel like that. I mean, that's really it.

Interviewer (04:19): Yeah. And it sounds like what she employed is what I'm learning about as a health com grad student. It's called human care because of what has happened with health care. They've taken the care out of it, and she sees you as a human versus the demographic or just being someone young and limited, because sometimes there's age discrimination, too, outside of race, or in addition to so I do. If you still have access to that, doctor, and you have a good experience, considering that you know what's going on with health care in a lot of spaces. Now, I would definitely connect with her for future childbirth experiences. So, I'm gonna pause the record in one second.

[End transcription]

Appendix H-Interviewee 7 Transcription

Date: 02/10/2025

Duration: 12 minutes, 01 seconds

Method: Conducted via Zoom

Confidentiality Statement: To maintain participant anonymity, interviewees are identified by numbers (e.g., Interviewee 1, Interviewee 2). The interviewer is referred to as "Interviewer."

[Start Transcribing Here]

1

00:00:02.980 --> 00:00:08.060

Interviewer: Briefly describe your childbirth and experience, and what was the outcome.

2

00:00:08.710 --> 00:00:14.331

Interviewee 7: I went in about 6 30 on February 4th to be induced

3

00:00:15.240 --> 00:00:29.789

Interviewee 7: When I got to the hospital, everything seemed to be going fine. I got checked in the doctor came in, talked with me, told me the process what was going to be done. They asked if I wanted to have an epidural. I told them. No, I wanted to do everything natural.

4

00:00:31.070 --> 00:00:52.709

Interviewee 7: They put the foley and stuff in, and the doctor left, and some other nurses came in, and it was some student nurses working that day with some other nurses. And they asked, Was I okay with the student nurses working with them? And I was a little hesitant, but I was like, that's the only way they're going to learn is if they have hands-on experience.

5

00:00:53.780 --> 00:01:19.910

Interviewee 7: Well, about 4 to 5 hours after they put the IV. And stuff in me. My hand started swelling, hurting, you know, buzzing for the nerves. I'm telling them my hand is hurting something doesn't feel right. A student nurse comes in, and she says, oh, no, everything is fine. It just feels like that. Sometimes I'm like, no, I've had several surgeries. I know what IV is supposed to feel like in your hand.

6

00:01:20.080 --> 00:01:29.640

Interviewee 7: So, then I asked for the charge nurse. They came in, had to remove the IV, and put it in again in a different position.

7

00:01:30.460 --> 00:01:33.299

Interviewee 7: That was done. That went well.

8

00:01:34.010 --> 00:01:50.710

Interviewee 7: Then I started cramping really bad and feeling like I needed to push, and I told the girl I was like, "Something is wrong." She came in and checked, and she was like, "No, you haven't dilated but 5-6cm so far now," and I was just like, "No, something isn't right."

9

00:01:51.590 --> 00:01:55.840

Interviewee 7: Come to find out what they, the student nurse, didn't put.

10

00:01:56.110 --> 00:02:06.919

Interviewee 7: I can't recall the exact thing that they had to put inside of me to monitor the heartbeat and stuff and to know what was going on from the induction.

11

00:02:07.150 --> 00:02:21.360

Interviewee 7: So, I asked for my doctor. She was like, well, it's only 5, 4, 30, my bad 4, 30, and she's still in the office seeing patients, so she'll come over once she's done seeing patients, and I'm like, no, I need my doctor. Something isn't right.

12

00:02:22.880 --> 00:02:33.010

Interviewee 7: Dr. W.. She still didn't come in. They didn't go call her in, so she came in after her rounds, and her doctor visits, or whatever she had scheduled in the office.

13

00:02:33.250 --> 00:02:45.029

Interviewee 7: she came in and she checked me. She said, oh, my gosh, you! It's time to push you. It's time to have this baby, and I'm sitting here saying, like, I've been saying this for the longest, something isn't right. So, I had

14

00:02:45.280 --> 00:02:52.669

Interviewee 7: Tonya is in the room with me. Who's a nurse, and my daughter's grandmother was present.

15

00:02:54.270 --> 00:02:57.670

Interviewee 7: And they were like she kept saying, something is right. So

16

00:02:58.980 --> 00:03:03.419

Interviewee 7: long story short, Tonya, end up, having to jump into bed behind me.

17

00:03:03.540 --> 00:03:13.550

Interviewee 7: and Hayden's grandmother was on the other side of the doctor, and they all had to kind of like, help me her up and push her out because the doctor was saying something was going wrong.

18

00:03:14.800 --> 00:03:16.590

Interviewee 7: And after she came out

19

00:03:17.050 --> 00:03:24.270

Interviewee 7: it seemed like everything was fine, but then she end up. They had to take her straight out of the room, and I'm like

20

00:03:24.560 --> 00:03:29.970

Interviewee 7: getting frantic and scared, like what's going on with my baby and

21

00:03:30.350 --> 00:03:35.986

Interviewee 7: that, you know, had me upset. And all this, and it was just like calm down. Calm down,

22

00:03:37.040 --> 00:03:39.839

Interviewee 7: and it end up. She ends up swallowing fluid

23

00:03:39.910 --> 00:04:01.179

Interviewee 7: because she stayed in so long and wasn't able to. You know, me pushing her out when she was supposed to come out so that birthing experience kind of which I said I wasn't going to have any more kids. That one was. I was one and done, but that experience really kept me from want to have another baby because the communication between the nurses

24

00:04:01.180 --> 00:04:14.439

Interviewee 7: and not like they didn't feel like I knew what I was talking about, or know my body, and didn't want to go and get my doctor for me to be able to deliver when I should have delivered to prevent my daughter from having to be in the Nicu

25

00:04:14.440 --> 00:04:33.490

Interviewee 7: 2 to 3 days longer than what normal babies would if stuff would have been done because the pediatrician had to start doing cultures and all of that stuff to find out why she couldn't keep her temp exactly what was going on with her and to come to find out it was because she swallowed some fluid while she was in me, because they didn't get her out in time.

26

00:04:33.850 --> 00:04:49.910

Interviewer: They? They didn't listen to you. Now, did you have a diverse when it comes to race and gender? Did you have a diverse team of medical professionals that were exhibiting this, you know, negative communication?

27

00:04:49.910 --> 00:04:57.550

Interviewee 7: All of the nurses were White, but my doctor she was a black nurse, I mean, Black Doctor, but all of the nurses were White that

28

00:04:58.065 --> 00:04:59.689

Interviewee 7: dealt with me that day.

29

00:04:59.950 --> 00:05:14.910

Interviewer: Yeah, I'm familiar with Dr. W.. So, you have a black you had a black African American doctor, and she was the one came in shock. She didn't even really know that you were in that state. So

30

00:05:15.330 --> 00:05:34.920

Interviewer: wow! So, considering that situation, what characteristics of the communication between you and your healthcare? Providers throughout that birth and experience seem satisfactory or helpful to you, and also unsatisfactory, are helpful to you, and if

31

00:05:35.150 --> 00:05:43.019

Interviewer: it doesn't apply, you don't have to. You can say it doesn't apply. If nothing was satisfactory, you can definitely say that, and vice versa.

32

00:05:43.240 --> 00:05:45.472

Interviewee 7: Yeah, I can say

33

00:05:46.950 --> 00:05:53.704

Interviewee 7: the communication with one of the nurses at the beginning when I told her you know the situation.

34

00:05:54.080 --> 00:06:09.590

Interviewee 7: With my hand, coming in after the fact and changing it out and making sure that was together. That was satisfactory because she came in, and she listened to me and saw that there was a problem and that, you know, the student nurses are learning. So that was a

35

00:06:09.590 --> 00:06:26.560

Interviewee 7: teaching educational experience for the nurse student nurse to know exactly what to see, what signs to see if Iv blows. You know the vein blows, and that them saying the Iv. Is blowing the vein, and it has to be removed and placed in a different position.

36

00:06:28.660 --> 00:06:30.190

Interviewee 7: I would say.

37

00:06:31.170 --> 00:06:52.239

Interviewee 7: That's the only satisfactory I had doing that birthing experience. Is that because the communication with the nurses saying that I feel like something is wrong, I need to push, you know something's just, not right, and them not communicating with my doctor, letting her know that I was ready to push, or that something wasn't right.

38

00:06:52.240 --> 00:07:02.400

Interviewee 7: The communication, the communication. I don't know if it was a barrier communication barrier, or if they just wasn't listening, or felt like they had something else to do and wasn't ready to

39

00:07:02.400 --> 00:07:06.219

Interviewee 7: to work, and it was getting close to time for shift change.

40

00:07:06.220 --> 00:07:26.989

Interviewee 7: and I do know from working in a hospital now that anytime after 5 o'clock the nurses don't want new patients. They don't want to take on any work because they shift ends at 7 and 7 o'clock. They want to try and be off and out of there and not dealing with a new patient or something that's going on.

41

00:07:27.810 --> 00:07:32.520

Interviewer: Hmm, wow! So

42

00:07:34.080 --> 00:07:57.560

Interviewer: what changes to your communication with your healthcare providers throughout the birthing experience would have made the communication more satisfactory or helpful to you? And if so, do you feel like you effectively communicated to them, letting them know what was going on with you? Is there anything you would have changed, reflecting back? If not, you can say that as well.

43

00:07:58.571 --> 00:08:06.648

Interviewee 7:No, I wouldn't have changed anything, because again, like I said, I communicated with them. I let them know what was going on.

44

00:08:07.240 --> 00:08:09.650

Interviewee 7:and I just think if I would have had

45

00:08:09.820 --> 00:08:12.410

Interviewee 7:my cousin in there a little earlier

46

00:08:12.940 --> 00:08:17.700

Interviewee 7:Then they probably would have listened also with her being a nurse and

47

00:08:17.830 --> 00:08:29.600

Interviewee 7:knowing different signs and stuff in stress, and if a patient is in distress, and what needs to be done, that it would have been handled differently. But I also feel that

48

00:08:30.830 --> 00:08:35.590

Interviewee 7: that some of the nurses they stereotype

49

00:08:35.809 --> 00:08:51.700

Interviewee 7: when patients come in the maternity center, if they're not married, if they're black, if they're different cultures or races going on that kind of stuff, they stereotype and make their own assumptions and feel like

50

00:08:52.150 --> 00:09:01.179

Interviewee 7: they shouldn't treat this patient the way they treat a married couple or something like that. I really do feel they stereotype. And

51

00:09:01.750 --> 00:09:03.120

Interviewee 7:in the hospital.

52

00:09:03.120 --> 00:09:11.070

Interviewer: That is a good point and definitely something to consider. I didn't even think about that in my research, that.

53

00:09:11.420 --> 00:09:38.429

Interviewer: considering your marriage status, you know, that can also be looked at, or you know, biasedly as well. So that is a good point. So were you left alone with student nurses, or was it a combination of experienced nurses and student nurses who was basically dismissive of what you were conveying about what you were experiencing with your body.

54

00:09:39.123 --> 00:09:46.229

Interviewee 7:It was mainly student nurses that were that left, yeah, left in the room or left to come back and check-in

55

00:09:46.430 --> 00:09:48.730

Interviewee 7:check in and see what was going on.

56

00:09:49.150 --> 00:09:53.300

Interviewer: So, they had the student nurses overseeing you like by themselves.

57

00:09:53.550 --> 00:09:54.410

Interviewee 7:Yes.

58

00:09:56.100 --> 00:10:17.119

Interviewee 7:and I didn't know that they all were student nurses like, I said, having my cousin having Tonya come later on, like when it was close to me to have the baby. She brought attention to it, and actually said something to Dr. W., you know, after the fact. And she, you know, she said she didn't want to get anybody in trouble, but

59

00:10:17.260 --> 00:10:20.440

Interviewee 7: she spoke up about it after the fact.

60

00:10:21.890 --> 00:10:33.300

Interviewer: You know what it is a blessing that you and baby are here, and you can have this. Your trial is now your testimony, because that could have gone a lot of ways.

61

00:10:33.760 --> 00:10:45.139

Interviewer: So, is there anything else you would like to share with me about the communication between you and your healthcare providers? During that childbirth experience.

62

00:10:46.140 --> 00:10:48.398

Interviewee 7: I just feel like

63

00:10:49.020 --> 00:11:11.989

Interviewee 7: When mothers go in to have a baby, they should have other ways to communicate with the doctor so that they can express their concerns or what's going on, and not just have to convey all the messages through the nurses because sometimes, again, the nurses are too busy, or have other things to do or and don't reach out to the doctor in a timely manner.

64

00:11:12.670 --> 00:11:16.010

Interviewer: And how did this experience make you feel?

65

00:11:19.270 --> 00:11:22.555

Interviewee 7: It pissed me off. I was really upset, and

66

00:11:23.090 --> 00:11:31.089

Interviewee 7: having a type of father I have. He had to calm me down because I really wanted to show out in the hospital.

67

00:11:31.090 --> 00:11:44.700

Interviewer: Right, and it was also because you were angry. It was a mix of emotions because you also said you already had your reserve going in about being a mother again and that it was so traumatizing you were like

[End transcription]

Appendix I-Interviewee 8 Transcription

Date: 02/11/2025

Duration: 21 minutes, 39 seconds

Method: Conducted via Zoom

Confidentiality Statement: To maintain participant anonymity, interviewees are identified by numbers (e.g., Interviewee 1, Interviewee 2). The interviewer is referred to as "Interviewer."

[\[Start Transcribing Here\]](#)

Interviewer (00:02): Please briefly describe your child-birthing experience, or experiences, and what was the outcome?

Interviewee 8 (00:09): Okay, well, I have 3 children. All 3 were delivered via C-section and the outcome overall. I had a positive birth experience. You need me to go into what I felt, cause that I know. Some of the other questions may brush on that a little bit, but.

Interviewer (00:30): No, just talk. Let it out, whatever you want to say.

Interviewee 8 (00:33): Positive experience. My OBGYN is a Black woman, and my primary care physician is a Black woman, and I prioritize having Black care providers because I knew the importance of having Black women that I could talk to, that I could trust, that understood me and my OB. My OBGYN delivered the first two; the third one kind of came at a random time, and there was a White doctor on call. So, a White man delivered her and that was, I mean, it was okay. He actually trained the OBGYN that I go to. So, he did a good job talking to him. I kind of felt as though his I couldn't really relate to him but I also was guarded. So, I just I could not relate to him, because I'm like, who is this White man? And you know I'm thinking about all the stereotypes in medicine and all of the things like, oh, they think Black people have a high pain tolerance. They think Black people's skin is thicker than White people's skin, and all this kind of stuff or Black women's, you know, claims are ignored, you know, in the health and health facilities, when we say we're experiencing one thing and people ignore that. So that was at the forefront of my mind. But my husband was with me, and you know, throughout the whole process, and so everything ran very smoothly and then my pediatricians were Black as well. So as soon as the babies got here, the Black pediatrician stepped in, and so they've all been under great care.

Interviewer (02:09): So, you had pretty much a positive outcome, outside of that one situation with the male White physician?

Interviewee 8 (02:21): Yes, and I would say I wouldn't label his. My experience with him is necessarily negative. It was just uncomfortable, and it was not. It did not put me at ease like I was very suspicious and then I also had negative experiences with personnel who worked the front desks and some of the random nurses. Don't know. White ladies, and they would say things and do things like when I went into labor. All 3 times I went into labor they would tell me. Oh, you're not in labor, and I'm all 3 times. And I'm like, Okay, I'm I, you know, if you're supposed to call, you know you once the trend contractions get so far apart, you know. I called the hospital

said, Hey, my contractions blah blah! And she was like, Well, you don't sound like you're in labor, but. And I don't remember if she said it over the when she said that she said then, well, you're just too calm. You just sound too calm. What am I supposed to do? Roll on the floor, be hollering like, ma'am? I am in labor. I'm letting you know I'm on my way. Get the room ready. I get to the hospital, and this is like literally wash rinse. Repeat, get to the hospital, and they're like, you know we're probably going to send you home at this point. My contractions are 2 to 3 min apart, and they're like, we'll check you. But you know, we're probably gonna send you home. And then it was like they begrudgingly checked for dilation. And they realized I was dilated at like a 2 or 3 or whatever 4, and they were like, oh, you're one of those and I'm like one of what, well, you know, some people don't really feel pain or don't and maybe I don't know if I have a high pain tolerance or not. I just was raised not to be going anywhere and act crazy, and I'm not going to go in there screaming. I need you to understand what I want to speak clearly, because this is important. I'm about to have a baby so, I don't have time to be doing all these theatrics and not saying that people who react differently are being dramatic. But I know that that is used against people. So I'm trying to be really strategic and very calm when I approach the situation. Because I'm thinking in my mind, okay, if I get too emotional, that's gonna count against me. If I'm screaming, they're gonna think something else not paying. And so I was trying to communicate very clearly and even if I can rewind one of my OBGYN appointments with my oldest when I went to my OBGYN's office. They're the lady at the front desk. Now I work at a college. I'm a college professor. I came in there with my husband. I had on the badge it, said Professor Adderley.

Interviewer (05:03): It don't matter.

Interviewee 8 (05:04): And she said to me, Do you have your Medicare papers, Medicaid paperwork? And I was so confused that that was my first I'm thinking, what am I supposed I'm like? Wait! Am I supposed to get some kind of extra paper? I was so confused. I was like, what your Medicare your health insurance. I was like I use Blue cross blue shield. I don't use anything else. Then she said, oh, I pulled the wrong file. How did you pull the wrong file, ma'am? You got my driver's license confirmed the name, went and got the file, and then turned and asked me about Medicare paperwork, or Medicaid, or whatever, whichever one and I had the wrong file, ma'am. No, you didn't. You just assumed you saw a Black person, and assumed so when I got back to my OBGYN I told her she was pissed. She was like who said it? Which one? And so you know, it made me feel a bit better, but I was so offended, and I'm like, you know, I I should not let this little random woman at the front desk make me so mad. But it was offensive because you're looking at me, and you're assuming things about me, despite the fact that so, I'm on, I mean again no judgment about people who are. If you need it, you need it. I want people to have the care they need. If you need assistance, to get your care. Get it. But I don't want you to look at me and assume that I am disadvantaged because I'm a Black woman.

Interviewer (06:26): And that's a part of the problem versus seeing a human. A lot of times, they see the demographic. And that brings me to the next 2 questions, which is what characteristics of the communication between you and your healthcare providers throughout your birth and experiences seem satisfactory or helpful to you? At the same time, I'm going to ask you that question and ask what seems unsatisfactory or not helpful to you, and you kind of just tapped into that. But if you want to elaborate some more to answer those two questions, feel free.

Interviewee 8 (07:04): Okay. So, I will say the aspects that were helpful to me in terms of communication. Again. My OBGYN. She's a Black woman. We're both Akas, where she's older than me, but she's, you know, within a I guess, reasonable age range, and I just never felt like she looked at me or related to me as an as the other. She saw me as fully human, and when we would talk, she would just talk to me like a human talks to another human. It was a very comfortable exchange. I noticed that, like the like the front desk personnel that I've mentioned, they tend to take a more tentative. We don't know your approach, or we don't trust your approach, and it's very subtle. I don't know what they deal with working at a front desk at a medical facility of people coming there trying to say one. I don't know what their deal is, so I don't know, but there were just certain things I didn't have to explain or try to justify. If I said, this is what I'm feeling. She took that at face value she didn't assume. I didn't know what I was feeling so just being able to be seen as human and be, and I felt like she genuinely cared about me and the birth of the child, and when she delivered my son, so funny when she when they took you to know I had a C-section. And when she saw the baby, and I had this curtain, I couldn't see anything, and the 1st thing I heard was, this baby is cute! Look at all this hair. And I was like, Okay, you know, a sigh of relief. But it was just so funny because it was. That's the kind of stuff that we do, but you know, and the same thing with my middle daughter, I mean, with my middle daughter again, I had comfort with my OBGYN. It was comfortable communicating with her. I actually went into labor early. My doctor was very conservative. She didn't take risks, so she told me. Like, look you are progressing in the way it's looking like you're trying to go into labor early. So, you need to slow down. And I remember I went into labor like 2 months earlier than I was supposed to, and I had to be put on bed rest, and I went to my appointment, and I walked in there, and she was like, you know, she was checking me out and everything. And she said, it looks like you're in labor. So, I'm gonna have to send you. I need to send you over to the hospitals next door to get checked in, and just so they could, like, you know, take a look and see. Because if you're actually, if you're in labor, we have to try to slow it down. And I was like, Oh, man, I need to get my maternity weed. She was like, girl. You should have bought a wig, go over there. And so I went, and I was going into labor, and so she came and checked on me, and I had to sit in the hospital for like a few weeks and I, you know, and then I had to go home and be in bed. Rest a little bit longer, and then I went back. Maybe you know this was December 13th Through December 25.th I was in the hospital, and then I went back on January 23rd for there was a checkup, and she checked me, and she was like ma'am, this baby is about to fall out of you. You go check it. And so, it was. Just, you know, the fact that we could have those light moments, but she was very clear. She was very thorough, and I just had trust in her, so we were able to have a rapport that allowed us to kind of just have a familiarity. And you know again everything worked out well, no problems. And when I was on bed rest the nurses that came to see me, I noticed, like the Black nurses were, in my opinion, more there were some White nurses that were really nice also, but if I ever experienced a nurse that was kind of standoffish or funny acting. It would not be a Black nurse so I felt like the Black nurses were very attentive now on the opposite end of that the communication that was not helpful. Like I said, the front desk ladies late at the front desk specifically, the White ladies, and they happen to have these Karen haircuts. I don't know if there's something psychological with that haircut. But you know they would ask me, "Do you have your Medicare Medicaid paperwork, whatever?" And they would. It was just a weird thing. And then there was one who was actually very, very nice, and she was probably the person that if I was in line, I would try to get in her line because I didn't feel like dealing with the other ones,

but she happened to be a little bit younger than the other ones. So, it seemed like, maybe, there were biases held by some of the older ones. This one did not. She was warm, she was welcoming. She did not ask me any of those questions, but every time I go into labor on the hospital side, the triage I had to deal with the same questions. Are you sure you're in labor? Oh, you don't seem like you're in labor. And it was my 3rd delivery, my water actually broke. So, I knew I was in like I knew I was in labor with the 1st one because of contractions, the second one because I went into labor early 3rd one, the water just broke, and it was like, maybe a week before the due date. And so I'm like, Okay, well, I'm duh labor. I go to the hospital, and she's like, Well, I'll check you, and if you are, are you sure your water broke, ma'am? What do you mean? Am I sure? And then I'll check you. And if you are in labor, then we'll do. And I'm just looking at her like, Oh, okay.

Interviewer (12:29): Wow!

Interviewee 8 (12:30): Yeah, so that was not.

Interviewer (12:34): My next question. I'm just at a loss for words. What changes to your communication with your healthcare providers throughout the birth and experience would have made the communication more satisfactory or helpful to you? Do you feel like there's anything you could have done differently? Or do you feel like? Because you said you were very open, so if it doesn't apply to you, you don't feel like anything needs to be changed. That's fine. But just reflecting back. Do you feel like your communication approaches? Did anything need to be changed?

Interviewee 8 (13:08): I wish I would have politely pushed back on some of the negative communication that I received, just in the hopes that it would be a teachable moment, like when the lady said, "Where's your Medicaid paperwork?" I was so confused I doubted my preparedness like, Oh, did I miss something? I was supposed to go to some other office and get some of the paperwork, but it was just a new experience, so I was overwhelmed. I'm trying to get to this appointment. I'm a first-time Mom, in hindsight. I wish that I would have when she said, "Oh, I have the wrong file," I would have pointed out, "Well, ma'am, you picked up my driver's license, verified my name, and picked up my file and didn't look at it." So are you assuming or like. I wish, and it would have been awkward and uncomfortable. But maybe that's where the growth happens. And also, you know, in the instance where I went to the hospital, and they were like, We don't think you're in labor. I was just so focused on being seen and like getting that interaction over with, so I could get to the back and be checked in. I didn't at the time. I just didn't want to deal with any foolishness, because my focus was on getting the baby here safely, and which is probably the best route. But I also wish, and maybe if I could have gone back and filed a complaint, or just some feedback so that they are aware that these types of communications are happening at the time, like I said, my mind was on other things. I was having contractions every 2, 3 min, and the 1st with the 1st one the second one, you know, I was unexpectedly going into labor, and a 3rd when my water had broken. So you never know. But I think maybe some more just more pushback from me, just to make sure they were aware, like, Hey, this is you're being biased, or you are saying, this is unprofessional for you to say to me, you're one of those that's not professional. But it's also kind of like. When you're at a restaurant, you don't want anybody to spit in your food.

Interviewer (15:10): Hmm yeah.

Interviewee 8 (15:12): You know I want. I knew my OBGYN would do right by me, but I didn't know who was working in that hospital and who if I say this.

Interviewer (15:21): Right.

Interviewee 8 (15:21): What label you know? What internal communication will you have among yourself, and what label? Now? My mother is a registered nurse, but she was. She's retired. So she was.

Interviewer (15:30): Mine too.

Interviewee 8 (15:31): Okay, yeah. So, you know I have. I have a nurse in the family. My husband is, you know, he got a biology degree. So, he thinks he knows all. He knows a lot of stuff, but you know. So, I did have knowledgeable people around me, and they were very aware. So, I had a community around me and so I don't know. I think maybe, yeah, I would maybe just be a little bit more assertive and give more pushback, and then you have more follow-up to the interaction that I had in terms of accessing appropriate channels, like maybe getting people's name to say, okay, Jennifer, said Xyz. Let me write that down and then submit my little report because I can write up an email to your manager.

Interviewer (16:13): And let me tell you what I've learned, Doctor Adderley. Sorry, I didn't mean to cut you off.

Interviewee 8 (16:17): I'm good.

Interviewer (16:19): like compared to your African American OBGYN. What I noticed with her communication approach, which was more mindful. It included humor. What she was doing it enhanced your relaxation responses in return that decreased your stressors. Because I myself, a mom of 3, have 3 C-sections.

Interviewee 8 (16:41): That's right. Yeah.

Interviewer (16:42): We're lying there. You're waiting to hear that cry.

Interviewee 8 (16:45): Yes.

Interviewer (16:46): To hear that. Like is everything. Okay?

Interviewee 8 (16:48): Stop. Breathing. Like, okay.

Interviewer (16:49): Right. So, when she said, Oh, you're cute like that, just.

Interviewee 8 (16:53): Damn!

Interviewer (16:54): That was the icing on the cake, so dealing with those ladies at the front desk. What I've learned is when they enhance our stressors, or when our body is under stress, it impacts the front part of our brain that allows us to think clearly, that interferes with practices like meditation and things like that. So, if looking back, he was like, "I don't know why I didn't do this this way." You were already in a stressful situation. You're about to try to bring a life into this world. You don't know the outcome. And then you got these people on the front end. So, it was a lot mentally. You probably couldn't think clearly at that time, so give yourself some grace on that, considering what you were facing. So, is there anything else you would like to share with me about the communication between you and your healthcare providers during your childbirth and experiences?

Interviewee 8 (17:48): I would say that I'm glad that Black women are providing for me from the primary care to the OBGYN to the pediatrician because, you know, right after the baby is born, the pediatrician comes in and she does her rounds, and she's checking things out. And I just one thing that irks me is the way that people of other races sometimes look at Black babies like they're pets, or like they're not human babies. Or they'll do weird things like, Oh, look at your hair. It's so soft. Wow, yeah. So, I you know that I actually took my son to work when he was like 2 or 3. I had to go to campus for something and took him, and I had a coworker, like, is this your son? And my God! His hair is so, ma'am. 1st of all, get your hands off, my child, and like, have you ever, never seen a Black child before? It's like a petting zoo. It's just a weird, cringey experience. But the pediatrician, a Black woman. She treated him like a baby because he is a baby, you know he was a baby, and so I just think that I felt most human with Black female care providers and I know that because I've studied that topic, and I'm aware of some of the statistics. Me will always go into these interactions guarded and hypersensitive to things that people say or do. And so, you know, I may have some preconceived notions. If I walk into the room, and the doctor is a White man, he could be a wonderful, knowledgeable provider, but I need to know that you see me and my children as fully human, because it doesn't matter how good of a provider you are. If in the back of your mind. You think that we don't need the same pain medication, or we don't. Or if I'm just being, you know, emotional. If I'm reacting to pain because we have as Black women. We have two things, we have gender, and we have race, and there's gender stereotypes that women are emotional, and this that, and the third and then you got the race stereotype. And so, you know, there's just that intersection. I'm always mindful of the interlocking systems of oppression that I face going into a medical facility. So, I seek out Black Care providers, and I, my husband teases me. He's like you and your gang members because all my doctors happen to be Akas. Listen, I don't discriminate. If it's a good Black woman, doctor, I'm coming to see you, but he's like you and your gang members, I'm like, yep, and they do us right. So, hush! And so that's just kind of what I've learned from that birthing experience. I'm grateful to have found those ladies, and I'm hoping and praying that as my kids get older, if they, my daughters, have kids, which we are in Texas, and I, you know the way things are going nationwide. If they decide not to have kids, I can't say that I'd be unless things change. I don't know that I want anybody to put themselves through certain things in these circumstances. Way, you know, women's health and things like that is

Interviewer (21:01): One, yeah.

Interviewee 8 (21:02): Yeah, yeah. And they were. You can't even say, you know, the like the Dei topics are being removed from medical school, so they can't even study Black women's maternal mortality, for example. So anyway, I just encourage my kids and my family to always have Black care providers because, in my experience. That's just been the highest quality care.

Interviewer (21:26): Thank you for your trust and for sharing your story to help advance this research. I'm going to stop the recording but just stay there.

Interviewee 8 (21:37): Okay.

[End transcription]

Appendix J-Interviewee 9 Transcription

Date: 02/11/2025

Duration: 14 minutes, 22 seconds

Method: Conducted via Zoom

Confidentiality Statement: To maintain participant anonymity, interviewees are identified by numbers (e.g., Interviewee 1, Interviewee 2). The interviewer is referred to as “Interviewer.”

[Start Transcribing Here]

1

00:00:01.820 --> 00:00:09.280

Interviewer: Okay, briefly describe your childbirth and experience or experiences. And what was the outcome?

2

00:00:10.340 --> 00:00:25.290

Interviewee 9: Okay. So, a brief description of my childbirth experiences would be three C-sections that I had. I was awake for all three and so

3

00:00:25.290 --> 00:00:40.183

Interviewee 9: overall, I would say positive that I've had live births of healthy children. However, I don't feel like my

4

00:00:41.030 --> 00:00:46.700

Interviewee 9: needs or wants were met completely through the birthing experiences.

5

00:00:46.840 --> 00:00:48.169

Interviewer: And why is that?

6

00:00:49.555 --> 00:00:59.424

Interviewee 9: I feel like I was not able to advocate for myself at the time in a way

7

00:01:00.730 --> 00:01:19.620

Interviewee 9: in which it was receptive of the providers that I had at the time, and so I feel like more so with like the second and 3rd births that I was forced into repeat C-sections, rather than receiving that option. To have a trial of labor.

8

00:01:20.710 --> 00:01:23.849

Interviewer: Wow! So how many children do you have?

9

00:01:24.310 --> 00:01:25.400

Interviewee 9: 3.

10

00:01:25.400 --> 00:01:30.499

Interviewer: And you had 3 C-sections in each child-birthing experience?

11

00:01:30.500 --> 00:01:31.390

Interviewee 9: Yes.

12

00:01:31.650 --> 00:01:36.059

Interviewer: And with each experience, did you feel this way.

13

00:01:36.780 --> 00:02:02.650

Interviewee 9: So, with the 1st one, I do see the reason for the C-section. And so that is understandable. However, following that, I just feel like it wasn't enough support in regard to having a vaginal birth after C-section V back. I just feel like it was not supportive, or at all, or even entertained really.

14

00:02:03.600 --> 00:02:08.860

Interviewer: Oh, wow! So can you give, like an example of what you experienced and how that made you feel.

15

00:02:09.919 --> 00:02:20.869

Interviewee 9: Yes, so, for with my second daughter, who was born in 2,017, I feel like my doctor basically used fearful tactics

16

00:02:20.869 --> 00:02:45.089

Interviewee 9: in order to get me to go ahead and consent to a repeat C-section. I was trying to. Towards the end of my pregnancy, around 39, 40 weeks I was trying to push towards having that trial of labor, so I can try the vaginal birth, and she just got like, really, you know, somewhat nasty with me, and like really forceful, as far as you know.

17

00:02:45.089 --> 00:02:45.629

Interviewee 9: so

18

00:02:46.529 --> 00:02:55.735

Interviewee 9: Just throwing out random facts, that which I don't believe to have been all the way true about the

19

00:02:56.369 --> 00:03:02.279

Interviewee 9: The concerns of having a vaginal birth after a C-section versus a repeat C-section.

20

00:03:03.770 --> 00:03:08.299

Interviewer: And I will say that's also among maternal mortality.

21

00:03:08.360 --> 00:03:26.049

Interviewer: Also, unnecessary C-sections are also an ongoing issue. So, thank you for sharing that. So, my next question is, what characteristics of the communication between you and your health care providers

22

00:03:26.050 --> 00:03:38.720

Interviewer: throughout your childbirth and experiences seem satisfactory or unsatisfactory to you? So, did you find anything that was helpful or not helpful? Would you like to elaborate on both?

23

00:03:39.880 --> 00:04:04.179

Interviewee 9: So, I feel like towards the end of pregnancies when you have those more often visits like weekly visits. I feel like that's helpful, because it lets you connect with your provider, and you're getting that information closer towards the end of your pregnancy. What I didn't like about the communication is like, I said, more specific.

24

00:04:04.180 --> 00:04:15.199

Interviewee 9: With my second birth. At that time my doctor was going to be traveling. And so basically, she wanted to go ahead and get my C-section out the way so that way she could travel.

25

00:04:16.399 --> 00:04:17.779

Interviewer: Oh, wow!

26

00:04:17.959 --> 00:04:22.760

Interviewer: So! And you found that very unsatisfactory.

27

00:04:22.760 --> 00:04:34.510

Interviewee 9: Yeah. Well, the fact that she communicated that to me, and kind of like, you know, pushed me into having that repeat. C-section. Yeah, I would definitely, you know, rate that as unsatisfactory.

28

00:04:35.960 --> 00:04:50.770

Interviewer: And did you have any in your three childbirth and experiences? Did you finish? Did you ever experience anything that you found helpful or satisfactory as far as the characteristics of communication within the healthcare provider? The team.

29

00:04:53.037 --> 00:05:11.240

Interviewee 9: So as far as communication, I think the best part of communication is like if you receive a printout at the end of the doctor's visits with like more information. Then I think that that was the best part of the communication that I received.

30

00:05:11.240 --> 00:05:36.989

Interviewee 9: If I were to speak on something that I feel like would be have been more helpful with communication with my healthcare providers during pregnancy. I would say just more of like an open communication or open forum like if there was maybe like a messenger that I can send a message to my healthcare provider, and then she could just message me back then I feel like that would have been more helpful.

31

00:05:37.000 --> 00:05:46.969

Interviewer: But reflecting back pretty much. You're saying you didn't have a satisfactory communicative experience with your healthcare providers. Unfortunately, and.

32

00:05:46.970 --> 00:05:48.319

Interviewee 9: Ultimately I did not.

33

00:05:48.590 --> 00:05:56.079

Interviewer: and in those instances, could you share the race and gender of the healthcare providers?

34

00:05:56.960 --> 00:06:08.339

Interviewee 9: So, yeah, so I actually did my due diligence of finding African American women or women of color to be my healthcare providers.

35

00:06:08.340 --> 00:06:08.830

Interviewer: Okay.

36

00:06:08.830 --> 00:06:31.449

Interviewee 9: So, I feel like that was a positive, or that should have been a positive thing for me. I feel like that would have in my head. I thought that that would have led to a more positive experience, being that you know I can identify with the person who was treating me. I felt like, you know, my

37

00:06:31.840 --> 00:06:51.480

Interviewee 9: thoughts and concerns would be more taken into consideration. Unfortunately, I don't believe that was the case. I don't regret going with a provider of color. I would definitely

38

00:06:51.600 --> 00:07:02.300

Interviewee 9: do that again if I did have another pregnancy. However. It just wasn't a completely positive experience. Unfortunately.

39

00:07:02.690 --> 00:07:29.309

Interviewer: Thank you for highlighting that that is very important in my research and reflecting back. Do you feel like there are any things you could have changed in your communication with your healthcare providers throughout the birthing experience that would have made the communication more satisfactory or helpful to you? Do you feel like you could have approached things differently? Tell me if it doesn't apply. That's fine.

40

00:07:29.720 --> 00:07:53.030

Interviewee 9: Yeah. So, like, we spoke about off record that I am a doula now. And so, I was able to obtain more information than I had previously during my pregnancies or birthing experiences. So, I feel like now reflecting back on that. Had I been more of an advocate for myself, and just

41

00:07:53.140 --> 00:08:03.050

Interviewee 9: more unwavering on what I wanted out of my birthing experiences. So

42

00:08:03.060 --> 00:08:29.969

Interviewee 9: I would say that I communicated well, but I feel like I should have been stronger or more steadfast in my thoughts or my resources, sharing more research, or asking more questions for clarity, like if once they, you know, gave me a reason. I could have asked more questions or, you know, like I said, just advocated for myself more to get the experiences that I wanted.

43

00:08:30.450 --> 00:08:31.000

Interviewer: Right.

44

00:08:32.240 --> 00:08:42.140

Interviewer: Is there anything else you would like to share with me about the communication between you and your healthcare providers, or about your childbirth and experiences.

45

00:08:43.909 --> 00:09:08.379

Interviewee 9: Yeah. So I just feel like looking back. Now, I feel like the providers that I had did what they wanted to do. You know I'm grateful that because of like the mortality rates with black women and stuff like that, I'm grateful that I made it out of all 3 of my C-sections alive, and that I have healthy children. However, like looking back, I can, you know, recognize.

46

00:09:08.939 --> 00:09:19.869

Interviewee 9: you know, that lack of like the birthing experience that I was looking for. So wait! Can you repeat your question again? Because I forgot no.

47

00:09:19.870 --> 00:09:21.659

Interviewer: Just anything you want to share.

48

00:09:21.940 --> 00:09:23.930

Interviewee 9: About your so.

49

00:09:23.930 --> 00:09:33.780

Interviewer: Yeah, anything you left out, or anything you just want to share overall about your experience or anything you just want to say in regards to the topic or anything.

50

00:09:33.780 --> 00:09:57.140

Interviewee 9: Yeah. So I would say now, like looking back and looking back on my experiences. And as a doula now, with the information that I have. I just feel like, you know, women, especially women of color, can definitely have the birth that the births that they choose to have. I just feel like you just definitely have to be an advocate for yourself.

51

00:09:57.140 --> 00:10:08.969

Interviewee 9: Have a doula or some type of support there for you. So that way. That communication is there with your provider, and that way you can have the healthy birth that you're looking for.

52

00:10:10.460 --> 00:10:32.710

Interviewer: Well, thank you so much for your time, and just the fact that you're a Doula alone is just of great service to the because that brings human care back into health care that brings the care back into health care. And we need more. Doulas. We need more midwives. So thank you for what you're doing. I'm going to start the recording. Okay, hang on one.

53

00:10:32.710 --> 00:10:33.470

Interviewee 9: Okay.

00:00:03.500 --> 00:00:07.180

Interviewer: Okay, so I am here with

2

00:00:08.390 --> 00:00:17.281

Interviewer: interview subject number 9, and once we stop recording, she shared some very

3

00:00:18.170 --> 00:00:27.449

Interviewer: traumatic highlights that she experienced. That I feel like should be included in the research. So

4

00:00:27.830 --> 00:00:34.030

Interviewer: just tell me, what you were just saying, and just keep in mind this recording is between me and you.

5

00:00:34.400 --> 00:00:58.930

Interviewee 9: Okay. So just to reiterate what I said to you off the records I purposely seek was seeking out women of color to treat me during my pregnancies, just so that way I could feel more supportive and more comfortable. However, to me it was not as helpful as I thought it would be

6

00:00:59.240 --> 00:01:23.130

Interviewee 9: like I had just spoken to you about. I feel like with my second pregnancy. I was more so like fear mongered or forced into a repeat C-section. My doctor literally called me the night before, so this was even after the office was closed. It was the evening before I was scheduled for a repeat C-section.

7

00:01:23.130 --> 00:01:47.369

Interviewee 9: I had called my doctor's office to cancel the C-section. I let them know that I wanted to try to see if I would go into labor. Naturally, this was around my 39th week, and at that time, my doctor let me know that she was getting ready to travel to Jamaica, which was her home country, and you know she, to me, as a pregnant woman, was.

8

00:01:47.370 --> 00:01:59.019

Interviewee 9: you know, a little nasty or pushy to me, and gave me different reasons to why I needed to make it in that next morning, for that repeat.

9

00:01:59.020 --> 00:02:05.259

Interviewer: Yeah, you said. And what did you say? You basically said she was even saying like your baby. What was.

10

00:02:05.655 --> 00:02:06.580

Interviewee 9: Yeah, I see.

11

00:02:06.580 --> 00:02:20.419

Interviewee 9: Yeah, she's like, if you want your baby to live. If you don't want anything. If you want a healthy baby, you need to come into the doctors. But there was nothing else. She told me that I need to go into the hospital to have that repeat C-section, but there was no

12

00:02:20.420 --> 00:02:42.759

Interviewee 9: no testing like. I did not fail the stress test or anything like that. I was still having movements and everything like that, like there was nothing. My blood pressure was good, so there was nothing that proved that I needed to have a repeat C-section other than the fact that I was not dilated or anything like that yet, but I was still only 39 weeks pregnant, so.

13

00:02:43.170 --> 00:02:53.139

Interviewer: Right and definitely. I found something else that you highlighted after we stopped recording. When you said one of the reasons you chose

14

00:02:53.290 --> 00:02:57.379

Interviewer: black women because you thought you could trust them right.

15

00:02:57.380 --> 00:02:59.271

Interviewee 9: Yeah. So I felt like.

16

00:02:59.800 --> 00:03:10.861

Interviewee 9: and I felt like as a woman of color, that if I had providers that were women of color as well that my needs would be met or like my

17

00:03:11.540 --> 00:03:39.580

Interviewee 9: my concerns would be better heard for somebody that I can relate to somebody that looked like me, but to me I feel like that wasn't the case, and I felt like they might have used those opportunities to kind of like either fear monger me, or just push me into like what they wanted, like, you know, just you you know, put me on a schedule. Really, I didn't feel like a person. I just felt like, you know a number at that time.

18

00:03:39.580 --> 00:03:44.638

Interviewer: Okay, well, thank you for coming back on the recording to share that. I'm gonna stop it now.

19

00:03:44.920 --> 00:03:45.380

Interviewee 9: Okay.

20

00:03:45.813 --> 00:03:46.680

Interviewer: And again.**[End transcription]**

Appendix K-Interviewee 10 Transcription

Date: 02/11/2025

Duration: 14 minutes, 10 seconds

Method: Conducted via Zoom

Confidentiality Statement: To maintain participant anonymity, interviewees are identified by numbers (e.g., Interviewee 1, Interviewee 2). The interviewer is referred to as "Interviewer."

[Start Transcribing Here]

1

00:00:02.270 --> 00:00:06.640

Interviewer: Briefly describe your childbirth experience. What was the outcome?

2

00:00:07.870 --> 00:00:08.910

Interviewee 10: So

3

00:00:10.200 --> 00:00:14.360

Interviewee 10: It was scary.

4

00:00:16.640 --> 00:00:18.280

Interviewer: First time, right?

5

00:00:18.280 --> 00:00:21.820

Interviewee 10: Yeah, I'm a first-time mom, and I'm 38.

6

00:00:22.360 --> 00:00:28.609

Interviewee 10: So, I had him when I was 37. So, you know, high risk, although they? They didn't

7

00:00:29.230 --> 00:00:32.390

Interviewee 10: put me as high risk until the end of my pregnancy.

8

00:00:33.122 --> 00:00:38.739

Interviewee 10: I was fine throughout my pregnancy up until 34 weeks

9

00:00:39.120 --> 00:00:44.428

Interviewee 10: and then I had to go to the doctor twice a week to do a stress test

10

00:00:45.300 --> 00:00:46.070

Interviewer: Hmm.

11

00:00:46.070 --> 00:00:57.230

Interviewee 10: Which I appreciated them paying attention to that, and when I first went, I opted to do

12

00:00:58.230 --> 00:01:02.190

Interviewee 10: not a doctor.

13

00:01:03.012 --> 00:01:06.240

Interviewee 10: I want it personal. I want it to be personable.

14

00:01:06.350 --> 00:01:16.159

Interviewee 10: So, I want a nurse versus a doctor, because, you know a doctor. They just they do it upon their own schedule. Call you in, try to, you know, do when available.

15

00:01:17.280 --> 00:01:25.180

Interviewee 10: So, but my water broke and I knew that it broke because it was something different.

16

00:01:25.350 --> 00:01:32.604

Interviewee 10: And I was actually using the restroom. And I just it was. I felt a lot, and it was a lot.

17

00:01:33.060 --> 00:01:39.999

Interviewee 10: I took a shower, and then I took another shower, and then I put on some eyelashes.

18

00:01:40.300 --> 00:01:53.859

Interviewee 10: and my friend came. She came, and she said she was like, so are you. So, she got to running around because her nerves were bad because my water had broken. It was 30 min after this, at this point, but I knew that I was fine, but it kept coming out

19

00:01:54.810 --> 00:02:00.780

Interviewee 10: fast. Forward! Go to the doctor. They hook me up. I am in a lot of pain at this point. Now.

20

00:02:01.310 --> 00:02:04.869

Interviewee 10: you know now my contractions is not playing with me.

21

00:02:06.320 --> 00:02:17.219

Interviewee 10: So, they put me on a monitor. I opted out of doing an epidural, and then you know, them contractions wouldn't show me, you know, wasn't playing with me. So, I opted in

22

00:02:17.770 --> 00:02:26.550

Interviewee 10: finally, although I was cool with the midwife

23

00:02:28.240 --> 00:02:29.399

Interviewer: You had a midwife.

24

00:02:29.400 --> 00:02:33.370

Interviewee 10: Yeah, I had a yeah, that's who. That's who I saw the entire time.

25

00:02:33.370 --> 00:02:34.780

Interviewer: Wow!

26

00:02:34.780 --> 00:02:41.310

Interviewee 10: I opted out of seeing a doctor. Yeah, I wanted a midwife because I wanted to be on my own schedule.

27

00:02:41.680 --> 00:02:43.309

Interviewer: Was she black or White?

28

00:02:43.310 --> 00:02:44.600

Interviewee 10: She was White.

29

00:02:44.600 --> 00:02:45.310

Interviewer: Okay.

30

00:02:45.310 --> 00:02:51.790

Interviewee 10: But I have a black, best friend. That's a nurse who has been delivering babies for 20 years.

31

00:02:52.540 --> 00:02:53.170

Interviewer: Okay.

32

00:02:53.170 --> 00:02:54.150

Interviewee 10: So

33

00:02:54.770 --> 00:03:01.719

Interviewee 10: I knew that she was gonna have to be there regardless of I'm good with my midwife or whatever, but I still don't

34

00:03:02.170 --> 00:03:28.790

Interviewee 10: know how y'all, you know, act towards us black women when it comes to delivering the child. You know it could be all good throughout all the different appointments and things like that, but when it comes

to delivering, I might not even make it through delivery. And nor, you know, my child may not either, so I made sure my best friend was there with me, because I wanted to ensure that me and my child was safe.

35

00:03:29.260 --> 00:03:30.210

Interviewer: Tomorrow.

36

00:03:30.650 --> 00:03:38.120

Interviewee 10: Yeah, so I just heard too many horror stories regarding the you know us not making it through.

37

00:03:38.240 --> 00:03:46.049

Interviewee 10: But it's not making it, you know, past delivering the child, so I wanted to ensure that my best friend was there on site, and she met. She was

38

00:03:48.050 --> 00:03:55.839

Interviewee 10: but I made it to 5 cm. I dialed into 5 cm, and that was it. I could not go any further.

39

00:03:56.030 --> 00:04:04.510

Interviewee 10: And his heart rate dropped, so did the mistress

40

00:04:05.220 --> 00:04:26.359

Interviewee 10: So, did mine. Yep, stress. I ended up catching a fever, so there was some type of infection that was trying to accumulate. So, they got rid of that with, you know, giving me medicine for that, and they informed me, like they also, during the whole time they inserted fluid inside me, because

41

00:04:26.880 --> 00:04:32.639

Interviewee 10: You know the fluid. All of my fluid came out at this point, like I told you how I kept water.

42

00:04:34.290 --> 00:04:41.890

Interviewee 10: so, I had nothing left for him to move around in, so they had to, you know, put more fluid in me, so they kind of took care of me. They kind of took care of us.

43

00:04:42.350 --> 00:04:49.700

Interviewee 10: But when they realized that I wasn't dilating anymore, then I went into an emergency, had to do an emergency C-section.

44

00:04:49.700 --> 00:04:52.659

Interviewer: And that was my story, my 1st one same thing.

45

00:04:52.920 --> 00:04:58.840

Interviewee 10: Yep, come to find out. The cord was wrapped around his neck.

46

00:04:59.030 --> 00:05:06.619

Interviewee 10: So, my baby was choking, which is how his heart rate dropped blood pressure, you know, everything was just

47

00:05:06.730 --> 00:05:12.060

Interviewee 10: drop and everything. And so, he was choking. He couldn't breathe for a while

48

00:05:12.860 --> 00:05:25.109

Interviewee 10: until they called in an emergency. See, they were like, Okay, you still not dialing like what's happening here. So, my midwife called in the doctor. End up, having to do an emergency. C-section.

49

00:05:25.844 --> 00:05:31.029

Interviewee 10: and that went well. That went well. He was fine, he was healthy, everything was good.

50

00:05:33.040 --> 00:05:35.470

Interviewee 10: But it was. It was a little scary. At 1 point.

51

00:05:36.240 --> 00:05:54.919

Interviewer: Yeah, you had quite a journey. But yeah, similar to yours. I wouldn't fully dilate with my oldest, my firstborn. And she was in distress. So they had to do an emergency C-section. So just reflecting back on that experience

52

00:05:55.430 --> 00:06:07.900

Interviewer: What characteristics of the communication between you and your healthcare providers throughout that birth and experience seem satisfactory and helpful, or unsatisfactory, and not helpful to you?

53

00:06:09.157 --> 00:06:13.690

Interviewee 10: The good thing about my midwife. She broke everything down for me.

54

00:06:14.307 --> 00:06:25.722

Interviewee 10: And I. She was like that the entire time throughout my pregnancy journey. If it was something that I didn't understand she was, she was great with explaining to me, breaking it down to me.

55

00:06:26.250 --> 00:06:28.589

Interviewee 10: She was very open and honest.

56

00:06:29.080 --> 00:06:34.359

Interviewee 10: I was grateful for that. And if there was something that I did not understand,

57

00:06:35.800 --> 00:06:38.030

Interviewee 10: My best friend also was

58

00:06:38.030 --> 00:06:38.670

Interviewee 10: there

59

00:06:38.670 --> 00:06:47.290

Interviewee 10: He was there, and you know she would ask questions as well. But my midwife was very open. She was very honest. Upfront.

60

00:06:47.760 --> 00:06:55.654

Interviewee 10: she made sure I was aware of everything that took place. She let me know everything that was going on.

61

00:06:58.310 --> 00:07:02.288

Interviewee 10: She just ensured that I was comfortable, and that

62

00:07:03.620 --> 00:07:07.959

Interviewee 10: I wasn't clueless to everything that was, you know, everything that took place.

63

00:07:10.370 --> 00:07:13.209

Interviewee 10: It was satisfactory to me, and I was.

64

00:07:13.210 --> 00:07:13.750

Interviewer: Don't worry.

65

00:07:13.750 --> 00:07:16.829

Interviewee 10: Cool. Yeah, I was grateful that

66

00:07:17.680 --> 00:07:22.469

Interviewee 10: they paid attention to everything that took place with my child, with Kingston.

67

00:07:23.030 --> 00:07:24.669

Interviewee 10: As far as like

68

00:07:25.220 --> 00:07:35.070

Interviewee 10: his, his heart rate, and my heart rate, and my blood pressure, things like that. They made sure they monitored him

69

00:07:35.250 --> 00:07:44.520

Interviewee 10: very closely, and had I gone any longer than when they pulled me back to the or room.

70

00:07:45.330 --> 00:07:46.890

Interviewee 10: What's a DOR!

71

00:07:48.870 --> 00:07:52.489

Interviewee 10: It might not have been the same story. You know what I mean. And so.

72

00:07:53.050 --> 00:07:56.109

Interviewee 10: I was satisfied with everything that took place.

73

00:07:56.730 --> 00:08:02.759

Interviewer: So, with a midwife, how does that work? Did you deliver in your home or the hospital?

74

00:08:02.760 --> 00:08:04.500

Interviewee 10: The hospital, or was it a hospital?

75

00:08:04.500 --> 00:08:11.120

Interviewer: So, you get to select the midwife in advance.

76

00:08:11.820 --> 00:08:13.800

Interviewee 10: Yes. Well, so

77

00:08:14.040 --> 00:08:41.122

Interviewee 10: I go to the doctor. My 1st appointment after they go, take me through all the different tests, the ultrasound, so that I can ensure that I am pregnant my 1st appointment. They asked me if I want to do want a doctor to deliver me, or if I want a midwife to deliver me, and I've done. I did so much research. And me being older, and pregnant, I did my own research

78

00:08:41.590 --> 00:08:50.285

Interviewee 10: and came across, you know, different, you know, different articles and information that informed me that doctors usually just, you know,

79

00:08:51.710 --> 00:08:57.359

Interviewee 10: do it on their own schedule, and you might not even be ready to deliver, but because they're available this week.

80

00:08:57.650 --> 00:09:11.019

Interviewee 10: you know, they calling you in, you know, and I'm like, no, I want to deliver when I want to deliver. I want Kingston to come when I want him to come. And so I selected a midwife. They asked if that's what I wanted. That's what I chose.

81

00:09:11.540 --> 00:09:19.919

Interviewer: You really bring something unique to my research? Because this also cause we're we need Doulas. We need more midwives.

82

00:09:19.920 --> 00:09:20.380

Interviewee 10: Yes.

83

00:09:20.831 --> 00:09:24.440

Interviewer: And just hearing how your outcome was positive.

84

00:09:24.840 --> 00:09:35.660

Interviewer: Even though it could have went another way. Look at. I wonder if that is because you, you partner with a midwife, who knows you know how it could have went otherwise. So

85

00:09:37.950 --> 00:09:47.290

Interviewer: Do you feel that, in reflecting back, you could have made any changes to your communication with your healthcare providers throughout the birthing experience?

86

00:09:48.000 --> 00:09:51.230

Interviewer: to make it more satisfactory. Do you feel like

87

00:09:51.710 --> 00:09:58.449

Interviewer: Was the way you communicated with them effective and satisfactory, or do you feel like you should have changed anything?

88

00:09:59.360 --> 00:10:05.010

Interviewee 10: No, because it's you know this is my 1st child. I was on everything

89

00:10:05.370 --> 00:10:16.180

Interviewee 10: I did my research on everything. I read every article that I found interesting, like I was on everything. I asked questions. I wrote down questions before my appointments.

90

00:10:16.788 --> 00:10:18.659

Interviewee 10: I was very thorough.

91

00:10:19.314 --> 00:10:20.889

Interviewer: And very careful.

92

00:10:21.080 --> 00:10:31.970

Interviewee 10: And if it was something that I did not understand, I asked questions or asked them to break it down so no, I no, it was nothing. I would change nothing, nothing. I would change.

93

00:10:32.370 --> 00:10:38.720

Interviewer: And when you were communicating and asking those questions you had written down, do you feel like your voice was heard?

94

00:10:40.885 --> 00:10:58.270

Interviewee 10: Yeah, I mean, I haven't changed, Carlo, you know. I'm very stern, and I even give of

95

00:11:01.160 --> 00:11:07.630

Interviewee 10: How can I say this? about my business.

96

00:11:08.080 --> 00:11:12.239

Interviewee 10: simple. And so, when I'm going into this doctor office

97

00:11:12.876 --> 00:11:17.779

Interviewee 10: you hear it in my voice. You see it in my posture about my business.

98

00:11:17.890 --> 00:11:19.090

Interviewee 10: And so

99

00:11:20.850 --> 00:11:27.130

Interviewee 10: if I ask a question, I don't understand. Okay, can you explain that to me? I don't. I don't. I don't understand what you mean by that?

100

00:11:27.674 --> 00:11:48.850

Interviewee 10: Okay, so if this happened, what's my next step? You know what I'm saying. If I have to do this, then what comes after that, you know. So, I'm very stern. I'm very, you know, you know, direct. I want. I want you, and I want you to get to the point. I don't need. No, you know sugar cold and beating around the bush because I there's too much fluff for me. Tell me what it is.

101

00:11:49.000 --> 00:11:51.520

Interviewee 10: and so, no.

102

00:11:51.750 --> 00:12:00.209

Interviewee 10: I was very, very clear on the questions that I was asking and the answers that you know I was looking.

103

00:12:00.210 --> 00:12:02.350

Interviewer: And no one challenged you on that.

104

00:12:02.350 --> 00:12:03.480

Interviewee 10: No, no.

105

00:12:03.480 --> 00:12:04.079

Interviewer: You know.

106

00:12:04.080 --> 00:12:09.000

Interviewee 10: And I believe because me being older, and it's being my first.st

107

00:12:09.000 --> 00:12:09.550

Interviewer: Well.

108

00:12:09.550 --> 00:12:10.169

Interviewee 10: You know.

109

00:12:10.548 --> 00:12:21.940

Interviewee 10: I think they were a little more understanding as well, like, okay, she doesn't really know what's going on, so let me, you know. Let me be a little cool, you know, and help her out, and explain to her what's going on.

110

00:12:22.250 --> 00:12:36.540

Interviewer: Okay? And my last question, is there anything else you would like to share with me about the communication between you and your healthcare providers during your childbirth and experience. Is there anything you left out or want to say.

111

00:12:41.440 --> 00:12:45.210

Interviewee 10: No other than so I did see

112

00:12:46.090 --> 00:12:49.761

Interviewee 10: when my midwife wasn't available. I did see

113

00:12:50.670 --> 00:12:59.140

Interviewee 10: different doctors, and that was because I wanted to stay on schedule with, you know, my different weeks and things like that. And so

114

00:12:59.360 --> 00:13:05.860

Interviewee 10: I came across, you know, a doctor who they was like not really

115

00:13:07.820 --> 00:13:13.919

Interviewee 10: open with explaining everything. It was kind of like to the point, although it was just an X-ray

116

00:13:14.110 --> 00:13:17.555

Interviewee 10: or ultrasound, excuse me, X-ray ultrasound

117

00:13:21.460 --> 00:13:24.840

Interviewee 10: He really didn't explain much as to what

118

00:13:25.600 --> 00:13:37.499

Interviewee 10: what I was looking for. However, I did ask my midwife the next time I saw her, so I was good with that. Okay, everybody is not going to be understanding of your situation.

119

00:13:37.740 --> 00:13:56.840

Interviewee 10: But I also didn't see him often. I saw him maybe twice the entire time. And so, I knew going in when I saw him. Okay, we're just doing this ultrasound. I'm getting on out here. So, any questions I ask. I just write down, and I asked my midwife or the other doctor, you know, in the same doctor's office.

120

00:13:57.390 --> 00:13:59.810

Interviewer: And what was the race of that doctor?

121

00:13:59.810 --> 00:14:01.950

Interviewee 10: He was a White male. He was a White male.

122

00:14:02.170 --> 00:14:03.010

Interviewer: Okay.

123

00:14:03.320 --> 00:14:04.120

Interviewee 10: White man.

124

00:14:04.400 --> 00:14:04.920

Interviewee 10: Hmm.

125

00:14:04.920 --> 00:14:09.630

Interviewer: Okay, I'm gonna stop the recording, hold tight. Thank you.

[End transcription]

Appendix L-Interviewee 11 Transcription

Date: 02/11/2025

Duration: 15 minutes, 47 seconds

Method: Conducted via Zoom

Confidentiality Statement: To maintain participant anonymity, interviewees are identified by numbers (e.g., Interviewee 1, Interviewee 2). The interviewer is referred to as "Interviewer."

[Start Transcribing Here: Recording 1]

1

00:00:02.600 --> 00:00:06.490

Interviewer: Describe your childbirth and experience and what was the outcome.

2

00:00:07.936 --> 00:00:13.580

Interviewee 11: Overall, I, oh, we're just talking about me at the hospital, like in labor and everything, right?

3

00:00:13.580 --> 00:00:15.929

Interviewer: Whatever you want to talk about.

4

00:00:16.400 --> 00:00:22.979

Interviewee 11: For me, my labor journey. I felt like it was like painless

5

00:00:23.530 --> 00:00:26.548

Interviewee 11: one. I will do stuff on drugs.

6

00:00:26.980 --> 00:00:27.690

Interviewer: That'll do it.

7

00:00:28.413 --> 00:00:35.289

Interviewee 11: I was induced because I was like 2 weeks overdue, and like my last appointment, I was like, Look

8

00:00:35.400 --> 00:00:50.350

Interviewee 11: you gotta get this baby out of me because I'm sick of curb walking. I'm sick of bouncing. I'm sick of drinking the teas and doing everything that everybody says that you have to

do to get this baby out. This baby is comfortable. I'm tired of being pregnant. It's the middle of the summertime like, get this baby out of me like.

9

00:00:50.350 --> 00:00:52.820

Interviewer: Mentioned how you have to sleep at the end. I had.

10

00:00:52.820 --> 00:00:53.300

Interviewee 11: Yeah.

11

00:00:53.300 --> 00:00:54.970

Interviewer: Sideways, with the pillow between.

12

00:00:55.440 --> 00:00:56.509

Interviewer: So hard for me.

13

00:00:56.510 --> 00:01:14.534

Interviewee 11: I love. I still have my body pillow because I absolutely loved it. Alex, my partner, he was so ready for me to get rid of this thing he was like. It's taking up most of the bed like I just can't wait for it to be out of bed. It's like sleeping with somebody else. I was like, technically I am because, like it, it's comfortable. But

14

00:01:15.170 --> 00:01:30.275

Interviewee 11: so, my last appointment. My Sis, my younger sister, she went with Lexi. She went with me to the doctor because Alex, at the time, was working in Columbia. So, I was like, I need someone to come with me just in case something. I got to be sent. Whatever went to the doctor

15

00:01:30.900 --> 00:01:37.809

Interviewee 11: did the stress test, and she came back in and was like, so do you want me to call the hospital to see if they can let you in today? Versus like

16

00:01:38.080 --> 00:01:43.850

Interviewee 11: in getting induced the following week, week? And I was like, Please, whatever you can, please

17

00:01:44.190 --> 00:01:53.609

Interviewee 11: like I want to get put in like go to the hospital today. So at that time it was like noon, and then she came back. She was just like, Hey, you're going to the hospital at 5 Pm. Today, and I was like, Thank God!

18

00:01:54.160 --> 00:02:05.820

Interviewee 11: So get home. Bags were already passed like a week prior. So that was no issue. I call Alex. I was like, Hey, we're going to the hospital in 4 h like you gotta get home like cause like I mentioned, he was in Colombia.

19

00:02:06.080 --> 00:02:06.510

Interviewer: Right.

20

00:02:06.510 --> 00:02:20.960

Interviewee 11: So he was like shoot. I'm leaving work now and then. I went and had my last my last meal, because they said, Make it good, went and had my last meal at Kava. Got to the hospital around like 5, got checked in.

21

00:02:21.070 --> 00:02:28.760

Interviewee 11: and then they started the induction process, probably around like 9 that night. But the one thing that I appreciated

22

00:02:28.960 --> 00:02:32.739

Interviewee 11: the entire time that I was in the hospital. I was in hospital from Wednesday to Saturday.

23

00:02:33.040 --> 00:02:36.320

Interviewee 11: The whole time everything was communicated like

24

00:02:37.040 --> 00:02:49.617

Interviewee 11: perfectly. Nothing was ever like done. And then they said, Oh, yeah, we did. XYZ. It was like, Hey, this is our options. This is what we're looking to do. Are you okay with it? They always made sure that I was okay with anything they were about to do to me.

25

00:02:50.010 --> 00:02:50.750

Interviewer: Wow!

26

00:02:50.750 --> 00:02:52.670

Interviewer: And that's kind of connected to the next.

27

00:02:53.000 --> 00:02:55.760

Interviewer: which was asking, What do you find? Satisfactory.

28

00:02:55.760 --> 00:02:56.460

Interviewee 11: Yeah.

29

00:02:56.460 --> 00:03:04.360

Interviewer: So based on that highlight. Did you find anything unsatisfactory or not helpful to you? If not, you can say that as well.

30

00:03:04.830 --> 00:03:12.050

Interviewee 11: In while I was in the hospital. No, everything. I think the difference for me was because I had midwives versus like no be.

31

00:03:12.529 --> 00:03:21.009

Interviewer: Yeah. So the practice that I went to they gave me the option to like choose midwives or an Ob. I started with an ob.

32

00:03:21.320 --> 00:03:38.130

Interviewee 11: At atrium and with atrium. That was like my go to ob that I went to since I was in high school, so I was like, perfect. I'm pregnant, like I. We have a great relationship, a great connection. I would love for her to like have my give birth. But you know in the beginning

33

00:03:38.250 --> 00:03:44.429

Interviewee 11: they're just like, Oh, you have to see the different doctors and the different nurses, because you just never know who's gonna deliver you. And I was like, Okay, cool.

34

00:03:45.100 --> 00:03:54.059

Interviewee 11: 1st time I went. That was when they confirmed. She confirmed my pregnancy. The second time I went I seen another nurse that I haven't met before, but she was super sweet, super nice.

35

00:03:54.763 --> 00:03:58.480

Interviewee 11: The 3rd time it was like a PA, and

36

00:03:59.000 --> 00:04:03.370

Interviewee 11:that's when I started to feel a little. So something was off

37

00:04:04.124 --> 00:04:10.719

Interviewee 11:and I was like, maybe I'm just tripping and like overthinking it because I'm like in my 1st trimester, I'm like super emotional like

38

00:04:10.940 --> 00:04:12.360

Interviewee 11:the motions are high.

39

00:04:13.080 --> 00:04:17.089

Interviewee 11:But what made me like question her.

40

00:04:17.240 --> 00:04:22.590

Interviewee 11:For one, it was a Caucasian PA. The 2 doctors I met with Prior looked like me.

41

00:04:23.240 --> 00:04:23.810

Interviewer: Okay.

42

00:04:24.443 --> 00:04:28.149

Interviewee 11:She kept making comments about like my weight

43

00:04:28.590 --> 00:04:57.370

Interviewee 11:like, oh, this is like you over overweight like your weight. Blah! Blah blah! And I'm like, I'm not overweight. I'm like 170, like, I'm 170. I'm like 5, 7. Yeah, I'm not like ideal stick figure. But like I'm not of weight. She made me do like the glucose test in my 1st trimester, which is strange, and she just kept saying like I was overweight. I was like, I don't. I think she's going to think that I have diabetes or something, but like that's not me. So that was like the 1st red flag.

44

00:04:57.550 --> 00:05:01.499

Interviewee 11:The next time I went to the doctor it was her again.

45

00:05:01.850 --> 00:05:30.999

Interviewee 11:and she brought up my weight again, and then she was like trying to force. Like all these vaccinations like you need your flu shot. You need your Covid shot, blah blah, and I'm

like, no like I don't. I don't want any of that, and I have the right to say no, but it just felt like her alone. She just kept trying to like force everything on me, and then forcing like kept bringing up my weight at like random times. And I'm like yo. I can't do this no more like I'm stressing like. I don't want my 1st pregnancy experience to be like this.

46

00:05:31.250 --> 00:05:31.640

Interviewer: Right.

47

00:05:31.640 --> 00:05:32.690

Interviewee 11: So

48

00:05:32.830 --> 00:05:38.739

Interviewee 11: brought it up to my sister, who previously had a kid like my niece at the time, was like 2 or 3.

49

00:05:39.407 --> 00:05:51.110

Interviewee 11: I said, Hey, this is what I'm like dealing with, like, I don't know what to do like, but I know, like I don't wanna like stay here anymore. So she like, just brought up randomly like her office where she went. She was in with Novon.

50

00:05:51.280 --> 00:06:04.229

Interviewee 11: And I was like, Okay, I think about it. And at the same time I was like teetering with the idea of like a water birth, too. So I was like, let me go visit the Water birth center to see if there's something I would really want to do before. Like switching over to Novant

51

00:06:04.470 --> 00:06:08.120

Interviewee 11: went in toward Water Birth Center. It was great. I had signed up.

52

00:06:08.420 --> 00:06:14.730

Interviewee 11: The only thing that stopped me from having a water birth is they wanted the payment upfront because they didn't take insurance.

53

00:06:15.150 --> 00:06:18.089

Interviewee 11: They wanted the full payment by 26 weeks.

54

00:06:18.680 --> 00:06:34.840

Interviewee 11:and I was like, Well, I'm not paying \$5,000 out of pocket like I'll just go over to Novant, went over to Novant, and they gave me the option of my 1st visit like, Hey, do you want a midwife or an ob? And I was like, let's go to midwife route. See if I'll have a better experience. I had the best experience like

55

00:06:35.460 --> 00:06:36.620

Interviewee 11:chef's kiss.

56

00:06:36.770 --> 00:06:52.779

Interviewee 11:Of course my 1st appointment there they did the whole 9, you know, asked if I wanted vaccines. And I was like, no, I'm okay. But she was just like, Okay, no pressure. She didn't force like vaccinations or anything down like my throat, she usually said, I'm just gonna like make suggestions. If you say no, I won't bring it up again.

57

00:06:53.100 --> 00:06:59.950

Interviewee 11:That's all I needed to hear like make me feel comfortable, especially like, for, like my 1st time having a kid so

58

00:07:00.620 --> 00:07:04.290

Interviewee 11:met different midwives, and I've only dealt with the midwives

59

00:07:04.660 --> 00:07:07.919

Interviewee 11:the whole entire time. While I was there I met the Ob.

60

00:07:08.050 --> 00:07:17.539

Interviewee 11:That would work there, and it was a man did not like him, and I let them know I was like, I don't know. I do not like him. He has not. He does not have great bedside manner. I don't ever want to see him again

61

00:07:17.990 --> 00:07:32.320

Interviewee 11:like never. I was like, if anybody is going to deliver me, I want them to be like personable. I want to feel comfortable, especially like I'm going to be fully exposed, like I need to feel comfortable around whoever is going to deliver my baby.

62

00:07:32.500 --> 00:07:33.299

Interviewee 11:and so.

63

00:07:33.300 --> 00:07:37.100

Interviewer: Was his beds out. What I mean? How did that make you feel? What did he?

64

00:07:37.100 --> 00:07:38.810

Interviewer: He was very like.

65

00:07:39.560 --> 00:07:42.020

Interviewee 11:Like. He barely looked at me. He came in the room.

66

00:07:42.530 --> 00:07:45.420

Interviewee 11:He was him. When he came in the room. He was like looking down at the chart.

67

00:07:45.710 --> 00:08:01.590

Interviewee 11:and he's just like, all right. How you feeling I was like, oh, yeah, I feel fine blah blah, and I think I was in my second trimester when I seen him. So these appointments are like every 4 weeks. So they would just like measure my belly. Just listen for the heartbeat, and like these, were very quick in and out appointments.

68

00:08:02.465 --> 00:08:12.039

Interviewee 11:But the bear! He barely looked at me the entire time, and that was the one appointment that Alex had a chance to come with me, and he was like that was weird. And I was like, I know.

69

00:08:12.220 --> 00:08:24.480

Interviewee 11:like I'm glad you picked up on it and seen that it was weird before me, saying, Hey, did you think that was weird? He himself was like that was weird like, I don't want him to see you again, and I was like that like, thank you for being here with me.

70

00:08:25.285 --> 00:08:26.560

Interviewee 11:It was just.

71

00:08:26.560 --> 00:08:28.670

Interviewer: Was he? What was his race?

72

00:08:29.290 --> 00:08:30.340

Interviewee 11:Caucasian.

73

00:08:32.919 --> 00:08:36.389

Interviewee 11:He was, and he was the only male. He was the only male like

74

00:08:36.640 --> 00:08:42.310

Interviewee 11:person there, everybody, all the other obs and midwives. They were all women. He was the only man.

75

00:08:43.480 --> 00:08:57.390

Interviewee 11:but the great thing about that office. Still, I got to pick who I wanted to see. It was never like, Oh, you see, someone different every time I got to pick like, okay, I want to see this person, or I want to see this midwife. So I got to stick with the same midwife like the entire time.

76

00:08:58.370 --> 00:09:06.499

Interviewee 11:So I had a birth plan towards the end for her to deliver me. It was just with my induction and everything. It wasn't. It didn't align with her schedule.

77

00:09:07.220 --> 00:09:16.910

Interviewee 11:So I was like Bob Booth like, I'm this. We'll see how it goes, I ended up having the best, most comfortable, most

78

00:09:17.060 --> 00:09:24.190

Interviewee 11:precious angel delivered me. She was an older woman, made. She looked like she was maybe in like her upper fifties, White woman.

79

00:09:25.180 --> 00:09:41.549

Interviewee 11:And even my mom to this day, because my mom and my 2 sisters were in the room with me and Alex, while we were delivering. My mom was like she. She was like she took care of my baby. She was like, I'm so glad that she delivered you because she took care of you like Leo's little big head took forever to come.

80

00:09:42.580 --> 00:09:51.759

Interviewee 11:It's like every time I push and take a break. I it would, he would like set back in so like she got in her stance, and was just like alright like he's coming out.

81

00:09:51.960 --> 00:10:01.960

Interviewee 11:and she like wiggled him out after 45 min, and he came out, and I was just like she took like such exceptional care of me, like she gave me the biggest hug afterwards.

82

00:10:01.960 --> 00:10:02.539

Interviewer: When he did.

83

00:10:02.540 --> 00:10:08.840

Interviewee 11:Amazing like. I'm so proud of you. She spoke those affirmations into me like after going through that.

84

00:10:09.040 --> 00:10:10.520

Interviewer: How did that make you feel.

85

00:10:10.520 --> 00:10:20.146

Interviewee 11:Like I was seen, basically. And like she, I like I had the the right person in the room because she cared. She cared about me. She cared about getting my baby out safely.

86

00:10:20.640 --> 00:10:26.509

Interviewee 11:and yeah, I just felt like everybody that was in the room when he came he was delivered was supposed to be there.

87

00:10:27.000 --> 00:10:39.140

Interviewee 11:cause there was a second where he came out, and he wasn't crying. And I'm like, is he okay? Like I don't hear cries, and one of the nurses came over and she just touched my shoulder. She was like mama. We got him. He's 5. And then, like 10 seconds later, like I heard him crying

88

00:10:39.280 --> 00:10:40.500

Interviewee 11:so like.

89

00:10:40.660 --> 00:10:42.769

Interviewer: It's always a relief to hear that cry.

90

00:10:42.770 --> 00:10:46.970

Interviewee 11:Yeah, I was just like. And then the tears came, and I was just like.

91

00:10:47.270 --> 00:10:48.260

Interviewer: No.

92

00:10:48.260 --> 00:10:48.940

Interviewee 11: Yeah, but it.

93

00:10:48.940 --> 00:11:02.211

Interviewer: What changes to your communication with your healthcare providers throughout the birth and experience would have made the communication more satisfactory or helpful to you. Now, if you feel like there's nothing you needed to change.

94

00:11:02.890 --> 00:11:07.449

Interviewer: you can say that are reflecting back. Do you feel like

95

00:11:07.580 --> 00:11:10.920

Interviewer: you could have changed anything or wanted to.

96

00:11:12.054 --> 00:11:18.669

Interviewee 11: I think, for I don't think there was any like changes on there, and I think for me I could have been more open about like

97

00:11:18.820 --> 00:11:39.599

Interviewee 11: how I was feeling in the beginning, like 1st and second trimester towards the end. Of course, you get those like well, for me it was more of like, Hey, my body's changing. I'm getting these crazy thoughts. I'm like, yes, I'm growing a baby, but my body's changing, and it just doesn't. I don't know. I feel off like my mental health declined

98

00:11:39.780 --> 00:11:47.119

Interviewee 11: drastically, so I spoke up. I felt like I could have spoke about it sooner than what I did.

99

00:11:47.660 --> 00:12:01.700

Interviewee 11: I waited. I didn't. I don't want to say I waited too late. I just should have spoke, spoke up a little bit sooner about. Hey? This is how I'm feeling during my pregnancy. And she's just like you're growing a baby like your emotions are all over the place like it's okay.

100

00:12:01.700 --> 00:12:02.999

Interviewer: Yeah, that's true.

101

00:12:03.000 --> 00:12:05.489

Interviewee 11: It's very okay. So I just was like

102

00:12:05.940 --> 00:12:10.849

Interviewee 11: I should have had more trust in my midwives like to be able to open up and say, Hey, this is how I'm feeling.

103

00:12:11.740 --> 00:12:17.790

Interviewer: Yeah, and it's very common to have some mistrust between, you know, providers.

104

00:12:18.340 --> 00:12:24.699

Interviewer: Forth. And so you, just reflecting back, you think you should employ more open communication.

105

00:12:24.700 --> 00:12:26.649

Interviewee 11: Yeah, definitely.

106

00:12:26.650 --> 00:12:37.770

Interviewer: Is there anything else you would like to share with me about the communication between you and your midwife or healthcare providers during your childbirth and experience?

107

00:12:38.350 --> 00:12:46.429

Interviewee 11: Just well tying back to the last response, just being open and honest like. If you feel a certain type of way, if you wake up and say, I feel off.

108

00:12:46.870 --> 00:12:50.089

Interviewee 11: Go to the doctor. I had so many like

109

00:12:50.510 --> 00:12:56.129

Interviewee 11: the little boy who cried Wolf! Cause where I was just like I don't know something. Just don't feel right. Let me just go to the doctor.

110

00:12:56.500 --> 00:12:57.250

Interviewer: And.

111

00:12:57.250 --> 00:13:10.709

Interviewee 11: Because before, like just listening to stories and stuff online, they'll give you that like impression like, you don't need to come to the doctor for everything. This is my baby, this is my birthing experience. If I feel off, and I want to hear my baby's heartbeat, I am going to the doctor.

112

00:13:10.710 --> 00:13:11.300

Interviewer: Hello!

113

00:13:11.300 --> 00:13:20.689

Interviewee 11: What I did. They, and they never made me feel like I shouldn't be there or like I'm thinking, too heavy into it. They were just like, come on, let me give you some peace of mind.

114

00:13:21.350 --> 00:13:22.340

Interviewee 11: So.

115

00:13:23.290 --> 00:13:26.399

Interviewer: Yeah, it sounds like you received human care versus.

116

00:13:26.400 --> 00:13:26.840

Interviewee 11: Yeah.

117

00:13:27.165 --> 00:13:27.490

Interviewer: Cause.

118

00:13:27.490 --> 00:13:28.219

Interviewee 11: And which is what I.

119

00:13:28.220 --> 00:13:35.800

Interviewer: Yeah, yeah, you received human care. And we are the experts of our body. We know our bodies better than any doctor.

120

00:13:36.130 --> 00:13:42.850

Interviewer: medical, professional. So that's good that you listen to your body. I'm going to stop recording. Thank you.

121

00:13:42.850 --> 00:13:43.803

Interviewee 11: You're welcome.

[Recording 2]

1

00:00:02.250 --> 00:00:03.520

Interviewer: Okay.

2

00:00:03.730 --> 00:00:22.070

Interviewer: So, if you had to do it all over again, say in the future because you had a positive experience which it encourages, encourages you to have more children. You're looking forward to it because it was such a pleasant experience. Would you try an OBGYN this time, or

3

00:00:22.480 --> 00:00:24.330

Interviewer: would you sit with a midwife?

4

00:00:24.620 --> 00:00:30.579

Interviewee 11: I for me. Personally, I'm gonna stick with the midwife, and I even still have my midwife to do my annual

5

00:00:30.760 --> 00:00:35.810

Interviewee 11: like appointments, just because I feel like they're more personable.

6

00:00:36.259 --> 00:00:56.389

Interviewee 11: They're more open to, you know, new experiments or new medicines, or going like a holistic route because that's the like. The route that I'm going to now with my son. He's not. He's not vaccinated because I'm not about to pump him up with all this juice. But the OBs. They just like you have to do this in this order because this is what I learned, and this is what

7

00:00:56.390 --> 00:01:10.530

Interviewee 11: everybody goes by versus the midwife. They're just more relaxed, and they'll listen to you to say, Hey, what do you want? What do you feel like works best for you? It's like you. The midwives are more tailored to you, versus like the OBs are tailored to like

8

00:01:10.560 --> 00:01:12.910

Interviewee 11:the world. If that makes sense.

9

00:01:13.330 --> 00:01:15.480

Interviewer: Right, more like Western medicine?

10

00:01:15.480 --> 00:01:17.170

Interviewer: Yeah, is like.

11

00:01:17.170 --> 00:01:17.730

Interviewee 11:Yeah.

12

00:01:17.730 --> 00:01:19.740

Interviewer: Guess what alternative and.

13

00:01:19.740 --> 00:01:33.820

Interviewee 11: Yeah, I prefer, like, the alternative routes versus, like taking the Tylenol and the medicine. Okay, let me go. Take this fruit that can do the same thing as I choose to stay away from the medicine until, like, I desperately, desperately, desperately need it.

14

00:01:34.320 --> 00:01:35.150

Interviewer: Okay.

15

00:01:35.150 --> 00:01:41.970

Interviewee 11:If anything, I'm going the route for the midwives because for me, they were just more personal, and they actually listen to me versus like

16

00:01:42.800 --> 00:01:45.640

Interviewee 11:I don't know, like just looking right through me if that makes sense.

17

00:01:45.640 --> 00:01:48.719

Interviewer: Right. You felt they saw a human versus a demographic.

18

00:01:48.720 --> 00:01:52.160

Interviewee 11:Yeah, yeah, I wasn't just like another number in their book.

19

00:01:52.380 --> 00:01:54.910

Interviewer: Right, like you felt like you mattered.

20

00:01:56.050 --> 00:02:00.670

Interviewer: Okay, I'm gonna stop recording here, girl. That was some good info.

[End transcription]

Appendix M-Interviewee 12 Transcription

Date: 02/13/2025

Duration: 09 minutes, 39 seconds

Method: Conducted via Zoom

Confidentiality Statement: To maintain participant anonymity, interviewees are identified by numbers (e.g., Interviewee 1, Interviewee 2, ...). The interviewer is referred to as "Interviewer."

[Start Transcribing Here]

1

00:00:03.130 --> 00:00:07.299

Interviewer: Describe your childbirth and experiences, and what was the outcome.

2

00:00:07.910 --> 00:00:35.710

Interviewee 12: My child-birthing experiences were great, so I had an amazing OBGYN who was a black doctor, and when I tell you, she took care of us. She covered myself and my family and ultimately became family to myself and my children. So, it was an amazing experience with my oldest. I actually went over. So, she was supposed to be born on

3

00:00:35.710 --> 00:00:37.256

Interviewee 12: on the

4

00:00:38.970 --> 00:00:57.439

Interviewee 12: 9th I believe, and she was born on the 12, and she was sitting and still. Then she would not come, and so the doctor. So, she, you know, I went to in and into the hospital, and they actually broke my water so that I can start laboring, and she wouldn't come down.

5

00:00:57.830 --> 00:01:03.657

Interviewee 12: So, she, like, she was determined to stay up in there, and that's just to this day

6

00:01:04.160 --> 00:01:20.359

Interviewee 12: she would not come down, and so I had to because I have developmental dysplasia. They were really concerned about birthing. I opted for a natural birth. I was doing no medicine, so I was laboring without any epidural or anything like that.

7

00:01:20.360 --> 00:01:20.810

Interviewer: Ow.

8

00:01:21.150 --> 00:01:31.710

Interviewee 12: So, she wasn't coming down. They were very concerned about her being on my hip, and so the doctor made the call that I should do an emergency C-section.

9

00:01:32.020 --> 00:01:33.549

Interviewee 12: And I was like, what?

10

00:01:33.970 --> 00:01:35.180

Interviewee 12: Oh, what is this?

11

00:01:35.330 --> 00:01:50.830

Interviewee 12: And so, they prepped me, gave me an epidural got me ready. The doctor spoke with me again. She was always present. She never left my side and prepped me for surgery, and I had it was. It was a smooth C-section.

12

00:01:51.414 --> 00:02:12.409

Interviewee 12: Recovery was not bad at all. It was different. Because, you know, cutting that's different. But it wasn't bad, and the aftercare was amazing. The doctor did not leave. One thing that I do love about or did love about her was that she stayed in the hospital when her patients gave birth and did not leave until they left.

13

00:02:13.700 --> 00:02:26.070

Interviewee 12: Yeah. And so, she stayed overnight and watched us. And so I loved that. And then she delivered my second daughter. That was so. We knew already that I was having a C-section.

14

00:02:26.360 --> 00:02:55.910

Interviewee 12: and she was supposed to come at the end of April, and she was just. I couldn't carry her anymore. So, it was too much on my hip again. And so, she was born earlier, a little premature. It was like 3 weeks earlier. And again, the doctor stayed, walked me through the process, and spent the night. Her birth was harder because I bled for like 3 months after that

15

00:02:56.440 --> 00:03:03.089

Interviewee 12: like a single day. So, the recovery was so bad. For that.

16

00:03:05.300 --> 00:03:29.139

Interviewee 12: But yeah, it was a good experience. I can't complain even after my 6 week checkup was good. The doctor allowed me to ask all type of questions. She made sure I had the support that I needed to like. She was on the doctors, the other doctors, the nurses making sure that the round she came in 2 to 3 times to make sure I was okay, just walking me through the process of what I needed to know, especially as a black

17

00:03:29.140 --> 00:03:46.909

Interviewee 12: woman. And I didn't realize the magnitude, you know, and the statistics until now that we have social media. But she just really covered me and made sure that I was okay. So I can say that I had an amazing birthing experience, and you know, there was no trauma or anything like that.

18

00:03:47.370 --> 00:03:57.500

Interviewer: That is good, and I'm happy to hear that now you highlighted that you had a black doctor. Was it a black woman?

19

00:03:58.606 --> 00:03:59.160

Interviewee 12: Yeah.

20

00:03:59.160 --> 00:04:01.782

Interviewer: Okay? And so, some of the

21

00:04:02.410 --> 00:04:23.840

Interviewer: communication approaches that you highlighted that were positive, mindful, and effective. It kind of ties into my next question, which is, what characteristics of the communication between you and your health care provider throughout your birth and experience seem helpful to you and are satisfactory at the same time?

22

00:04:24.330 --> 00:04:33.570

Interviewer: was there anything unsatisfactory or not helpful to you? And if it doesn't apply, you can say that if you found everything satisfactory.

23

00:04:33.570 --> 00:05:01.800

Interviewee 12: Everything for me again, for my birth, was satisfactory again. I believe that the doctor really prepared me for birth. She walked me through it, especially my 1st one, because, of course, with your 1st child, you're scared. And so, she walked me through everything that I needed to know. I remember for my oldest, the lactation specialist, and come in. I think I can't remember what the window is. And she was like. Oh, no! So she walked the halls until the lactation specialist came in. So she.

24

00:05:01.800 --> 00:05:02.570

Interviewer: 11.

25

00:05:02.570 --> 00:05:16.019

Interviewee 12: So the communication was always there. I had her phone number, so if I needed to call her, I was able to call her so everything was open. I I have. I honestly don't have any complaints. There was nothing that I was lacking.

26

00:05:16.210 --> 00:05:17.660

Interviewee 12: everything.

27

00:05:18.100 --> 00:05:25.769

Interviewer: That that is really good. So how did that make you feel? Having such a satisfactory experience.

28

00:05:26.180 --> 00:05:30.310

Interviewee 12: It made me feel covered and safe.

29

00:05:30.480 --> 00:05:35.539

Interviewee 12: And looking back now, I'm just like how many people

30

00:05:35.710 --> 00:06:03.710

Interviewee 12: don't have that experience where they feel covered and safe, and you know they don't have anything to worry about. And so, yeah, I felt covered. I felt safe. I felt like she was a part of the family. She was just always calm and just made sure that I was okay, and that any nurses or nobody else, took advantage of me. She made sure that I was my own advocate, and that she considered everything that I said, and that I was able to use my voice.

31

00:06:04.450 --> 00:06:06.680

Interviewer: So, you felt, heard, you felt, seen.

32

00:06:06.985 --> 00:06:07.290

Interviewee 12: Yes.

33

00:06:07.290 --> 00:06:11.139

Interviewer: Really important. Reflecting back.

34

00:06:11.480 --> 00:06:31.599

Interviewer: are there any changes to your communication with your healthcare provider throughout the birth and experience that would have made the communication more satisfactory or helpful to you? Do you feel like you communicated effectively? Or do you feel like there's anything you would have changed in your approach? Reflecting back.

35

00:06:35.430 --> 00:06:36.270

Interviewee 12: Hmm.

36

00:06:36.600 --> 00:06:45.585

Interviewee 12: no, because yeah, I don't know if there would be nothing that I would change, because I had a good experience. Yeah, if I could take the doctor home with me, that would be.

37

00:06:46.257 --> 00:06:54.809

Interviewer: So, you felt like, even if you had any concerns or anything, you felt like. No one was dismissive and like.

38

00:06:54.810 --> 00:06:56.470

Interviewee 12: No, everything is good.

39

00:06:56.470 --> 00:06:58.200

Interviewer: Had a voice. Right?

40

00:06:59.390 --> 00:07:10.140

Interviewer: Okay. Is there anything else you would like to share with me about the communication between you and your health care provider during your childbirth and experiences.

41

00:07:10.380 --> 00:07:17.170

Interviewee 12: I think it's just important for me, and it's just the overall thing that you

42

00:07:17.820 --> 00:07:19.960

Interviewee 12: really come to terms with

43

00:07:20.660 --> 00:07:43.909

Interviewee 12: advocating for yourself. That's the biggest lesson I learned through this, and even when I didn't understand advocacy to its fullest and that I really had a voice, I had somebody to stand in the gap for me, and so, whereas I wouldn't know things, my doctor covered me, and so, looking back, one of the things that, you know, I would say, you know, is that just know what you want and stick to it.

44

00:07:43.910 --> 00:07:57.290

Interviewee 12: And so again, we have social media now. So you see, all kind of things, and you're like I have so much to choose from. But back then it was just like, you know, you really you really didn't know. And so I would just say, Make sure that you know what you want.

45

00:07:57.360 --> 00:08:03.650

Interviewee 12: You stick to it. Don't let anybody bully or pressure you, and also find a doctor that is willing to

46

00:08:04.319 --> 00:08:23.120

Interviewee 12: be on your team, because that's the biggest thing teamwork. And so making sure that that doctor is on your team, and that they are present with you, and that you build a relationship with them, because, you know, we could talk about communication, you know, all day, but at the end of the day the foundation of communication is being relational with each other.

47

00:08:23.120 --> 00:08:23.810

Interviewer: Exactly.

48

00:08:23.810 --> 00:08:30.138

Interviewee 12: Yeah, because I would have never continued to see her as my obgyn if

49

00:08:30.820 --> 00:08:32.490

Interviewee 12: She wasn't relational.

50

00:08:33.010 --> 00:08:48.010

Interviewer: And that's what I wanted to ask you. How did you scout her out? What made you choose her? And did you go in thinking, I want someone that looks like me or has a cultural identity with me.

51

00:08:48.300 --> 00:09:15.380

Interviewee 12: I wanted. I always wanted a Black doctor because all of my doctors were black, but it's she was recommended by a friend, and so that's how I found her amazing recommendation. And the crazy thing is, she eventually closed her practice just to do research. And I didn't know at the time, but like she was closing on a Friday, and my appointment was like that Tuesday, and so, you know, we got to say goodbye, and I still keep in touch with her to this day, and that's what I mean about just.

52

00:09:15.380 --> 00:09:15.910

Interviewer: No.

53

00:09:16.000 --> 00:09:20.639

Interviewee 12: Still checks in, and you know, and I'm thinking, like, my oldest will be 18 this year.

54

00:09:21.320 --> 00:09:31.180

Interviewee 12: And so that's just everybody's not going to do that. So, it's the essentially the communication again comes from relational foundations.

55

00:09:32.060 --> 00:09:36.639

Interviewer: Okay. Well, I'm going to stop recording one moment. Don't go anywhere.

56

00:09:37.640 --> 00:09:38.790

Interviewee 12: I'm not going nowhere.

[End transcription]

Appendix N-Interviewee 13 Transcription

Date: 02/13/2025

Duration: 15 minutes, 51 seconds

Method: Conducted via Zoom

Confidentiality Statement: To maintain participant anonymity, interviewees are identified by numbers (e.g., Interviewee 1, Interviewee 2). The interviewer is referred to as "Interviewer."

[Start Transcribing Here]

1

00:00:01.770 --> 00:00:10.220

Interviewer: Okay, describe your childbirth and experience or experiences. And what was the outcome?

2

00:00:10.610 --> 00:00:33.900

Interviewee 13: So, on November 11th, 2024, I had my 1st and only child. I delivered vaginally, and my experience was very scary because I started. I went almost 41 weeks, and I had an induction scheduled for Wednesday, the 13th

3

00:00:33.900 --> 00:00:58.880

Interviewee 13: but on the 10th and 11th, I started having very intense contractions. They first started as Braxton Hicks contractions, but they became really increasingly severe. So, a day before I delivered, I went to the er to get checked out because I didn't know if it was Braxton Hicks or actual labor contractions. They sent me home. They said I wasn't dilated, and I wasn't

4

00:00:58.880 --> 00:01:03.060

Interviewee 13: having them, you know, back-to-back enough

5

00:01:03.393 --> 00:01:21.076

Interviewee 13: to be admitted. So, I went home, and I was in excruciating pain. I was in a lot of pain, and I had to lay in the bathtub for relief and water, and I was dozing off in the bathtub, and it was just I just was in a lot of discomfort. And

6

00:01:21.590 --> 00:01:28.149

Interviewee 13: looking back, I mean, I'm glad everything happened the way it did. But looking back, I wish I would have

7

00:01:28.150 --> 00:01:52.920

Interviewee 13:induced my son, maybe before all the contractions started, because it was a very unpleasant experience. So when I went home on that Saturday, I just waited until the contraction intensified and became closer together. And then I came. Then the next day I was like, no, I think my overnight bags are packed and everything else. I told my

8

00:01:52.920 --> 00:02:03.209

Interviewee 13:husband, let's go ahead and go back to the er the next day, and that's when they said I was in labor. And so and that's when the contractions were closer together

9

00:02:03.730 --> 00:02:21.220

Interviewee 13:I was admitted and that they started monitoring, you know me, if I was dilated the baby's heart monitors, my monitor. So like I said it was. It was an interesting experience, and it was scary only because of just the intense pain. And then, when they finally made it to

10

00:02:21.230 --> 00:02:26.760

Interviewee 13:me, being admitted to the to my room labor and delivery room.

11

00:02:26.760 --> 00:02:56.470

Interviewee 13:Then they had to wait until I was 4Â cm dilated to give me an epidural. And so then, once I got the epidural, I had some relief, and then I was able. They were able to monitor the baby's heart rate which was going up and down my heart rate. So then, and I can go into more detail as far as the actual experience later. To the other answer the other questions. But the initial. My initial experience was very scary, due to intense labor contractions.

12

00:02:56.560 --> 00:02:59.440

Interviewee 13:and having to be sent home and then coming back.

13

00:03:00.200 --> 00:03:02.999

Interviewer: Right, and not to mention that was your 1st

14

00:03:03.828 --> 00:03:05.740

Interviewer: yeah. So, it was scary, anyway.

15

00:03:05.740 --> 00:03:07.590

Interviewee 13:Okay. And so.

16

00:03:08.030 --> 00:03:18.510

Interviewer: Thinking back on this. So I'm gonna tie these 2 questions together. What characteristics of the communication between you and your healthcare provider

17

00:03:18.640 --> 00:03:25.540

Interviewer: throughout your birth and experience seem helpful or satisfactory, and also what seemed

18

00:03:26.300 --> 00:03:30.360

Interviewer: unsatisfactory or harmful or not helpful.

19

00:03:31.490 --> 00:03:39.659

Interviewee 13: So, when you say healthcare provider, are you talking about, my doctor that delivered my child, or any of the nursing professionals? Who are you referring to?

20

00:03:39.660 --> 00:03:55.199

Interviewer: Any. The focus is between day doctor and patient, but you can also tie in the staff, too, because that has a profound impact as well. So just talk about whatever you want. Any of the staff

21

00:03:55.620 --> 00:04:23.760

Interviewee 13: Right. So, my doctor. My delivery wasn't planned for that day. He was not working that day, so it was a discussion that I might have to be. Have someone else might have to deliver my child, which also freaked me out. So, you imagine it's your 1st child. Your doctor isn't scheduled to work that night, so I'm there for hours, and thank goodness he came in when they found out my name, so I wasn't communicating with him. I was only communicating with nurses

22

00:04:23.820 --> 00:04:25.990

Interviewee 13: in the maternity ward.

23

00:04:26.200 --> 00:04:35.289

Interviewee 13: So, I and I was hoping I was thinking, oh, goodness, I, you know, they were like. Oh, this other doctor is on call he, could she? He or she could take care of

24

00:04:35.290 --> 00:04:56.599

Interviewee 13: you, and I'm freaking out because I'm like, no, I'd already spoken to my doctor about my birth, plan, my wishes, everything else. I don't know this new person, so I did not have

a discussion with my provider until it was time for the delivery; I literally had to entrust that things were going to just work out well with these other providers. The blessing in the situation was

25

00:04:56.650 --> 00:05:21.509

Interviewee 13:one of the nurses was an Aka. I just randomly, I'm an Ak. And she went above and beyond to keep me and my son stable. So, his heart rate kept going up and down, up and down, up and down, so she would literally move me in different positions to make stables, to give me time to dilate, and I'm so fortunate and thankful for her

26

00:05:21.510 --> 00:05:46.469

Interviewee 13:a positive note about her to the hospital, because another nurse could have got impatient, and just said you need to have an emergency. C-section. But she, this other nurse, was like, no, your wishes is to have a vaginal delivery. We're going to slow it down. We're going to slow, you know. She put me in probably 6 different positions using medicine balls. The exercise balls.

27

00:05:46.470 --> 00:05:48.900

Interviewee 13:rotating position did call

28

00:05:48.900 --> 00:06:04.720

Interviewee 13:these different things to stabilize his heart rate. So that way I can continue to dilate and deliver vaginally. But again, I am not communicating any of this with my doctor, you know it's just me and the labor, the labor and delivery nurse.

29

00:06:04.890 --> 00:06:17.910

Interviewer: So just to highlight the labor and deliver nurse that you had this positive communication experience with who, to? Who listened to you and got.

30

00:06:17.910 --> 00:06:18.250

Interviewee 13:Excuse me.

31

00:06:18.250 --> 00:06:18.770

Interviewer: Wow!

32

00:06:18.770 --> 00:06:19.220

Interviewee 13:She'll be.

33

00:06:19.220 --> 00:06:19.760

Interviewer: Everything.

34

00:06:19.760 --> 00:06:20.289

Interviewee 13: She did.

35

00:06:20.290 --> 00:06:25.429

Interviewer: She was a woman of color, and he's like priority. Sister, right?

36

00:06:25.430 --> 00:06:26.270

Interviewee 13: Yes.

37

00:06:26.660 --> 00:06:35.309

Interviewer: And the doctor. Basically, I guess that was on call. This was someone you did not know. When you did

38

00:06:35.460 --> 00:06:38.710

Interviewer: come in contact with him or her?

39

00:06:38.860 --> 00:06:41.410

Interviewer: What was the gender and race.

40

00:06:42.440 --> 00:06:45.410

Interviewee 13: It was different people that came in and out so.

41

00:06:45.410 --> 00:06:46.020

Interviewer: Oh, wow!

42

00:06:46.020 --> 00:07:14.779

Interviewee 13: the ER, I mean throughout the day. It was a woman doctor at one point in the morning and then afternoon. It was someone else. But it was just different. Just different doctors they were. One doctor was a White woman. But again, it was very much, you know. Hi, Hello! We're monitoring you, checking your status, your vitals where you are dilated like. But it was just kind of like doing your rotations with the other providers they were. They had great bedside manners, you know.

43

00:07:14.780 --> 00:07:15.839

Interviewee 13: Okay, I'll do it.

44

00:07:15.840 --> 00:07:31.489

Interviewee 13: I had no issue with that, but my concern was again. I did not know until many hours later that my actual doctor, Dr. G., was going to be available to deliver my child, and I was relieved when I found that out. But that wasn't determined initially.

45

00:07:32.040 --> 00:07:35.210

Interviewer: So, there was some type of gap in the communication.

46

00:07:35.210 --> 00:07:36.080

Interviewee 13: Yes, probably.

47

00:07:36.080 --> 00:07:37.960

Interviewer: Among the team.

48

00:07:38.110 --> 00:07:44.569

Interviewer: and it would. And and how did you? And you said that made you feel stress. You know it was a stress to your.

49

00:07:44.987 --> 00:08:00.020

Interviewee 13: Absolutely because I was like, who is this? Who is gonna be this other person that's gonna be delivering my child? That is not who I wanted it me to use like. So it was concerning.

50

00:08:00.570 --> 00:08:23.939

Interviewer: Right. So reflecting back, are there any changes to your communication, style, or approach with the medical professionals that you came in contact with throughout that birth, then experience that would have made the communication more helpful to you, or more satisfactory. Looking back, do you feel like

51

00:08:24.110 --> 00:08:29.720

Interviewer: you communicated effectively about your concerns, or is there anything you would have changed.

52

00:08:30.310 --> 00:08:32.609

Interviewee 13:No, I think I was very clear. I mean

53

00:08:32.950 --> 00:08:42.689

Interviewee 13:said I wanted a vaginal delivery. I did not want a Caesarean, and they did their best to appease my wishes, so I mean it.

54

00:08:42.970 --> 00:09:07.980

Interviewee 13:They were very aware now, when it came time to deliver, it became like a crowded room. Right? It was different doctors and people, because they were just getting prepared. And just in case something happens, the baby's in distress, they made me aware. So when my doctor did come in the room he made me aware that if the baby is in distress, if there's an emergency, we need to have these people identified to rush you into emergency surgery if that is needed.

55

00:09:09.797 --> 00:09:35.020

Interviewee 13:So I was. It was not so. My answer your question. There isn't anything I would do differently, because I was already prepared to communicate my wishes, my birth plan, what I wanted for that day, so that you know it to me. Once things got going it was pretty smooth, and and I can go over the actual delivery process a little bit later. If you have questions about that. That's a whole other story.

56

00:09:35.930 --> 00:09:56.519

Interviewer: Yeah. So this is the opportunity to share that cause. At this point I'm opening the floor again. It's just like, is there anything else you would like to share with me about the communication between you and your medical professionals during the childbirth and experience, or anything you left out, or just anything you want to share in general, the floor is yours.

57

00:09:56.520 --> 00:10:18.300

Interviewee 13: So, during the delivery process I never realized that sometimes the baby's position might not be ideal, so he was in the right position to go out, but he had his hands. He loves his hands by his face, so the doctor had to use two different suctions. He's one suction didn't work.

58

00:10:18.300 --> 00:10:42.440

Interviewee: 13:Then another section, and he had to make a decision to get him out. So those are just things that he communicated with me about pushing and what needs to be done during that process. But those are things that I just didn't. I never even fathomed. That was going to be

part of my delivery story that he was going to have to do all of these different things, and even my husband said, the only thing that made him worried is that

59

00:10:42.640 --> 00:10:51.300

Interviewee 13:the doctor, looking frustrated because the 1st set of clamps didn't work. Then you had to get another set of clamps. Then you had to make a decision. I mean, you know he was just

60

00:10:51.400 --> 00:11:01.260

Interviewee 13:we. He had to do some work to get my to deliver, my child, you know, and I'm glad that I had a provider that knew my wishes

61

00:11:01.260 --> 00:11:24.700

Interviewee 13:and kept fighting to have me have a vaginal delivery versus me doing a C-section, because again, maybe another provider would have said, You know what it's not working. Let's go ahead and give her a Caesarean so, and my doctor is a male, a Hispanic gentleman. He's of color, and he understood my wishes, and he understood what I wanted. He did everything he could to make sure my wishes.

62

00:11:24.700 --> 00:11:25.919

Interviewee 13:We're satisfied.

63

00:11:26.120 --> 00:11:30.540

Interviewer: So, you felt like you had a voice, and you were heard. You didn't feel.

64

00:11:30.540 --> 00:11:31.030

Interviewee 13:Dean.

65

00:11:31.030 --> 00:11:34.380

Interviewer: You were dismissed, and so forth.

66

00:11:34.510 --> 00:11:36.500

Interviewee 13:Correct. Okay, that that I didn't.

67

00:11:36.500 --> 00:11:47.879

Interviewer: So the outcome, the outcome of everything. You ended up with a healthy baby, and you were healthy. As well. So

68

00:11:48.410 --> 00:11:51.590

Interviewer: thank you for sharing your story. One moment.

69

00:11:51.590 --> 00:11:52.180

Interviewee 13: Hmm.**[Recording 2]**

1

00:00:01.530 --> 00:00:05.130

Interviewee 13: Okay, go ahead and share what you just shared.

2

00:00:05.130 --> 00:00:17.710

Interviewee 13: So I wanted to share my journey of Picking my doctor, that actually delivered, my child. So my doctor, Dr. My doctor, Dr. G., is an Hispanic male.

3

00:00:17.710 --> 00:00:42.220

Interviewee 13: and he works alongside my OBGYN, who is a White woman. My OBGYN has been my OBGYN for almost 20 years, and I always knew that she was going to be my person, you know, with delivery, but unfortunately, due to rotator cuff surgery. She's an avid tennis player. She had to refer me to Dr. G., so I just wanted to make it clear that I did not seek out or pick a Hispanic male.

4

00:00:42.380 --> 00:01:11.259

Interviewee 13: He was just who was available. My original doctor was always going to be a White woman, Dr. G., who was my Dr. PA model. But she doesn't deliver babies anymore. So, me working with Dr. G. was just because that's just who she referred out to me. But it went well. They have great communication, you know, and he was awesome and made the delivery experience very positive. But I just wanted to make it aware that

5

00:01:11.260 --> 00:01:18.509

Interviewee 13: I did not hire him deliberately, and that he was referred to me by my original doctor.

6

00:01:18.660 --> 00:01:32.979

Interviewer: Right, and who, as you mentioned, is a White woman, and you've been with her for years, which speaks volumes. So, your communication and overall relationship with her

7

00:01:32.980 --> 00:01:35.079

Interviewer: verse sure means you have trust right.

8

00:01:35.080 --> 00:01:35.860

Interviewee 13: Oh, absolutely!

9

00:01:35.860 --> 00:01:39.950

Interviewer: Highlight you? Why did you stay with her? Why did you choose her?

10

00:01:39.950 --> 00:02:03.119

Interviewee 13: Sure. So, I found I used to live in the Los Angeles cleanest area and then the Irving, Texas area, and when I was seeking providers, she was just one of the highly rated providers, and so I just stuck with her because her staff is very knowledgeable and professional, and I just have a very good report. I mean, to this day, when I go to the office, I'm giving my doctor hugs like we are on that call.

11

00:02:03.120 --> 00:02:17.320

Interviewee 13: We're literally. I just talked to her when I was in there for another reason recently; we are on that kind of rapport, so much so that when I went through an IVF process, she recommended my doctor, who I went through IVF with

12

00:02:17.380 --> 00:02:23.099

Interviewee 13: and she was. It was so interesting. I trust her so much where she was like,

13

00:02:23.180 --> 00:02:31.259

Interviewee 13: go to this man that does IVF, go to him. And he wasn't even in my network I paid out of pocket

14

00:02:31.330 --> 00:03:00.240

Interviewee 13: just to go to this doctor because she stood 100% on. He is one of the best. I highly recommend him, and I'm glad that I listened to her and did it because, literally, I got pregnant on my first try of IVF, first egg, first everything. I got pregnant in months after going through the shots and the whole night. It was a very seamless process of the IVF journey because I trusted her with her, and the IVF doctor was

15

00:03:00.330 --> 00:03:02.750

Interviewee 13:a South Asian Indian doctor.

16

00:03:02.960 --> 00:03:09.590

Interviewee 13:you know, man, but he was great, you know, so it's like my rapport with her. Is

17

00:03:09.720 --> 00:03:24.570

Interviewee 13: partly why, I have my beautiful baby boy. And who's to say that? Maybe I would have went through another in-network IVF doctor. Maybe it might have worked with someone else. But I'm glad I did listen to her referral, because now I have a son.

18

00:03:25.290 --> 00:03:31.020

Interviewer: Right, and you feel like she sees you as a human versus a demographic.

19

00:03:31.020 --> 00:03:32.440

Interviewee 13: Correct. I do.

20

00:03:32.440 --> 00:03:56.819

Interviewer: And just having someone like her puts the care back in healthcare because a lot of physicians are getting away from the human care of things. So, thank you for highlighting that you had such a positive experience, and you still have a relation, you still have a relationship with her now, even after your child has been born. Thank you for adding that one moment.

21

00:03:56.820 --> 00:03:58.049

Interviewee 13:Yes. No problem.

[End transcription]

Appendix O-Interviewee 14 Transcription

Date: 02/14/2025

Duration: 30 minutes, 53 seconds

Method: Conducted via Zoom

Confidentiality Statement: To maintain participant anonymity, interviewees are identified by numbers (e.g., Interviewee 1, Interviewee 2). The interviewer is referred to as "Interviewer."

[Start Transcribing Here]

1

00:00:02.230 --> 00:00:07.609

Interviewer: Describe your childbirth and experience or experiences, and what was the outcome?

2

00:00:11.060 --> 00:00:15.290

Interviewee 14: I would say I didn't have the best experience.

3

00:00:15.560 --> 00:00:18.380

Interviewee 14: so, I don't know if you want me to describe, like

4

00:00:18.620 --> 00:00:21.679

Interviewee 14: the actual birthing process,

5

00:00:21.680 --> 00:00:23.040

Interviewer: Whatever you want.

6

00:00:23.040 --> 00:00:24.119

Interviewee 14: or whatever?

7

00:00:24.120 --> 00:00:26.170

Interviewer: It's your world, whatever you want.

8

00:00:27.370 --> 00:00:29.539

Interviewee 14: I'm gonna give you the condensed version.

9

00:00:32.400 --> 00:00:33.990

Interviewee 14: Let's see.

10

00:00:36.140 --> 00:00:44.929

Interviewee 14: I found out I don't even know how many months I was when I found out I was pregnant, but I feel like people usually find out around like 6 weeks. Something like that.

11

00:00:45.690 --> 00:00:59.340

Interviewee 14: Anyway, found out I was pregnant. I was going to my regular doctor's appointments. Everything was good we don't like, you know, whatever they have to do during the appointments we got to.

12

00:00:59.610 --> 00:01:06.410

Interviewee 14: I think it was maybe like the measurement scan where, like they measure how big the baby is, and all that. Whatever

13

00:01:06.550 --> 00:01:10.089

Interviewee 14: they were twins, I found out I was having twins.

14

00:01:10.410 --> 00:01:13.450

Interviewee 14: Yeah, I don't know.

15

00:01:14.990 --> 00:01:18.930

Interviewee 14: Was that my 1st doctor's appointment I don't remember, but I found out I was having twins.

16

00:01:18.930 --> 00:01:21.229

Interviewer: Twins running your family, or the dad.

17

00:01:21.230 --> 00:01:21.550

Interviewee 14: My

18

00:01:21.550 --> 00:01:23.700

Interviewer: Nobody. Wow!

19

00:01:23.700 --> 00:01:26.750

Interviewer: Like, oh, gosh, like, yeah.

20

00:01:26.750 --> 00:01:28.739

Interviewee 14: So that was like exciting.

21

00:01:28.740 --> 00:01:30.160

Interviewer: Right.

22

00:01:30.330 --> 00:01:34.410

Interviewee 14: I was going to this hospital in Philadelphia, or whatever.

23

00:01:34.580 --> 00:01:38.199

Interviewee 14: I don't know if I could say the hospital names or whatever.

24

00:01:38.200 --> 00:01:39.219

Interviewer: It's up to you.

25

00:01:39.390 --> 00:01:57.469

Interviewee 14: Okay. So, I was going to this one hospital, Einstein, and I had this doctor, a little Asian guy or whatever. But I know he's been there for years because a lot of people know him, or whatever I was getting, my OB was there. So that's why I just kind of went with them, but I knew, like, for.

26

00:01:57.830 --> 00:02:12.360

Interviewee 14: like the birthing process, I didn't want to stay with that hospital, but I was just kind of setting up my appointments and going there, because that's where I had been going already, and I switch. So anyway, I'm seeing this doctor. I forget his name, but

27

00:02:12.480 --> 00:02:18.820

Interviewee 14: he was good. He was like very friendly, very knowledgeable, like. I said a lot of people knew him, and he had delivered a lot of babies and.

28

00:02:18.820 --> 00:02:20.370

Interviewer: Like male black.

29

00:02:20.370 --> 00:02:21.230

Interviewee 14: Asian.

30

00:02:21.400 --> 00:02:23.020

Interviewer: Asian, okay?

31

00:02:23.420 --> 00:02:47.120

Interviewee 14: Yeah. So he was really good, like, he would even be able to tell you like what you were having like very early on before. You even did like all the tests and scans and stuff like that. So he already knew what I was having like beforehand. But I didn't want to know. So anyway, I found out I was having twins. Everything was going well, I had.

32

00:02:47.640 --> 00:02:54.170

Interviewee 14: I think it was like the measurement scans. Yeah, I think that was when, yeah, I had the measurement scans. And

33

00:02:54.520 --> 00:03:00.289

Interviewee 14: I think the day that I had that there was another doctor standing, and this was a White male.

34

00:03:00.610 --> 00:03:09.010

Interviewee 14: It wasn't my regular like the regular Asian guy it was. This other guy was standing in for him, and that day they were like, oh, we want to.

35

00:03:09.850 --> 00:03:11.870

Interviewee 14: We want to check your cervix.

36

00:03:12.440 --> 00:03:23.110

Interviewee 14: I believe that's what they said, or something like that. But they had never done that in my other appointment. So, of course, that just set off like red flags in my head, like, Okay, what's going on here?

37

00:03:23.110 --> 00:03:23.670

Interviewer: Right.

38

00:03:23.670 --> 00:03:29.740

Interviewee 14: So, when they checked my cervix, they were saying, like, my cervix was shortening and all that. I was probably

39

00:03:30.680 --> 00:03:32.890

Interviewee 14: between 3 and 4 months

40

00:03:33.070 --> 00:03:56.300

Interviewee 14: somewhere around that area, or whatever, maybe 4 months more. And so, they checked, and they were just like the doctor came in. He was like, Oh, your cervix is shortening, so he's like telling me my options, and he's like, Oh, you can get a cerclage. I had no clue what that was. But he's explaining to me like, Oh, it's like a stitch, blah blah. So, I'm asking questions. But it's also like

41

00:03:56.770 --> 00:04:00.170

Interviewee 14: the shock of knowing like, okay, something's wrong.

42

00:04:00.610 --> 00:04:13.499

Interviewee 14: And then trying to also make a decision in that same moment is like, my brain is like, well, what the hell, like I don't know, like my boyfriend at the time was there, so we were just kind of talking about it, and I was like.

43

00:04:14.200 --> 00:04:26.190

Interviewee 14: you know, I'll get this or collage like, I just had to make a decision, really, in that short period of time. And I was like, Okay, if this is my best option, then let me go ahead and do that. And the doctor was like.

44

00:04:26.300 --> 00:04:36.699

Interviewee 14: well, we can just wait, or whatever I'm like, okay, well, do I need to be on like a bed rest, or do I need to do whatever? And he was like, no, you should be good, or something like that.

45

00:04:36.910 --> 00:04:38.810

Interviewee 14: And so I just went like

46

00:04:38.960 --> 00:04:43.460

Interviewee 14: about things normally. Of course, I was upset, though, like I cried, I was upset, and all those things.

47

00:04:43.460 --> 00:04:43.880

Interviewer: Bye.

48

00:04:43.880 --> 00:04:49.150

Interviewee 14: I'm like, okay, what's going to happen from here? Because basically that just means preterm labor.

49

00:04:49.590 --> 00:04:49.960

Interviewer: In, my.

50

00:04:49.960 --> 00:04:56.839

Interviewee 14: Service to shorten and early, but I guess I didn't really know the extent to what that meant.

51

00:04:57.000 --> 00:04:58.019

Interviewee 14: I knew that.

52

00:04:58.020 --> 00:04:59.599

Interviewer: But I never heard of it.

53

00:04:59.780 --> 00:05:01.020

Interviewee 14: What the Cerclas, or.

54

00:05:01.020 --> 00:05:03.259

Interviewer: Yeah, any of this? Yeah.

55

00:05:03.550 --> 00:05:11.359

Interviewee 14: Yeah. So a cerclage is basically like, if your cervix is open and they'll put a stitch in there so that your cervix can stay closed.

56

00:05:11.360 --> 00:05:12.050

Interviewer: Hmm.

57

00:05:12.050 --> 00:05:19.669

Interviewee 14: But you are restricted once you have that stitch in, and also they have to remove the stitch for you to give birth.

58

00:05:20.780 --> 00:05:25.700

Interviewee 14: So you put in. So it's a whole like process. And you know whatever

59

00:05:26.253 --> 00:05:32.019

Interviewee 14: but it's basically to keep it closed up. So it doesn't keep opening. And basically, you go into labor.

60

00:05:34.039 --> 00:05:35.569

Interviewee 14: So

61

00:05:36.710 --> 00:05:50.109

Interviewee 14: at that point, I was just kind of like, okay, this is my perfect time to like switch to a hospital that I do want to go to, and my friend and her sister had babies at this other hospital. It's called Holy Redeemer. So

62

00:05:50.510 --> 00:05:52.919

Interviewee 14: was that Catholic. I don't know

63

00:05:53.020 --> 00:06:21.440

Interviewee 14: something like that. I'm not religious or anything. But they just said it was a good hospital. So I'm like, Okay, this other one, you know, it always has terrible stories. Let me try this other place. So then I scheduled with the Ob that was connected to that hospital, and I went in there, and she was, like, you know, really nice and explaining everything to me. I really liked her, and she was like, You know, what. Just go to the emergency room over at Holy Redeemer, which is the hospital I wanted to go to. She was like. And just tell them, like

64

00:06:22.030 --> 00:06:26.319

Interviewee 14: you having pains or something like that. She just basically wanted them to check me out.

65

00:06:26.520 --> 00:06:28.670

Interviewee 14: And she was like and see.

66

00:06:28.780 --> 00:06:35.400

Interviewee 14: try to see the high risk, doctor. This might have been like a week. I'm gonna just say it's a week after

67

00:06:35.700 --> 00:06:38.040

Interviewee 14: seeing the other doctor or something like that.

68

00:06:38.718 --> 00:06:48.249

Interviewee 14: And so I went to that hospital. They checked me, and they're doing all the tests and stuff like that. I went to see the high risk, doctor, and

69

00:06:48.670 --> 00:06:58.279

Interviewee 14: this doctor was a hot mess, because this man just looked at me with like like no emotion, just like straight, like we talking about

70

00:06:58.490 --> 00:07:07.890

Interviewee 14: the kind of coffee we like or something. And he was like. If your babies come early, we're not going to save them, because they won't be viable.

71

00:07:08.970 --> 00:07:13.749

Interviewee 14: Yep, straight face like no empathy, nothing, he just said.

72

00:07:13.750 --> 00:07:16.819

Interviewer: Doctor thief, are you serious?

73

00:07:17.110 --> 00:07:21.199

Interviewee 14: Yep, he said. They come early. They won't save them.

74

00:07:24.490 --> 00:07:25.450

Interviewer: Wow!

75

00:07:25.450 --> 00:07:27.209

Interviewee 14: Yeah, so I did.

76

00:07:27.210 --> 00:07:28.640

Interviewer: That make you feel.

77

00:07:29.551 --> 00:07:33.239

Interviewee 14: Upset, of course, very upset, like the nurse

78

00:07:33.400 --> 00:07:36.110

Interviewee 14: that was like wheeling me around, or whatever

79

00:07:36.360 --> 00:07:54.180

Interviewee 14: I was like crying, or whatever after that, of course, and I was by myself. So nobody was with me. But she was just like, you know. She was just like I felt so bad. She was like. I could hear how you were crying, and I'm sorry she was very nice. She was very like apologetic on his behalf, or whatever like that, but.

80

00:07:54.180 --> 00:07:56.030

Interviewer: Is this a White nurse, or.

81

00:07:56.860 --> 00:08:01.530

Interviewer: And the doctor. What was his? Was he a White male.

82

00:08:01.760 --> 00:08:02.380

Interviewee 14: Yeah.

83

00:08:02.890 --> 00:08:03.700

Interviewee 14: Yep.

84

00:08:04.090 --> 00:08:05.420

Interviewee 14: So

85

00:08:06.080 --> 00:08:27.189

Interviewee 14: that happened. And then they actually put me on bed. Rest like, okay, you need to be on bed rest, which I sure I should have been on from the other doctor. But at this point I was on bed rest, and then I think they were collecting. I don't know if they were collecting like urine samples or something. I don't know but I was on bed. Rest.

86

00:08:27.470 --> 00:08:29.340

Interviewee 14: I feel like it was a week.

87

00:08:30.460 --> 00:08:37.499

Interviewee 14: I don't feel like it was that long a week, maybe 2 weeks. Anyway, I was with this new ob

88

00:08:37.936 --> 00:08:48.070

Interviewee 14: basically set up with the new hospital because she was connected to that. So she was like, you know. Go on bed, rest, and then come back, and I'll check you again

89

00:08:48.360 --> 00:08:56.469

Interviewee 14: whenever this time is up, or whatever. And again, timelines. It was so long ago. I think it was like a week. It wasn't long

90

00:08:56.760 --> 00:08:58.279

Interviewee 14: a week to 2 weeks.

91

00:08:58.750 --> 00:09:03.757

Interviewee 14: I went back, and when she was examining me at the nurse's office, she was like

92

00:09:04.310 --> 00:09:09.880

Interviewee 14: me at the OB she was like. Well, I can see a bulge like you need to go to the hospital.

93

00:09:10.230 --> 00:09:15.360

Interviewee 14: So, at that point, I guess my cervix was probably open.

94

00:09:15.780 --> 00:09:27.989

Interviewee 14: instead of it being like they could see a shortening. But I think at this point it was open because she was like, I can see an actual like bulge, and I know that morning I was like very like crampy and stuff at this point. I'm probably like.

95

00:09:28.950 --> 00:09:34.289

Interviewee 14: if I'm not 5 months, I'm like a couple days from being 5 months pregnant at this point.

96

00:09:34.290 --> 00:09:34.980

Interviewer: Hmm.

97

00:09:35.230 --> 00:09:46.799

Interviewee 14: And so she was like, do you want me to call the ambulance, or do you want to, you know? Just go there on your own again. I'm by myself, and I was like, you know, I'll just drive myself there.

98

00:09:46.990 --> 00:09:49.820

Interviewee 14: which in hindsight, of course, I shouldn't have done. But

99

00:09:50.320 --> 00:09:54.969

Interviewee 14: you asking me to make decisions when I'm already kind of like. In this heightened state.

100

00:09:56.030 --> 00:09:59.760

Interviewee 14: You know what I mean. So I'm just like I'll drive myself. But like

101

00:10:00.230 --> 00:10:19.080

Interviewee 14: I drove myself to the hospital like parked my car like all this stuff, and I'm literally walking like to the emergency room like hunched over in pain. All this stuff and people are like looking at me, and they're like, Are you? Okay? And I'm like, Yeah, I mean, I wasn't. But I was managing, you know.

102

00:10:19.480 --> 00:10:27.660

Interviewee 14: and basically, they got me, of course, like admitted, and all that kind of stuff. And

103

00:10:29.990 --> 00:10:44.893

Interviewee 14: I was calling my family, you know, just telling them what was going on. My mom lives in Maryland, so she had to like come down. My friend lived close. So, she came, and then she was just kind of communicating with everybody else to tell them like what was going on.

104

00:10:46.280 --> 00:10:52.409

Interviewee 14: I don't. It must have been maybe like morning time that I got there. Yeah, I would say, like in the morning.

105

00:10:52.863 --> 00:10:59.450

Interviewee 14: They hooked me up to different monitors, and stuff like that, like nothing was wrong with the babies at all, like

106

00:10:59.890 --> 00:11:11.100

Interviewee 14: nothing like they were perfect. It was just my cervix was shortening, so it was making me go into labor. And then also, I'll add that I had 2 sex. So they were fraternal twins in 2 different sex.

107

00:11:11.210 --> 00:11:27.510

Interviewee 14: So the doctors were coming in just telling me all these different scenarios like, Okay, because your cervix open, it's possible you can get an infection if it stays open too long. You know, we might be able to save one baby, or like, if you make it to

108

00:11:28.000 --> 00:11:37.339

Interviewee 14: this day like, just say, it's like 3 days ahead. If you make it to this day we can give you this shot, and it'll help you stay pregnant longer.

109

00:11:38.140 --> 00:11:42.470

Interviewee 14: Just all this different stuff they just telling me. And I'm just like, okay, like

110

00:11:43.890 --> 00:11:50.310

Interviewee 14: they could die. I could die like, is, this is just all in my head. Right things.

111

00:11:50.848 --> 00:11:53.569

Interviewee 14: They wound up, giving me an epidural

112

00:11:54.290 --> 00:11:58.900

Interviewee 14: that same day because I was having contractions and things like that.

113

00:11:59.180 --> 00:12:03.009

Interviewee 14: And the doctor they kept asking me like.

114

00:12:03.240 --> 00:12:05.570

Interviewee 14: Is your water? Did your water break?

115

00:12:05.720 --> 00:12:16.050

Interviewee 14: And I'm like, I don't know, like I never had a baby before. I never been pregnant like. I don't know what it feels like to have your water break, or you know what that process looks like.

116

00:12:16.655 --> 00:12:26.799

Interviewee 14: So they kept asking me, and they wound up like checking me, I guess, to see if my water broke, and the doctor actually broke my water.

117

00:12:27.770 --> 00:12:29.860

Interviewee 14: so my water was not broken.

118

00:12:30.360 --> 00:12:32.180

Interviewer: The doctor broke your water.

119

00:12:33.400 --> 00:12:34.640

Interviewer: On purpose.

120

00:12:34.640 --> 00:12:39.409

Interviewee 14: Was. No, they were just giving me a cervical exam

121

00:12:39.510 --> 00:12:42.680

Interviewee 14: or serve, I guess. Yeah, vaginal whatever.

122

00:12:43.110 --> 00:12:48.950

Interviewee 14: And my water broke. It was just like, but thinking back like.

123

00:12:49.200 --> 00:12:54.670

Interviewee 14: if my cervix is shortened and I'm already going through this, why would you give me a vaginal exam? Right?

124

00:12:55.400 --> 00:12:56.630

Interviewee 14: So anyway.

125

00:12:56.940 --> 00:13:06.069

Interviewee 14: she broke my water, and my boyfriend was there at the time, and he was like, well, now that you broke the water, doesn't that mean that the baby doesn't have.

126

00:13:06.330 --> 00:13:13.960

Interviewee 14: you know, water around her and stuff like that. And the doctor was like, Oh, no, it's still some there, you know. She'll be fine.

127

00:13:14.710 --> 00:13:16.000

Interviewee 14: So

128

00:13:16.310 --> 00:13:24.909

Interviewee 14: the whole night. I'm just like I'm still in the epidural. They just, you know, come and checking me regularly, making sure the heartbeats is good. Everything was fine.

129

00:13:25.180 --> 00:13:30.160

Interviewee 14: And then the next morning, when they came in to check.

130

00:13:30.410 --> 00:13:34.410

Interviewee 14: they were basically like one of the baby's legs is hanging out.

131

00:13:35.220 --> 00:13:35.630

Interviewer: Oh,

132

00:13:36.450 --> 00:13:45.519

Interviewee 14: So they like all these doctors, nurses, whatever start rushing. And they started like pulling the bed apart all the day. And they basically telling me like I got to push, or whatever.

133

00:13:45.710 --> 00:13:51.660

Interviewee 14: So my 1st daughter, she was stillborn.

134

00:13:52.280 --> 00:13:55.610

Interviewee 14: but I feel like she was stillborn because they broke my water

135

00:13:56.468 --> 00:14:06.559

Interviewee 14: and then my second daughter. She was born alive. But remember, they said that they weren't going to save her, and they literally like did nothing but stand there

136

00:14:06.790 --> 00:14:12.400

Interviewee 14: and had, like the stethoscope. As I was called to check your heart,

137

00:14:12.930 --> 00:14:23.980

Interviewee 14: they just had her like on A, bed and was just like monitoring her heart. And then they was like, Oh, do you want to hold her? But they literally did nothing to save her like not hooked her up to anything like

138

00:14:24.290 --> 00:14:25.360

Interviewee 14: none of that.

139

00:14:25.660 --> 00:14:31.530

Interviewer: And what was their rationale for this tonight? Not try to save a life in a whole hospital.

140

00:14:31.780 --> 00:14:43.040

Interviewee 14: You're too. The babies were too young, and they weren't developed in a certain way, and they wouldn't. Viable is the word that that high risk doctor used. They're not viable.

141

00:14:46.850 --> 00:14:48.410

Interviewee 14: So

142

00:14:49.590 --> 00:15:00.379

Interviewee 14: yeah, that was my birthing experience. They definitely wanted those placentas, because I had to push those out, too, and go through that whole process, and they took them

143

00:15:01.950 --> 00:15:06.109

Interviewee 14: After all of that they like dressed the babies up.

144

00:15:06.430 --> 00:15:29.400

Interviewee 14: brought them back in the room they had this lady come in? They had, like different people coming in like, Oh, do you want us to pray for you, or you know, do you need

help with this. They had me signing all these this paperwork. I did have one lady come in, I think she might be with like a nonprofit or something, but connected to the hospital, and she gave me like 2 gold rings

145

00:15:29.660 --> 00:15:43.460

Interviewee 14: for each of my daughters. She took pictures of them so that I would have it. They gave me like little boxes with like their clothes and their footprints and stuff like that. So I did like that lady, because that's not something I would have thought of

146

00:15:44.110 --> 00:15:50.379

Interviewee 14: like do but I'm so glad that I have those memories, because everything else would have just been like.

147

00:15:50.730 --> 00:16:01.590

Interviewee 14: you know, whatever's in my mental space. But I have like pictures. I have their footprints. I have the clothes that they wore, their blankets all in like these little memory boxes.

148

00:16:02.790 --> 00:16:05.799

Interviewee 14: but yeah, that's my experience.

149

00:16:06.130 --> 00:16:10.859

Interviewer: And you know, just in listening to your story.

150

00:16:12.050 --> 00:16:18.459

Interviewer: even when you drove yourself from the hospital that day. They shouldn't have even

151

00:16:18.690 --> 00:16:30.719

Interviewer: allowed that. And what I've learned in one of the courses I'm taking now, when we're stressed, like the front part, like the cortex part of our brain. We don't think clearly.

152

00:16:31.340 --> 00:16:53.370

Interviewer: Know, and they were not doing anything to like enhance your relaxation responses. So here you are. You're pregnant. That's already a stressor. So, it's just like that whole mind, body, connection is just thrown off. So, the doctor that mistakenly broke your water. Was he a White man?

153

00:16:53.710 --> 00:16:54.930

Interviewee 14: It was a woman, White.

154

00:16:54.930 --> 00:17:03.189

Interviewer: It was a White woman, okay? And just reflecting back on such a traumatic experience

155

00:17:03.750 --> 00:17:23.720

Interviewer: that could have been prevented, like most cases, what characteristics of the communication between you and your healthcare providers throughout your birth and experience seemed satisfactory or helpful to you, or unsatisfactory, are helpful to you.

156

00:17:24.290 --> 00:17:25.730

Interviewer: are not helpful.

157

00:17:30.080 --> 00:17:39.000

Interviewee 14: Satisfactory, I guess just people having that like kindness or empathy.

158

00:17:40.070 --> 00:17:42.620

Interviewee 14: Like, I said the Ob.

159

00:17:43.030 --> 00:17:46.700

Interviewee 14: She definitely shouldn't have let me go to the hospital by myself, but outside, bye, bye.

160

00:17:46.700 --> 00:17:53.740

Interviewee 14: interactions that I had with her were always like pleasant. She was always kind and nice, and things like that

161

00:17:55.610 --> 00:17:58.829

Interviewee 14: and the lady like I told you the nurse that was helping me

162

00:17:59.640 --> 00:18:04.060

Interviewee 14: at the hospital after, like the doctor said, whatever he said, like

163

00:18:04.170 --> 00:18:09.710

Interviewee 14: those people were just nice and calm and empathetic. So I think that that was helpful.

164

00:18:11.280 --> 00:18:26.829

Interviewee 14: the original doctor. I had the Asian doctor because he had a reputation, and he was very knowledgeable that I felt that was satisfactory, because I felt like he knew what he was doing. He knew he was talking about, you know I could trust his judgment and things like that.

165

00:18:28.910 --> 00:18:30.940

Interviewee 14: Unsatisfactory.

166

00:18:32.230 --> 00:18:37.460

Interviewee 14: I feel like there should have been more.

167

00:18:38.610 --> 00:18:41.290

Interviewee 14: I don't know if I want to say like urgency.

168

00:18:42.300 --> 00:18:56.589

Interviewee 14: Like with that first, st doctor, he was like, Oh, you know, this is the option to get this or collage. But then, when I said, like, Okay, I'll do it. He's just kind of like, oh, well, we don't have to do it right now, or you know we can wait on it, or whatever. But he, I just feel like

169

00:18:57.040 --> 00:18:59.320

Interviewee 14: treat me like you would treat your family.

170

00:19:00.060 --> 00:19:04.119

Interviewee 14: and not just like another face coming through this building.

171

00:19:04.450 --> 00:19:11.169

Interviewee 14: because if I was your family, and you loved me, or you had concern for me, you would make sure that

172

00:19:11.480 --> 00:19:17.270

Interviewee 14: a solution was found on that day, or you informed me enough

173

00:19:17.390 --> 00:19:20.570

Interviewee 14: to make a decision, you know.

174

00:19:20.980 --> 00:19:43.430

Interviewer: So there was definitely a gap in communication. And that that's 1 of the problems with healthcare. They've taken the care out of health care, you know, and we need more human care. Do you feel like, at any point that you were not looked at as a human in that situation, with that provider like it. Do you feel like you were looked at as a demographic, or just

175

00:19:43.630 --> 00:19:45.379

Interviewer: just another number.

176

00:19:46.122 --> 00:19:48.419

Interviewee 14: Definitely with that high risk, doctor.

177

00:19:49.030 --> 00:19:58.080

Interviewee 14: like when he just had no empathy and was like, basically like, we're not going to save your babies, if you know they're not viable or whatever, because I even feel like

178

00:19:59.110 --> 00:20:05.070

Interviewee 14: I don't know if it's because it was a Catholic hospital. I don't really know deep religions like that.

179

00:20:05.640 --> 00:20:09.499

Interviewee 14: I felt like it was had something to do with the religious part of it.

180

00:20:10.134 --> 00:20:16.509

Interviewee 14: Because I've heard other people having babies that early, and the hospitals definitely like try to save them.

181

00:20:17.010 --> 00:20:23.530

Interviewee 14: So I feel like, even in that aspect he could have been like, we're not going to save them. But

182

00:20:23.790 --> 00:20:45.919

Interviewee 14: if you want to go to another hospital, or here's another option, or you know what I mean like, if that's your belief, that's your belief. But maybe there was another option for me, or something you could have provided in that setting to say, like, Yeah, we don't do that here,

you know, whatever. But these might be some other options, or you might want to look into another hospital

183

00:20:46.260 --> 00:20:48.510

Interviewee 14: because of XY, and Z. You know.

184

00:20:48.820 --> 00:20:59.848

Interviewer: Right? So reflecting back, on your communication approach, because we we already see that there was a major Gap in communication on their side.

185

00:21:00.700 --> 00:21:14.170

Interviewer: What changes to your communication with your healthcare provider, our providers throughout that birth and experience would have made the communication more satisfactory or helpful to you reflecting back. Do you feel like

186

00:21:14.560 --> 00:21:21.919

Interviewer: you should have advocated more? You should have spoke up. How would you have changed anything about your communication? Approach.

187

00:21:22.730 --> 00:21:29.670

Interviewee 14: Yeah, I definitely feel like, if I was more informed.

188

00:21:30.580 --> 00:21:35.759

Interviewee 14: Like. Now, I'm informed, right on 1st pregnancy.

189

00:21:36.590 --> 00:21:45.640

Interviewee 14: Been thinking like, this is a possibility for me to be going through this situation. I'm just thinking like, okay, once I hit 3rd trimester like, I'm good, like.

190

00:21:45.640 --> 00:21:46.270

Interviewer: Right.

191

00:21:46.270 --> 00:21:47.500

Interviewee 14: It's move selling.

192

00:21:47.500 --> 00:21:48.080

Interviewer: Yeah.

193

00:21:48.080 --> 00:21:48.870

Interviewee 14: Problems.

194

00:21:48.870 --> 00:21:51.109

Interviewer: Yeah, we all think like that. Yup.

195

00:21:51.230 --> 00:22:12.159

Interviewee 14: Right. So I'm not even thinking about all these extra things, but I do believe like it was I. If I was informed beforehand, then I definitely could have advocated better for myself, or spoke up or been like. You know what they said this. Let me go ahead and look up a different hospital or a different doctor, or

196

00:22:12.430 --> 00:22:23.799

Interviewee 14: you know I did make that one switch where I said the doctor was kind of like, oh, we're going to wait in the circlet, and I went to a different hospital, or whatever, initially thinking that they were going to be better.

197

00:22:25.040 --> 00:22:28.459

Interviewee 14: I clearly that wasn't the situation.

198

00:22:30.480 --> 00:22:35.499

Interviewee 14: But yeah, I just think if I was informed, and I like, tell people now.

199

00:22:36.070 --> 00:22:39.609

Interviewee 14: like, if you can afford it, get a doula, get somebody

200

00:22:40.290 --> 00:22:46.459

Interviewee 14: or bring somebody with you. Because, like, I said, in those moments, you're not going to be thinking clearly when you get in.

201

00:22:46.460 --> 00:22:47.090

Interviewer: I'm not.

202

00:22:47.090 --> 00:22:56.389

Interviewee 14: So if you bring somebody there with you, or somebody who already knows whatever like your birthing plan is, or somebody who already knows what you want, and you know all that kind of stuff.

203

00:22:56.390 --> 00:22:56.850

Interviewer: Right.

204

00:22:56.850 --> 00:23:03.020

Interviewee 14: That person can help step in when those, you know, moments come when you're just kind of like overwhelmed or

205

00:23:03.020 --> 00:23:03.660

Interviewer: Yeah.

206

00:23:03.700 --> 00:23:06.970

Interviewee 14: The support, because I was going to a lot of appointments by myself.

207

00:23:07.350 --> 00:23:27.570

Interviewer: Yeah. And then you're having to make those hard decisions that are totally unexpected. And you're looking at them like the expert, you know. Educate me versus them, expecting you to just be able to make a decision so quickly. And you don't have that

208

00:23:27.720 --> 00:23:44.239

Interviewer: the education and that just comes from them communicating, you know, and just being more open. Is there anything else you would like to share with me about? The communication between you and your healthcare providers, or just your overall childbirth and experience.

209

00:23:45.290 --> 00:23:46.054

Interviewee 14: Oh!

210

00:23:51.010 --> 00:23:52.609

Interviewer: Like, do you feel like

211

00:23:53.100 --> 00:24:06.229

Interviewer: there's any? How are you doing after, you know, like, mentally, emotionally? I mean, are you traumatized by something like that? Do you want to have more children?

212

00:24:06.860 --> 00:24:11.330

Interviewee 14: Yeah, definitely traumatized.

213

00:24:13.130 --> 00:24:22.450

Interviewee 14: I think I'm traumatized. Yes, because of the experience. Sometimes I just look like.

214

00:24:22.710 --> 00:24:33.812

Interviewee 14: like, did that really happen to me like it did. But sometimes I just go back like, like, Is this really my life like? Is that something that really happened to me so definitely that

215

00:24:36.170 --> 00:24:39.130

Interviewee 14: I'm also empowered, though.

216

00:24:39.610 --> 00:24:51.969

Interviewee 14: because now I'm like, okay, I have experienced it. So I know what I want to do differently moving forward. And I know how I'm going to inform other women who are pregnant and having babies.

217

00:24:52.130 --> 00:24:59.230

Interviewee 14: I'm not an expert, but I'm going to share information with them, so that maybe they could have a different experience.

218

00:24:59.668 --> 00:25:14.799

Interviewee 14: You know, when they have babies, or so that they can know that it's nothing wrong with them. If they had a miscarriage or lost a baby, or you know all of these things, because sometimes we blame ourselves, and I did blame myself like Oh.

219

00:25:14.800 --> 00:25:15.210

Interviewer: Actually.

220

00:25:15.260 --> 00:25:39.460

Interviewee 14: This differently, or I should have done that differently. But just coming to the realization that, you know, I did the best with what I had at the moment, or what I knew at the moment, so kind of like not feeling guilty about. You know what I mean, like what happened, but I do want to have more children. There is a part of me that's like, Okay, is this going to happen again?

221

00:25:39.460 --> 00:25:40.420

Interviewer: Right.

222

00:25:40.420 --> 00:25:49.630

Interviewee 14: But also like I know what questions to ask now, or I know how to advocate for myself, or you know things like that. So.

223

00:25:50.730 --> 00:26:14.920

Interviewer: And I just think it's important to highlight, because how you like you said you're empowered. Now, some of the things you are doing like in the community. I know you've hosted like a community event. Can you elaborate on how you took that trial is now your testimony, and you're also pouring into others. I think that's important to highlight.

224

00:26:17.320 --> 00:26:19.210

Interviewee 14: Well, initially

225

00:26:19.790 --> 00:26:32.780

Interviewee 14: so, of course I didn't say anything about pregnancy until I was like 3 months, or whatever, because, like, I said, I was like, Oh, yeah, you know, I'm good. After 3 months I can share. And I had like my gender reveal. And that's when I like shared

226

00:26:33.546 --> 00:26:43.010

Interviewee 14: so initially. I didn't say anything about losing the babies because again, I just felt

227

00:26:43.510 --> 00:26:54.029

Interviewee 14: guilty. I felt like embarrassed. I felt like people would judge like, oh, what's wrong with her? She can't have a baby, or you know I didn't share it at first, and then I was just like, you know what

228

00:26:55.120 --> 00:27:10.720

Interviewee 14: I don't know. I just felt I don't know what it was, but I just felt compelled to share, and I shared my story, and so many people reached out like in my inbox, and was like, Yeah, this happened to me, too. And this is like people who had children. So I wasn't even thinking like.

229

00:27:10.960 --> 00:27:18.775

Interviewee 14: Oh, you experienced a miscarriage because you got 3 kids, you know, people that had experienced that before.

230

00:27:19.410 --> 00:27:30.809

Interviewee 14: people just like saying how brave I was, or, you know, just a lot of good feedback, and also just people like being able to connect and relate to my story. So it was like

231

00:27:31.520 --> 00:27:34.590

Interviewee 14: it was helping me heal by talking about it.

232

00:27:35.285 --> 00:27:37.520

Interviewee 14: But also

233

00:27:37.660 --> 00:27:46.020

Interviewee 14: helping to bring awareness to it because if everybody's quiet about their experience everybody feels like they're going through that experience alone.

234

00:27:46.020 --> 00:27:47.299

Interviewer: Alone, right?

235

00:27:47.480 --> 00:27:55.170

Interviewee 14: Speak on it. People can see like, oh, no! Somebody else has gone through this, or you know I can speak about it. I can talk about it like

236

00:27:55.280 --> 00:27:57.219

Interviewee 14: I feel like it was very.

237

00:27:57.470 --> 00:28:04.860

Interviewee 14: very lonely, because when you have that experience, people don't want to bring it up because they don't want to trigger you.

238

00:28:05.050 --> 00:28:08.879

Interviewee 14: but for me it felt like y'all forgot about my babies.

239

00:28:09.390 --> 00:28:38.279

Interviewee 14: Y'all didn't want to talk about them. Y'all don't mention their name. You act like they never existed, whereas, though other people are just like no, we don't want to, you know. I know what it is. They don't want to make you upset. They don't want to trigger, but it's like no, speak about them because they were here like you know what I mean. They were here they were alive. They were a part of my life, so don't just act like they were never here. So I felt like that was a way of like keeping their name alive as well, keeping their spirit alive. And

240

00:28:38.780 --> 00:28:49.399

Interviewee 14: I had made a page for, like women who were who lost babies and stuff like that made like an Instagram a while back. But I didn't put my face on it because I didn't want to be like the face of it. I just wanted to

241

00:28:50.540 --> 00:28:59.230

Interviewee 14: kind of inspiring things and positive things and stuff like that. But I wound up deleting the page because I just didn't want to like. Keep up with it.

242

00:28:59.230 --> 00:28:59.599

Interviewer: I don't know.

243

00:29:00.490 --> 00:29:12.840

Interviewee 14: But last year I was just like, you know, I really want to do something to honor my daughters like I went through this experience for a reason, even though it was traumatic. But I went through it for a reason, and

244

00:29:13.070 --> 00:29:33.360

Interviewee 14: I just need to speak on it or share it, or just something. And I was like, you know what I see people doing walks, but it's always a bunch of White people, and I don't want to go to those walks like not saying that they don't share my experience, but they don't share my experience. And so I was like, you know, I want to create something for people of color.

245

00:29:33.540 --> 00:29:35.513

Interviewee 14: black people.

246

00:29:36.930 --> 00:29:43.840

Interviewee 14: we could generalize the people of color, black people. That have lost children that can just come and

247

00:29:47.090 --> 00:29:54.520

Interviewee 14: you know, just like honor. Their children's memory, honor their journey. Talk about it because it's so like

248

00:29:54.650 --> 00:29:56.700

Interviewee 14: taboo to talk about.

249

00:29:56.830 --> 00:29:59.869

Interviewee 14: I lost a baby, or this is what I went through, or whatever like.

250

00:29:59.870 --> 00:30:07.939

Interviewer: Happening at an all time. High and maternal mortalities are decreasing for all other races besides

251

00:30:08.120 --> 00:30:17.470

Interviewer: Black women. And you know, our rates are actually going up, you know. So, it is definitely needed.

252

00:30:17.470 --> 00:30:28.915

Interviewer: You know, just by doing this research and advertising it on social media, I got so many inboxes, you know, people reaching out and everything.

253

00:30:29.310 --> 00:30:52.130

Interviewer: So, I just want to say thank you for trusting me with your story and sharing your story, and thank you for everything you're doing to not only empower others, but in doing that,

you also hold on to your power. They couldn't take everything, you know. So, I really appreciate you taking this time out. So, I'm going to stop the recording for one moment.

[End transcription]

Appendix P-Interviewee 15 Transcription

Date: 02/14/2025

Duration: 14 minutes, 52 seconds

Method: Conducted via Zoom

Confidentiality Statement: To maintain participant anonymity, interviewees are identified by numbers (e.g., Interviewee 1, Interviewee 2). The interviewer is referred to as “Interviewer.”

[Start Transcribing Here]

1

00:00:01.760 --> 00:00:08.219

Interviewer: Briefly describe your child-birthing experience or experiences, and what was the outcome?

2

00:00:09.080 --> 00:00:14.450

Interviewee 15: Oh, wow! The actual childbirth or the pregnancy the actual childbirth.

3

00:00:14.920 --> 00:00:17.059

Interviewer: Either. Both, it's up to you.

4

00:00:17.270 --> 00:00:40.809

Interviewee 15: I had a very high-risk pregnancy. I had suffered multiple miscarriages before the successful pregnancy with this one I was under the care of not only my OBGYN but also a perinatologist and a fertility specialist as well, although we didn't do any

5

00:00:42.120 --> 00:00:49.469

Interviewee 15: fertility treatments necessarily, but just to make sure that everything was okay. And so

6

00:00:51.970 --> 00:00:59.769

Interviewee 15: when I got to about 1618 weeks, I guess started having some difficulty.

7

00:01:00.643 --> 00:01:06.290

Interviewee 15: Started having some difficulty, and eventually went on bed rest.

8

00:01:07.140 --> 00:01:11.090

Interviewee 15: And was on bed rest for the remainder of the pregnancy.

9

00:01:11.885 --> 00:01:18.785

Interviewee 15: So, from October until February, I was on bed rest, and then

10

00:01:20.170 --> 00:01:22.829

Interviewee 15: I was. My due date was March 31st

11

00:01:23.120 --> 00:01:31.480

Interviewee 15: of 2010, but she came February 2, 2010, and so, of course.

12

00:01:31.690 --> 00:01:45.930

Interviewee 15: difficult. The bed. Rest wasn't an issue at all. But, of course, being on bed rest is an issue. But then, when they could not stop my labor.

13

00:01:46.050 --> 00:01:53.419

Interviewee 15: So, I was put on. I forgot what it is, whatever it is, some kind of medication. It was a shot in the arm. I remember that

14

00:01:54.179 --> 00:02:00.529

Interviewee 15: to try to stop the contractions and it didn't really stop

15

00:02:01.111 --> 00:02:10.588

Interviewee 15: I was in. I was transported by ambulance from Brunswick to Savannah because that's our higher next-level facility.

16

00:02:11.420 --> 00:02:16.869

Interviewee 15: did that. And then once there, just for a few days, and then she came.

17

00:02:18.640 --> 00:02:35.310

Interviewee 15: start off with a natural birth. That's what I wanted an epidural start off with a natural birth, however. During the pushing, my heart tone started dropping, and I ended up having a Stat C-section.

18

00:02:35.520 --> 00:02:41.079

Interviewee 15:and so Stat. C-section, and of course she was born just a couple of minutes after that.

19

00:02:42.300 --> 00:02:45.480

Interviewee 15:So that's my birthing experience, I guess.

20

00:02:46.640 --> 00:03:14.859

Interviewer: Okay? So based on what you told me, it sounds like that. C-section was a necessary C-section in your situation. Yeah, I had C-sections as well what characteristics of the communication between you and your healthcare providers throughout your birth and experience seems satisfactory and helpful to you, and at the same time unsatisfactory and helpful to you. So we're basically, I'm asking you 2 questions in one.

21

00:03:17.102 --> 00:03:19.918

Interviewee 15:I felt the communication was very satisfactory. Honestly,

22

00:03:20.270 --> 00:03:20.790

Interviewer: Okay.

23

00:03:20.790 --> 00:03:35.059

Interviewee 15:Please note that my sister was there when the actual birthing started. My sister was with me, who was as a registered nurse, and also worked in the labor and delivery here in Brunswick. So she was with me.

24

00:03:35.270 --> 00:03:39.230

Interviewee 15:And so, when all that was happening, so she knew exactly what everybody was saying.

25

00:03:39.230 --> 00:03:41.769

Interviewer: You had an advocate, you had a doula.

26

00:03:41.770 --> 00:03:49.869

Interviewee 15:Yeah, yeah, basically. So she knew what was going on. She knew what they were doing was appropriate, and

27

00:03:50.120 --> 00:04:14.680

Interviewee 15:and said that they acted appropriately and they communicated with me. Miss Seals, her heartbeats are dropping. We've got to move quickly in order to save her life, and so that and my sister was like, Let's go, you know. And so, they turned around, prepped. We were in the or so. I felt like the communication to me was good. Honestly, I didn't feel like I had time to think about it.

28

00:04:14.970 --> 00:04:15.500

Interviewer: Right.

29

00:04:15.500 --> 00:04:20.649

Interviewee 15:And that might have been something, you know, in hindsight. Maybe I would have wanted, but

30

00:04:20.839 --> 00:04:23.749

Interviewee 15:I also know that if it came down to

31

00:04:24.270 --> 00:04:31.409

Interviewee 15:her being without oxygen, all those things we needed to move quickly. So, like I said, my sister was there. She had been a nurse

32

00:04:32.770 --> 00:04:43.069

Interviewee 15:for more than 30 years at that time. And she, like, I said, when she was a labor and delivery nurse, and she was a labor and delivery nurse manager. So, I.

33

00:04:43.180 --> 00:04:59.930

Interviewer: Such a blessing, such a blessing, so nothing unsatisfactory. You feel like you had a voice, no one was dismissive. Any concerns you had, or your sister had you were heard, you were seen.

34

00:04:59.930 --> 00:05:00.520

Interviewee 15:Yes.

35

00:05:00.860 --> 00:05:01.760

Interviewer: Okay.

36

00:05:02.677 --> 00:05:15.459

Interviewer: Reflecting back what changes to your communication with your healthcare providers throughout your birth and experience will have made communication more satisfactory or helpful to you, and if you feel like reflecting back.

37

00:05:15.610 --> 00:05:23.180

Interviewer: there's nothing you would change because it was such a mindful and positive effect of communication experience. You can say that, too, you know.

38

00:05:23.722 --> 00:05:32.907

Interviewee 15: I definitely feel like it was a positive experience. I don't know if I would change anything just because of the nature of it at the time, the nature of the situation at the time.

39

00:05:33.410 --> 00:05:38.749

Interviewee 15: I do feel like even Prior, right before the birthing experience, you know.

40

00:05:39.380 --> 00:06:08.619

Interviewee 15: It was explained to me. You know why I was being transported to Savannah. It was explained to me why I needed to go to Savannah. It explained to me why they were giving me the medication. And at that point in time I was like 30, something 31 weeks, you know, gestational. She was 31 weeks gestational age. So I understood that that was beyond what the hospital here could really do for me, and that because my labor was not stopping, I needed to go to a facility that could care for me and her

41

00:06:08.780 --> 00:06:14.229

Interviewee 15: in the meantime. So then, once we got to the actual birthing part, you know

42

00:06:14.360 --> 00:06:23.779

Interviewee 15: it went so quickly, honestly, and you know they explained everything to me regarding the epidural. They explained all of those things to me, and again, like I said my sister was with me.

43

00:06:24.500 --> 00:06:44.449

Interviewee 15: She could verify that what they were saying. Like she could read the Monitor. She could read all those things, so she knew exactly what was happening. So she knew that what they were saying to me was actually the truth. And so, because she did not raise a stink, I did not

raise a stink, because I knew she would have raised a stink if there was an issue. So I did have an advocate with me

44

00:06:45.330 --> 00:06:53.110

Interviewee 15:that, and while she didn't say to them who she was or what she did for a living, because she doesn't always like to go in like that.

45

00:06:53.280 --> 00:06:59.110

Interviewee 15:because she wants to make sure people on their P's and Q's. She did not have to toss around her qualifications.

46

00:06:59.280 --> 00:07:00.640

Interviewee 15:and she was pleased.

47

00:07:02.380 --> 00:07:21.899

Interviewer: This is really making me raise the eyebrow. My research because I think that may also be a solution. Moving forward. I'm noticing people that have some type of advocate there with them are having more positive outcomes, and also people that are bringing in midwives now, because you know now they have a choice

48

00:07:22.297 --> 00:07:34.432

Interviewer: where at least where I'm located. There they have a choice. Rather they want to choose a midwife, or they're Ob. When I was having children that wasn't an option. So I really think that's pretty

49

00:07:34.770 --> 00:07:52.760

Interviewer: neat that they have that option. So I'm noticing that people that are taking the midwife option are having healthier outcomes. So the last question, is there anything else you would like to share with me about the communication and our childbirth and experiences between you and your health care providers.

50

00:07:55.700 --> 00:08:02.019

Interviewee 15:I appreciated them, explaining to me as much as they could, because, you know, it's an emotional period, you know.

51

00:08:02.766 --> 00:08:08.410

Interviewee 15:I I appreciate them, explaining it to me. I appreciate them taking the time.

52

00:08:08.660 --> 00:08:13.509

Interviewee 15:you know, to use their professional expertise

53

00:08:14.070 --> 00:08:22.310

Interviewee 15:to share with me exactly what was going on. I never felt like they were doing something haphazardly.

54

00:08:22.580 --> 00:08:28.049

Interviewee 15:I never felt like they were doing something that was not in the best medical

55

00:08:29.390 --> 00:08:32.840

Interviewee 15:needs was not the best medical need for me or my daughter

56

00:08:33.811 --> 00:08:38.029

Interviewee 15:because even afterwards, which you know even afterwards, you know

57

00:08:38.390 --> 00:08:48.679

Interviewee 15:you know the pain medication that I needed. All of that, you know, was appropriate, you know. As a matter of fact, I didn't even use some of it, because I'm not a big Pain medicine person. Honestly.

58

00:08:49.612 --> 00:09:07.397

Interviewee 15:But they wanted to make sure I was comfortable, always asking how I was doing, checking in on me and recovery. So no, I think they did a good job. I think they explained things to me, and of course, again, this was the end of a really

59

00:09:08.100 --> 00:09:11.230

Interviewee 15:tough pregnancy, and so it will.

60

00:09:11.230 --> 00:09:18.570

Interviewer: So at both hospital locations, the one in Brunswick and Savannah you felt like both medical teams were.

61

00:09:19.190 --> 00:09:20.879

Interviewer: It was a positive experience.

62

00:09:20.880 --> 00:09:38.379

Interviewee 15: Very positive experience, I mean, when I was in Brunswick I was in Brunswick, of course, most of the time. From October to the end of January I saw my doctor just about every day I can. There were probably 5 days I was in the hospital. My daughter did not come see me.

63

00:09:38.770 --> 00:09:41.690

Interviewee 15: I mean if she did not come see me. She called me.

64

00:09:42.130 --> 00:09:44.969

Interviewer: What was the race and gender of your doctor?

65

00:09:44.970 --> 00:09:46.870

Interviewee 15: Black, Female.

66

00:09:48.960 --> 00:09:50.150

Interviewer: Okay.

67

00:09:50.440 --> 00:09:51.389

Interviewee 15: Black, Female.

68

00:09:52.980 --> 00:09:53.400

Interviewer: Okay.

69

00:09:53.400 --> 00:09:58.119

Interviewee 15: New Brunswick, and I think that makes a difference. I mean, I think it made a difference for me.

70

00:09:58.420 --> 00:10:08.839

Interviewee 15: But this black female was also my mom's I mean my mom, who was older, much older. Had some issues. My sister recommended her. My sister.

71

00:10:08.840 --> 00:10:09.700

Interviewer: W..

72

00:10:10.013 --> 00:10:17.230

Interviewee 15: Recommended her to me as well. Now, some people don't care for her. But I, I have nothing but praise for her nothing.

73

00:10:17.630 --> 00:10:19.910

Interviewer: She been doing this a long time.

74

00:10:19.910 --> 00:10:21.590

Interviewee 15: Long time, and she's good at it.

75

00:10:21.590 --> 00:10:29.070

Interviewer: Yes, she is everyone that I've interviewed from Brunswick on here that had W. nothing but positive reviews, so.

76

00:10:29.070 --> 00:10:44.381

Interviewee 15: Even when I was in Savannah she was checking on me. She would call me yeah, I I mean, I had a black female and I and like I said, I think that makes a difference. I I do. I think it makes a difference. I've surrounded myself now with black female physicians.

77

00:10:44.660 --> 00:10:54.810

Interviewer: When you selected her, Michelle, was it because her reputation preceded her, or you wanted someone that you had this identity with because you felt like.

78

00:10:55.470 --> 00:11:00.040

Interviewee 15: She had a my sister, the same one who was in the room with me when I had the baby recommended her.

79

00:11:00.040 --> 00:11:00.800

Interviewer: Okay.

80

00:11:00.800 --> 00:11:24.200

Interviewee 15: But but it was high on my list that she was a black female, you know, and that was important to me, and over the years that has been important to me because she's able to say things to me and see things from my perspective. We've had those types of conversations because of other challenges that I've had since having the baby

81

00:11:25.520 --> 00:11:29.420

Interviewee 15: But my team here was great. The nurses here were great.

82

00:11:29.830 --> 00:11:36.440

Interviewee 15:and you can say what you want. It might be because my sister was also an Ob. They were great.

83

00:11:36.440 --> 00:11:38.500

Interviewer: You was connected. Okay.

84

00:11:38.500 --> 00:11:39.440

Interviewee 15:List.

85

00:11:39.956 --> 00:11:40.990

Interviewer: You were.

86

00:11:42.280 --> 00:11:49.529

Interviewee 15:I promise you I was blessed because it had been unheard of for somebody to be in a hospital bed in Brunswick, Georgia. For that long.

87

00:11:49.660 --> 00:11:51.409

Interviewee 15:It had never happened before me.

88

00:11:52.020 --> 00:11:52.780

Interviewer: I know.

89

00:11:53.160 --> 00:11:53.840

Interviewee 15:That's favorite.

90

00:11:53.840 --> 00:11:57.098

Interviewer: That's why I was like you had good experiences in Brunswick, too.

91

00:11:57.370 --> 00:12:05.890

Interviewee 15:But again my sister was a nurse, the labor delivery manager. Now I there were a couple of women who

92

00:12:06.470 --> 00:12:10.690

Interviewee 15: had little things to say about this, that and the 3, rd but

93

00:12:10.960 --> 00:12:30.759

Interviewee 15: I mean there were things that were dressed appropriately. I reported them appropriately. They were nurses, they were not my doctors, even my perinatologist, who would come to Brunswick, would roll me out. He would even take me outside in the wheelchair just to let me get fresh air. So I really had a good care team. He was a black. He was a White male

94

00:12:31.010 --> 00:12:40.705

Interviewee 15: from Savannah, but would come down here regularly and had very, very good care from him. Very good care from him. And so

95

00:12:41.220 --> 00:12:44.934

Interviewee 15: yeah, I mean, like I said the nurses that I had difficulty with

96

00:12:45.880 --> 00:12:47.159

Interviewee 15: There's 2 of them.

97

00:12:47.940 --> 00:12:51.180

Interviewee 15: They will report it, and handled appropriately.

98

00:12:51.180 --> 00:12:58.080

Interviewer: What happened? Because that was unsatisfactory experience. And were they White nurses or White female nurses?

99

00:12:58.080 --> 00:12:59.110

Interviewer: What happened.

100

00:12:59.110 --> 00:13:03.240

Interviewee 15: One of them came into my room and called me Pumpkin.

101

00:13:03.640 --> 00:13:11.090

Interviewee 15: and called me Pumpkin on multiple occasions. And so, of course, I'm talking to my sister. I'm like she's calling me pumpkin.

102

00:13:11.400 --> 00:13:22.060

Interviewee 15:I said. I'm not a pumpkin. I'm Mrs. Seals, you know, and I'd like to be referred to that way, and my sister said, You are a patient, you're absolutely right.

103

00:13:22.230 --> 00:13:24.220

Interviewee 15:So that was addressed with her.

104

00:13:24.390 --> 00:13:35.280

Interviewee 15:and once it was addressed she referred to me as Mrs. Seals. The second person the second nurse, made a comment, not to me, but in the nurse's station.

105

00:13:36.860 --> 00:13:42.120

Interviewee 15:That she didn't know what kind of insurance I had, if I had any insurance

106

00:13:42.729 --> 00:13:48.299

Interviewee 15:and didn't understand why I was being allowed to stay in the hospital as long as I was.

107

00:13:48.510 --> 00:13:57.113

Interviewee 15:Well, of course those let my sister had been working at the hospital for years, you know. That's neat's mom had been working at the hospital for years, and

108

00:13:57.730 --> 00:14:01.980

Interviewee 15:And her friends were there too, and so they were like.

109

00:14:02.290 --> 00:14:14.360

Interviewee 15:she doesn't have just one insurance. She has 2 insurances, and she's in here because a doctor thinks it's the best care plan for her. And so that was reported to the case manager, because at the time I had state health benefit

110

00:14:14.640 --> 00:14:20.790

Interviewee 15:insurance, which is very good insurance in Georgia, and I had tricare because my husband was deployed.

111

00:14:20.790 --> 00:14:21.675

Interviewer: Good,

112

00:14:22.560 --> 00:14:28.740

Interviewee 15: My husband was deployed at the time, which was another layer to this whole pregnancy, as well to my husband, was in Afghanistan at the time.

113

00:14:29.220 --> 00:14:29.560

Interviewee 15: Sorry.

114

00:14:29.864 --> 00:14:37.180

Interviewee 15: So another layer of stress that contributed to the pregnancy. But so that was taken care of, and that person was eventually fired.

115

00:14:38.040 --> 00:14:49.970

Interviewer: Yeah, cause that that was very harmful and negative. Thank you for sharing that. I'm going to stop the recording one moment. Do you have anything else you want to share. Okay.

116

00:14:49.970 --> 00:14:50.869

Interviewee 15: Glad I could help you.

117

00:14:51.600 --> 00:14:52.510

Interviewer: Hang on.

[End transcription]

Appendix Q-Interviewee 16 Transcription

Date: 02/15/2025

Duration: 24 minutes, 19 seconds

Method: Conducted via Zoom

Confidentiality Statement: To maintain participant anonymity, interviewees are identified by numbers (e.g., Interviewee 1, Interviewee 2). The interviewer is referred to as "Interviewer."

[Start Transcribing Here]

1

00:00:01.680 --> 00:00:07.280

Interviewer: Describe your child birthing experience and our experiences, and what was the outcome.

2

00:00:08.281 --> 00:00:23.309

Interviewee 16: So, my childbirth experience went pretty well. I had a midwife instead of a doctor because I felt like a midwife would be more personable than a doctor, and from what I've been told, it seems like that was the case. So.

3

00:00:23.310 --> 00:00:24.320

Interviewer: Good.

4

00:00:24.632 --> 00:00:34.014

Interviewee 16: When I 1st, like, you know, had my little labor pains. I was thinking like, Okay, this might be Braxton Hicks. But then, of course I timed it, and then

5

00:00:35.370 --> 00:01:00.980

Interviewee 16: because my water didn't break. But I timed it. And stuff. I was like, Okay, well, maybe I need to go to the hospital. So, the 1st time I went to the hospital, the midwife that was on call was actually the midwife that I wanted. It was like between one and 2. The 1st midwife was like a younger lady, and I felt like she was more like personable and more like warm and stuff. The other lady was an older lady, and I just felt like she was probably going to try to

6

00:01:01.350 --> 00:01:10.600

Interviewee 16: just get me through, like, just to give birth and stuff like that. But luckily, the 1st lady was the younger one. She was on call that night, so.

7

00:01:10.600 --> 00:01:16.250

Interviewer: Now, the younger one. What age range would you say she was in, and what was her race?

8

00:01:16.400 --> 00:01:19.789

Interviewee 16: Maybe her thirties, and I believe she was Caucasian.

9

00:01:19.790 --> 00:01:23.779

Interviewer: Okay? And then what about the older lady? Her age, range, and race.

10

00:01:25.420 --> 00:01:29.740

Interviewee 16: She was maybe like 50.

11

00:01:29.860 --> 00:01:35.450

Interviewer: Sixties like she looked older, and she was Caucasian as well, I believe.

12

00:01:35.450 --> 00:01:38.490

Interviewer: Okay, all right, and continue.

13

00:01:39.027 --> 00:01:41.969

Interviewee 16: So yeah, when I 1st got to the hospital,

14

00:01:43.580 --> 00:01:55.360

Interviewee 16: they had me because I hadn't dilated and stuff yet. So, they had me like walking around for an hour. I was at the hospital for an hour. It was a small hospital, so they said that, like if I hadn't dilated. They basically sent me back home.

15

00:01:56.258 --> 00:01:58.331

Interviewee 16: I think the only

16

00:01:59.890 --> 00:02:06.799

Interviewee 16: the thing was with that, though, it was like, you know, I'm in pain and stuff like that. So, she told me to try to take Benadryl and go to sleep

17

00:02:07.313 --> 00:02:10.869

Interviewee 16: while I was like having contractions and stuff. Whenever I went.

18

00:02:10.870 --> 00:02:11.839

Interviewer: Told you that.

19

00:02:11.840 --> 00:02:16.570

Interviewee 16: The nurse practitioner, I mean the yeah, nurse practitioner, the midwife.

20

00:02:17.480 --> 00:02:19.919

Interviewer: Oh! And this was the older lady or the younger one.

21

00:02:19.920 --> 00:02:21.039

Interviewee 16: This is a younger one.

22

00:02:21.040 --> 00:02:27.770

Interviewer: Okay. So, she told you they sent you back home because you weren't okay, and they told you to take Benadryl.

23

00:02:27.950 --> 00:02:28.740

Interviewee 16: -

24

00:02:28.740 --> 00:02:29.470

Interviewer: Okay.

25

00:02:30.170 --> 00:02:34.610

Interviewee 16: And then try to get some sleep. Of course, I couldn't sleep.

26

00:02:36.510 --> 00:02:43.450

Interviewee 16: and I waited for as long as I could. Then I went back to the hospital and

27

00:02:44.100 --> 00:02:57.709

Interviewee 16: from there it was pretty much smooth. I almost missed my window for an epidural, she said, because by the time I went back to the hospital. She was like, Oh, yeah, you're like, almost past the dilation point of getting an epidural

28

00:02:58.833 --> 00:02:59.479

Interviewee 16: and then.

29

00:02:59.480 --> 00:03:01.229

Interviewer: So, you wanted an epidural.

30

00:03:01.658 --> 00:03:03.801

Interviewee 16: Yeah, I did, I did.

31

00:03:04.230 --> 00:03:06.260

Interviewer: You didn't want a natural birth.

32

00:03:06.260 --> 00:03:11.049

Interviewee 16: It's funny. I thought I was, and I was because at first, like when I 1st

33

00:03:11.160 --> 00:03:18.129

Interviewee 16: found out, I was pregnant and like did my whole thing. They give you like the paperwork and stuff to fill out. And I was gonna put

34

00:03:18.580 --> 00:03:28.949

Interviewee 16: well, I put epidural at first, and then, like, later on, I had changed my mind, but then I was kind of glad that I had put at 1st epidural cause. I did not like that pain.

35

00:03:29.230 --> 00:03:30.950

Interviewee 16: It's different.

36

00:03:32.087 --> 00:03:35.142

Interviewee 16: I was like, Yeah, I'm glad that I went with that

37

00:03:35.600 --> 00:03:40.240

Interviewee 16: And but the epidural part, that's what kind of it was.

38

00:03:40.510 --> 00:03:44.760

Interviewee 16: I guess, good and bad when they did the epidural because by the time the guy came

39

00:03:45.010 --> 00:03:49.459

Interviewee 16: The nurse said, "Oh, you're about to have a contraction, so be still," and I said, "Well."

40

00:03:49.460 --> 00:03:50.050

Interviewer: You can't.

41

00:03:50.050 --> 00:04:02.089

Interviewee 16: Still, like, after I have the contraction to give it to me, but luckily, I mean, I had the contraction, so I was distracted. I couldn't like really feel like the needle and stuff going in. It was just kind of like

42

00:04:03.450 --> 00:04:07.140

Interviewer: So they gave you an epidural while you were having a contraction.

43

00:04:07.600 --> 00:04:09.320

Interviewer: And they told you to be still.

44

00:04:11.990 --> 00:04:23.799

Interviewee 16: Yeah, and then, after that, like, she was the nice was she on a midwife.

45

00:04:23.980 --> 00:04:34.230

Interviewee 16: the reason why, I say, she was like personal, and stuff is like. Whenever I was like bouncing on the ball she went through and like rubbed my back and stuff and was like telling me how to breathe and all that.

46

00:04:34.940 --> 00:04:42.343

Interviewee 16: And then that was before the epidural. There, after the epidural. She was like, Okay, you know.

47

00:04:43.500 --> 00:04:44.930

Interviewee 16: let me know.

48

00:04:45.270 --> 00:04:59.840

Interviewee 16: I forget what she said. But it was basically like just that if I feel the urge to push or whatever, I was like, does it feel like I have to take a big poop? And she was like, Yeah, I was like, Okay, well, I'm ready now and then. It was like, maybe

49

00:05:00.690 --> 00:05:04.769

Interviewee 16: 20 minutes and my daughter was born.

50

00:05:05.020 --> 00:05:05.950

Interviewer: So, yeah.

51

00:05:05.950 --> 00:05:15.600

Interviewee 16: It was funny because she was like, Oh, do you work out, or do you used to work? I was like, Yeah, she's like, oh, I could tell. I was like, it's probably because I watched a bunch of birthday videos, too, before I

52

00:05:15.790 --> 00:05:19.060

Interviewee 16: did it. But yeah, it was

53

00:05:19.360 --> 00:05:24.859

Interviewee 16: after that, like, the aftercare and stuff were great. It really.

54

00:05:25.310 --> 00:05:28.619

Interviewee 16: I think, for me like it was a really good experience overall.

55

00:05:28.860 --> 00:05:33.140

Interviewee 16: especially compared to the stories that I've heard from other people so.

56

00:05:33.140 --> 00:05:59.860

Interviewer: And also, you did research. You kind of came in there with some type of base knowledge even when you started sharing your story. The fact. You said, Oh, you were timing things showed me you have, like you just shared, had already been doing some research. So that, too, in my research, I'm learning when y'all kind of prepare as well, even down to choosing a midwife versus, say, OB, or whatever you know.

57

00:06:01.430 --> 00:06:08.270

Interviewer: I'm learning it. It seems like you all have positive, more positive outcomes, not saying that's

58

00:06:08.270 --> 00:06:31.859

Interviewer: the rule of the majority. But so far in my research, that's what I've noticed so kudos to you, especially with you being a younger woman, doing your research before going in. I think that definitely goes a long way because, a lot of times. We go in blind, you know, and we just totally depend on these. You know the professionals for everything, and we should be able to do that. But it is good just having

59

00:06:31.860 --> 00:06:49.370

Interviewer: some type of, you know, foundational knowledge. So, just in reflecting back, what characteristics of the communication between you and your healthcare providers throughout your birth and experience seemed satisfactory or helpful to you, and also unsatisfactory and not helpful to you?

60

00:06:50.802 --> 00:06:52.730

Interviewee 16: I think the communication

61

00:06:52.990 --> 00:07:00.680

Interviewee 16: from the midwife that I had. It was good as far as, like, she explained why she was sending me home and like

62

00:07:01.150 --> 00:07:02.800

Interviewee 16: also

63

00:07:03.440 --> 00:07:10.074

Interviewee 16: explain like she walked me through the whole process of like what we were doing, and stuff like that cause.

64

00:07:10.790 --> 00:07:28.921

Interviewee 16: that's why I said I felt like the other midwife. It's like she would just kind of do stuff like, even during exams and stuff. She wouldn't explain anything to me. She would just like kind of pride and stuff, or and I would have to ask questions further. But the other midwife, she walked me through it, and, like, you know, talked to me

65

00:07:29.390 --> 00:07:31.409

Interviewee 16: and, like, tried to be there for me.

66

00:07:31.550 --> 00:07:48.789

Interviewee 16: The only thing I think that was probably unhelpful, which, like, because every time I say like, oh, she told me to take Benadryl and go home, and it was like even my aunt, who's a nurse practitioner now, but at times, nurse, she was like that doesn't even make sense like.

67

00:07:49.350 --> 00:07:55.129

Interviewee 16: But other than that, I think her communication was good, and how she spoke to me, and stuff like that, like.

68

00:07:55.500 --> 00:08:01.529

Interviewee 16: she explained. Basically, everything that she was doing throughout the whole process, even the

69

00:08:02.380 --> 00:08:09.760

Interviewee 16: After she told me, like when, after I had my daughter, the whole like the placenta.

70

00:08:10.070 --> 00:08:18.489

Interviewee 16: like delivering the placenta, and like her sewing up the stitch and stuff, she told me like what type of tear it was like all of that while she was doing it, so.

71

00:08:18.490 --> 00:08:36.190

Interviewer: She was letting you know it was more open communication with the younger midwife versus the older. And so being that you had those 2 experiences where it was kind of like a negative versus kind of positive communication approach. How did that make you feel in both of those situations?

72

00:08:36.937 --> 00:08:53.810

Interviewee 16: Well, the one that's positive. Of course, I felt heard and stuff like that, and I felt more comfortable giving birth versus the negative one. It's like I really was like hoping and praying that she wasn't the midwife on call that night because, you know, I didn't want to

73

00:08:55.070 --> 00:08:57.370

Interviewee 16: go through my birthing experience with her.

74

00:08:57.500 --> 00:08:58.460

Interviewer: Right.

75

00:08:58.460 --> 00:09:00.570

Interviewee 16: It. It didn't really seem like

76

00:09:00.750 --> 00:09:09.620

Interviewee 16: especially that's my first. Well, it's my only birth that I've given, but that was my first child and stuff, and I was 20 at the time.

77

00:09:09.780 --> 00:09:20.389

Interviewer: Yeah, at the time and stuff. And so I didn't know anything about that. My mom wasn't there. So, it was just kind of like. I needed that comfort, and I didn't feel like she was going to give that to me.

78

00:09:20.940 --> 00:09:27.220

Interviewer: So, when you were asked questions, did she answer them, or do you feel like she was dismissive? How was that?

79

00:09:27.570 --> 00:09:31.790

Interviewee 16: It felt like a little dismissive. She answered it, but like

80

00:09:32.820 --> 00:09:37.060

Interviewee 16: very. I'm trying to think of where, maybe robotically, just kind of like.

81

00:09:37.440 --> 00:09:45.410

Interviewee 16: Oh, yeah, no, you're fine, because I remember, so there was a time where I cause I was in Maryland at the time, and it was like snowing.

82

00:09:45.670 --> 00:09:46.160

Interviewer: Hmm

83

00:09:46.160 --> 00:09:53.520

Interviewer: And I didn't know anything about black ice because I'm from Texas. So I was walking, and I fell like on my back.

84

00:09:53.720 --> 00:10:21.219

Interviewee 16: And so, of course, I had to. I went to the doctor. She was a midwife, and like she was checking my cervix and stuff, but like it was really like painful whenever she did, and I was like, Well, is it supposed to be that painful? She's like, Oh, no, you're fine. And then I was like, Okay, like, really didn't explain anything. I went to do my own research later, like, Oh, your service can be a little bit more sensitive when you're pregnant and stuff like that, especially when you're like.

85

00:10:21.590 --> 00:10:25.400

Interviewee 16: because I think I was in my 3rd trimester of going into it. So.

86

00:10:25.840 --> 00:10:36.090

Interviewer: So, she was kind of dismissive of when you were trying to share about your painful experience. She was kind of dismissive, and instead, saying, You're gonna be fine.

87

00:10:36.450 --> 00:10:39.340

Interviewer: you can tolerate more pain or something.

88

00:10:39.600 --> 00:10:42.100

Interviewer: Oh, that's interesting. So.

89

00:10:42.420 --> 00:11:06.669

Interviewer: reflecting back on both of those situations, do you feel like there were any changes to your communication with those healthcare providers throughout that birthing experience that would have made the communication more satisfactory or helpful to you? Do you think there's anything you could have changed to have made it better, or do you think you were you? You did communicate effectively.

90

00:11:07.090 --> 00:11:10.165

Interviewee 16: I feel like I did communicate effectively. So

91

00:11:10.650 --> 00:11:26.449

Interviewee 16: It might be helpful that I am in the medical field, in the military, so it's like I kind of already had some type of knowledge going into it, not the OB part, but just in general, how to talk as a patient.

92

00:11:27.200 --> 00:11:27.690

Interviewer: Yeah.

93

00:11:28.000 --> 00:11:34.130

Interviewee 16: I think if I didn't have that, I probably would have gone air blind, like not knowing. But I'm also

94

00:11:34.450 --> 00:11:39.500

Interviewee 16: I do like over-search everything because I'm an over-thinker by trade. So, it's just kind of like.

95

00:11:39.500 --> 00:11:40.380

Interviewer: For you.

96

00:11:40.380 --> 00:11:45.470

Interviewee 16: Yeah, I like to research every little thing, even now, when it comes to my daughter like

97

00:11:47.660 --> 00:11:56.789

Interviewee 16: whatever symptom or anything that she has, like, I'm very advocate about going back or going in second opinions and stuff like that, just

98

00:11:57.770 --> 00:12:02.520

Interviewee 16: by nature, and like being. You know, African American is kind of like.

99

00:12:02.520 --> 00:12:03.250

Interviewer: Yeah.

100

00:12:03.710 --> 00:12:09.509

Interviewee 16: That's the whole nature of the beast. It's unfortunate, but I feel like I always have to do that anyway. So.

101

00:12:09.510 --> 00:12:12.510

Interviewer: Yeah, you have to be overly prepared.

102

00:12:12.820 --> 00:12:23.799

Interviewer: Is there anything else you would like to share with me about the communication between you and those healthcare providers where, in your case, they were midwives during your childbirth and experience?

103

00:12:24.968 --> 00:12:27.779

Interviewee 16: I mean, you know, that's the

104

00:12:28.060 --> 00:12:36.729

Interviewee 16: the only I think the unfortunate part was, like, I said, having a contraction while they're giving me a shot that could actually like

105

00:12:37.504 --> 00:12:39.239

Interviewee 16: paralyze me and stuff

106

00:12:39.710 --> 00:12:44.409

Interviewee 16: that was kind of like. I didn't understand why they couldn't just maybe wait till that contraction.

107

00:12:45.480 --> 00:12:55.562

Interviewee 16: But other than that, the communication was like that came from the nurse specifically like she didn't explain, like, Okay, well, why they can't wait or anything like that

108

00:12:56.130 --> 00:12:59.525

Interviewee 16: But as far as like the midwives and

109

00:13:00.700 --> 00:13:02.090

Interviewer: So, the nurse

110

00:13:02.610 --> 00:13:19.429

Interviewer: was there, not the midwife when you were getting the epidural and having a contraction at the same time? So, she was the one basically saying, Be still and basically take this. And that. Was that what was her race?

111

00:13:20.190 --> 00:13:21.960

Interviewee 16: She was a White.

112

00:13:22.870 --> 00:13:25.409

Interviewer: Do you feel like she was

113

00:13:25.510 --> 00:13:33.540

Interviewee: like, you know, empathetic? Or was it more, how was her communication approach during such a scary moment?

114

00:13:34.191 --> 00:13:42.209

Interviewee 16: Just again, like with just like I'm here to do my job. And that's pretty much it like it wasn't like.

115

00:13:43.730 --> 00:13:47.900

Interviewee 16: I wasn't saying that she was like rude or anything. It was just kind of like this

116

00:13:49.130 --> 00:13:53.379

Interviewee 16: very monotone. And how she like spoke and stuff like, you know.

117

00:13:53.780 --> 00:14:01.250

Interviewer: Yeah, it's such a scary moment, you know. Well, is there anything else? And thank you for sharing your story.

118

00:14:01.949 --> 00:14:12.869

Interviewee 16: Yeah, no, there's nothing else on my part. I think I was very fortunate in my birthday experience overall, especially. I've heard some terrible stories, so

119

00:14:12.970 --> 00:14:16.069

Interviewee 16: thank you for allowing me to share my story.

120

00:14:16.620 --> 00:14:19.639

Interviewer: No problem. I'm gonna stop the recording. Now. Okay.

121

00:14:19.640 --> 00:14:20.380

Interviewee 16: Okay.

[End transcription]

Appendix R-Interviewee 17 Transcription

Date: 02/15/2025

Duration: 22 minutes, 44 seconds

Method: Conducted via Zoom

Confidentiality Statement: To maintain participant anonymity, interviewees are identified by numbers (e.g., Interviewee 1, Interviewee 2). The interviewer is referred to as "Interviewer."

[Start Transcribing Here]

1

00:00:00.300 --> 00:00:09.740

Interviewer: Briefly, describe your child-birthing experience, our experiences, and what was the outcome.

2

00:00:12.000 --> 00:00:15.989

Interviewee 17: So, I'm at 1st childbirth experience was

3

00:00:17.110 --> 00:00:21.470

Interviewee 17: I was 22, so I was oblivious to all the things

4

00:00:21.750 --> 00:00:24.741

Interviewee 17: that could possibly go wrong.

5

00:00:26.640 --> 00:00:27.860

Interviewee 17: So

6

00:00:28.270 --> 00:00:41.320

Interviewee 17: It was easy breezy, other than my labor, which was pretty long, but my experience was great. I lost weight. I was only sick in the first trimester.

7

00:00:41.450 --> 00:00:47.659

Interviewee 17: and it wasn't. It was a good experience. Now, my second one.

8

00:00:48.220 --> 00:00:49.900

Interviewer: I know.

9

00:00:49.900 --> 00:00:55.503

Interviewee 17: Terrible it was! It was! It was scary, it was terrible.

10

00:00:56.600 --> 00:01:08.889

Interviewee 17: It was one of those situations where I was told. I don't even know how you conceive, and once I had him, it was a miracle that he was able to go for a term situation.

11

00:01:09.549 --> 00:01:14.580

Interviewee 17: I was high risk due to my age. I also have an autoimmune disease.

12

00:01:17.690 --> 00:01:32.669

Interviewee 17: so. And then I found out early on, when I was like 5 weeks pregnant, that I had what they thought was one or 2 fibroids come to find out. I had over 15 fibroids.

13

00:01:32.670 --> 00:01:33.610

Interviewer: Hmm.

14

00:01:33.770 --> 00:01:38.739

Interviewee 17: And one of them was the size of a cantaloupe

15

00:01:39.770 --> 00:01:47.175

Interviewee 17: and it cost the most painful, dreadful experience ever.

16

00:01:48.260 --> 00:01:54.780

Interviewee 17: So, one of the issues with the fibroids was that it could possibly take over the baby's blood supply.

17

00:01:54.970 --> 00:02:06.499

Interviewee 17: So, I had to go in every month for an ultrasound where they had to monitor the size of the fibroids and monitor the baby that he was growing, and that the fibroids wouldn't

18

00:02:06.620 --> 00:02:23.240

Interviewee 17: weren't going to take over, because what your body put out it makes the fibroids grow. So, they had to make sure that they weren't growing to the point where the baby didn't have any room to develop, and that it would take over his blood supply and basically just swallow him whole.

19

00:02:24.380 --> 00:02:27.040

Interviewee 17: But the largest fibroid that I had.

20

00:02:27.200 --> 00:02:44.010

Interviewee 17: luckily for us, as far as my baby being able to make it Earth side, it starts degenerating. And when I tell you that was the most painful experience like I would give birth childbirth without an epidural

21

00:02:44.460 --> 00:02:51.180

Interviewee 17: 3 times in a row before, I want to experience that I was hospitalized 2 times well, 2 times

22

00:02:51.966 --> 00:03:02.970

Interviewee 17: before he was born, and once postpartum, due to the difficulties with the fibroid even for my oldest son. 16th birthday, like I was in the hospital for a week.

23

00:03:04.560 --> 00:03:18.800

Interviewee 17: it was. It was a scary experience, and just not knowing. You know how the baby's doing, and if everything's gonna go. Well, you know, having all the faith that I had, it was just still kinda scary to the point.

24

00:03:18.920 --> 00:03:26.579

Interviewee 17: My husband, we realized, not intentionally, but we were putting off

25

00:03:26.710 --> 00:03:40.460

Interviewee 17: like doing things as far as making a nursery, because we were kind of nervous like what happened. And I was in therapy at the time because it was really like it was.

26

00:03:40.460 --> 00:03:41.470

Interviewer: Oh, yeah.

27

00:03:42.218 --> 00:03:51.440

Interviewee 17: And she encouraged us. You know you need to talk about these concerns. You know that that you have, and he's probably feeling the same way, too, and

28

00:03:51.870 --> 00:04:18.719

Interviewee 17: she challenged us to, you know. Take a day and just have all the faith in the world and just know that our baby is going to be well and just step out on faith and start decorating that nursery and buying all the things that you need. And we did it late, but we finally did, and, as you know all, it turned out well, and we ended up with another beautiful blessing. We found out

29

00:04:18.790 --> 00:04:25.910

Interviewee 17: Zayden was 6 months that we were pregnant again. They are 13 months apart.

30

00:04:26.020 --> 00:04:28.736

Interviewee 17: That pregnancy went much better.

31

00:04:29.480 --> 00:04:30.640

Interviewee 17: The only

32

00:04:31.770 --> 00:04:44.499

Interviewee 17: situation my water broke early a month early, so he was born. 5 weeks premature. He had to stay in Nicu about a week after we were discharged.

33

00:04:44.964 --> 00:05:04.460

Interviewee 17: He was having complications, gaining weight, and not eating well. And then we also noticed, while I was in the hospital, we went to went to his pediatric, and they were like, Go to the ER just, you know, for a checkup, just to make sure, and they noticed every time I nursed his

34

00:05:05.583 --> 00:05:09.099

Interviewee 17: oxygen level would drop, so

35

00:05:09.360 --> 00:05:13.500

Interviewee 17: we had to. We were admitted again for like another week.

36

00:05:13.650 --> 00:05:21.870

Interviewee 17: But he's doing much better. He's still on the small side. He's 9 months now. It'll be 10 months on the 25th

37

00:05:22.300 --> 00:05:26.315

Interviewee 17: and he still went 3 to 6 months. But he's doing great.

38

00:05:26.650 --> 00:05:30.196

Interviewer: Well, girl, he looks like he eats good.

39

00:05:30.640 --> 00:05:35.847

Interviewee 17: Oh, he ate cause he thought it. I don't know what a little whittle.

40

00:05:36.330 --> 00:05:46.740

Interviewer: But so, in those childbirths and experiences, what characteristics of the communication between you and your healthcare providers throughout?

41

00:05:46.740 --> 00:05:49.270

Interviewer: Hello, perfect! Can you hear me?

42

00:05:49.600 --> 00:05:50.779

Interviewee 17: Can you hear me?

43

00:05:50.780 --> 00:05:51.610

Interviewer: Yeah.

44

00:05:52.950 --> 00:05:54.269

Interviewer: Can you hear me?

45

00:05:57.440 --> 00:05:58.440

Interviewer: Hey?

46

00:05:59.930 --> 00:06:01.120

Interviewee 17: Can you hear me?

47

00:06:01.120 --> 00:06:01.930

Interviewer: Yeah.

48

00:06:02.840 --> 00:06:03.210

Interviewee 17: Okay.

49

00:06:03.210 --> 00:06:05.720

Interviewer: I can see and hear you.

50

00:06:05.720 --> 00:06:06.530

Interviewee 17: Oh.

51

00:06:12.350 --> 00:06:13.240

Interviewee 17: hello!

52

00:06:13.730 --> 00:06:14.660

Interviewer: Hello!

53

00:06:25.900 --> 00:06:27.869

Interviewee 17: Okay, I can hear you now.

54

00:06:27.870 --> 00:06:30.789

Interviewer: Okay, I could see and hear you the whole entire time.

55

00:06:30.790 --> 00:06:31.980

Interviewee 17: And now you can hear.

56

00:06:32.690 --> 00:06:33.490

Interviewer: I can.

57

00:06:34.440 --> 00:06:36.960

Interviewee 17: And I can hear you. Okay, I can hear you now.

58

00:06:36.960 --> 00:06:50.800

Interviewer: So, what I was asking is what characteristics of the communication between you and your healthcare providers throughout those birthing experiences seem satisfactory or helpful to you

59

00:06:51.220 --> 00:06:54.729

Interviewer: are, and unsatisfactory or not helpful?

60

00:06:55.990 --> 00:06:59.280

Interviewee 17: So, my provider, that I

61

00:07:00.360 --> 00:07:02.201

Interviewee 17: that ended up being my

62

00:07:03.470 --> 00:07:08.355

Interviewee 17: my provider throughout my whole pregnancy, because I had a few

63

00:07:09.380 --> 00:07:22.559

Interviewee 17: She was amazing. Her communication was clear. She was honest and supportive, which helped me feel more comfortable and informed.

64

00:07:23.469 --> 00:07:32.709

Interviewee 17: She communicated that she understood my concerns. Our fears. Anticipation.

65

00:07:32.830 --> 00:07:38.735

Interviewee 17: It was one situation where I was like, okay, this is my provider.

66

00:07:41.490 --> 00:07:58.000

Interviewee 17: It was something that my husband and I had a question about, and she didn't know the answer to it. So, she was saying, you know I'm be honest with you. I don't know the answer to it. But I'm gonna talk to some other colleagues, and I'm gonna find out. And I'm thinking that she's gonna reach out.

67

00:07:58.000 --> 00:08:14.400

Interviewee 17: build a portal, or you know we'll discuss it at my next visit. That lady called me that night, doing her personal time to answer, to address our questions, and just to reassure me that you know she had my back, and that

68

00:08:14.540 --> 00:08:31.549

Interviewee 17: this is gonna, you know, go well because I let her know upfront. I'm not trying to be a statistic. I know a lot of things against me, you know, the odds, my eyes, or whatnot. So, I was like, I need you to be on your game if I have an issue. I don't want it, you know, to be

69

00:08:31.690 --> 00:08:47.560

Interviewee 17: swept under the rug. I want you to, you know, be as enthused as possible. You know it just cared, and she did all that. She was amazing. From our 1st doctor's visit to the end.

70

00:08:47.560 --> 00:08:50.639

Interviewer: This is your most recent childbirth experience?

71

00:08:51.082 --> 00:08:52.410

Interviewee 17: My last 2.

72

00:08:52.410 --> 00:08:59.480

Interviewer: What was her? Okay. So, you use the same person. Okay, was she? What race was she?

73

00:08:59.690 --> 00:09:07.230

Interviewee 17: She was White, and I was adamant about having a person of color, but when they found out

74

00:09:08.190 --> 00:09:35.199

Interviewee 17: that I was high-risk because I had a midwife. I wanted a midwife, and I wanted a midwife, but when I found out that I was high risk, you have to have an MD. So, we switched providers, but she reassured me that her bedside manner was amazing. She was like, if you like me, you're gonna love her, and I was like, I don't know about that, and the 1st day I met her like I was on her heart, but she came with it, and

75

00:09:35.200 --> 00:09:35.890

Interviewer: Okay.

76

00:09:36.576 --> 00:09:37.950

Interviewee 17: She's amazing.

77

00:09:37.950 --> 00:09:44.689

Interviewer: And you felt heard. If you had any concerns, you didn't feel like she was dismissive. You felt seen.

78

00:09:44.900 --> 00:09:52.112

Interviewee 17: Yeah, I mean, and like she was open to if my husband couldn't make it, you know, we were able to do

79

00:09:53.140 --> 00:10:03.919

Interviewee 17: like the Facetime calls, and she was as patient as possible. I wasn't rushed. My Doula was able to come to the appointments, and she addressed.

80

00:10:03.920 --> 00:10:05.150

Interviewer: He had a Doula?

81

00:10:05.490 --> 00:10:08.100

Interviewee 17: with my second one, I did have

82

00:10:08.100 --> 00:10:30.770

Interviewee 17: and postpartum, and she addressed our concerns. We did. We walked through our birthing plan together. Another situation that stood out was where I felt heard. Apparently during the childbirth. I didn't realize it, but my second baby lost consciousness, and like he was blue.

83

00:10:31.010 --> 00:10:46.529

Interviewee 17: and she just calmly, so with my birthing plan, I didn't want his umbilical cord cut immediately. It's called the Golden Hour. So, you get skin-to-skin. They don't wash him off. They let the umbilical cord

84

00:10:47.030 --> 00:11:02.730

Interviewee 17: beat. I'm not beat but pulsate until the pulse is completely gone. So it's the delayed cutting, and you just get that one on one time, and it's not rushed is try to be in is

85

00:11:02.730 --> 00:11:21.090

Interviewee 17: natural kind of close-to-home birth as you can get. So, he wasn't breathing, and I wasn't aware of that, but she just calmly took the baby from my husband and just started stimulating him and rubbing his back really hard until he came

86

00:11:21.797 --> 00:11:25.940

Interviewee 17: till he got back, conscious or whatnot, and.

87

00:11:25.940 --> 00:11:28.790

Interviewer: want to freak you out. You see, if she was straight.

88

00:11:28.790 --> 00:11:46.370

Interviewee 17: She was still trying to honor my birthing plan like she was not trying to take him away from me and put him under the lights, and you know, and, like, you know, do all the whatever you know. And I'm like, hey, if that's what you got to do. But she just explained to us, like when we went to our visit after, she was like, you know.

89

00:11:46.370 --> 00:12:07.159

Interviewee 17: I didn't want to like you, said alarm you, but she was like I was trying to honor your birthing plan. I know you didn't. You know you wanted him to have skin-to-skin? You didn't want him to be washed off. You didn't want his umbilical cord to be cut. So I was trying to do everything I could within that setting, still close to Mom and Dad, so I wouldn't disrupt your birthing plan. And I'm like.

90

00:12:07.160 --> 00:12:12.010

Interviewer: Good. You were in good hands, she good, she different. So.

91

00:12:12.010 --> 00:12:12.570

Interviewee 17: Like.

92

00:12:12.760 --> 00:12:14.419

Interviewer: Yeah, what about

93

00:12:14.870 --> 00:12:34.319

Interviewer: any unsatisfactory? Not necessarily with her. I'm glad you had a positive experience, and if you haven't had any unsatisfactory communication, you know, situations that's fine, too, but just reflecting back on your childbirth and experiences, anything seemed unsatisfactory or not helpful in the past.

94

00:12:34.760 --> 00:12:42.310

Interviewee 17: It was 2 situations. One situation was with the midwife that I wanted.

95

00:12:43.920 --> 00:12:47.079

Interviewee 17: her, I guess. Bed, sat, manner and

96

00:12:48.811 --> 00:12:52.180

Interviewee 17: with this particular situation. It was lacking.

97

00:12:52.955 --> 00:12:57.800

Interviewee 17: And I felt she was impersonal due to my age

98

00:12:58.060 --> 00:13:04.750

Interviewee 17: and being high risk, I did some of the genetic testing and some other testing that they do.

99

00:13:05.800 --> 00:13:17.609

Interviewee 17: girl, I have brain fog like out of this world. But I don't remember the particulars, but there were some concerns. Do I think like the

100

00:13:17.740 --> 00:13:19.910

Interviewee 17: it was the size

101

00:13:20.480 --> 00:13:31.059

Interviewee 17: it was. It was the size of something that was a concern and for some babies. It could mean Down syndrome or some other birth defect.

102

00:13:32.320 --> 00:13:37.630

Interviewee 17: So, the way she worded it like it wasn't in layman's turn. So, like

103

00:13:37.960 --> 00:13:46.360

Interviewee 17: I had to Google to figure out what she was talking about. And then, when I'm Googling, like all these negative images coming up, and

104

00:13:46.960 --> 00:13:55.345

Interviewee 17: and I communicated my fears, you know, to her. And

105

00:13:56.250 --> 00:14:02.199

Interviewee 17: I just felt like that. Information was something that should have been reported in person

106

00:14:02.340 --> 00:14:11.409

Interviewee 17: or a phone call and not text over the portal like there was like it was no type of you know.

107

00:14:11.700 --> 00:14:13.290

Interviewee 17: Hey? You know.

108

00:14:13.410 --> 00:14:35.360

Interviewee 17: this is just, you know, the medical term terminology of the findings. But we feel as though, you know, Baby Lewis is going to be great, like he may be on the other end like there. There was nothing, you know, it was just like, Hey, you know, this is what we read, or whatever, and this was possible can be like. There was no reassurance because come to find out

109

00:14:35.580 --> 00:14:51.129

Interviewee 17: 9, 10 times, even though he had that high number, like other factors, played into that situation where it was, it could. It was gonna be a positive outcome where it could have been a positive outcome. But like you can't

110

00:14:51.130 --> 00:15:08.439

Interviewee 17: get all that, you know, especially if you don't know what you're reading, you know I couldn't read all that or break that down like I just saw the negative that stood out, and it was like super scary, and I'm trying to communicate like reach out to somebody like, Hey, I need somebody to explain, you know what's going on.

111

00:15:09.038 --> 00:15:11.480

Interviewee 17: So that was a situation

112

00:15:11.890 --> 00:15:18.815

Interviewee 17: where I just felt like it was a little impersonal, and I didn't like, I guess, the bedside manner

113

00:15:19.180 --> 00:15:22.570

Interviewer: And what was her race? And was she older, younger?

114

00:15:22.820 --> 00:15:25.040

Interviewer: She was a black midwife. Okay.

115

00:15:25.040 --> 00:15:33.430

Interviewee 17: Tyler was younger than me. Like I'm 40, so I think she's maybe maybe Mid thirties.

116

00:15:34.000 --> 00:15:38.669

Interviewer: So, reflecting back on. Do you think there's any changes

117

00:15:38.730 --> 00:16:04.650

Interviewer: to your communication with your healthcare providers throughout your birth and experiences that would have made the communication more satisfactory or helpful like, say, in that situation, but you are. You did highlight that you did express your fears. It was open communication. So, reflecting back on a situation like that, do you feel like, or any of your situations? Do you feel like there's anything you could have changed or wanted to have changed looking back?

118

00:16:09.460 --> 00:16:16.989

Interviewee 17: I mean, I don't like to point fingers or whatnot, but I don't know what else I could have done in this situation that I just feel like

119

00:16:17.866 --> 00:16:36.293

Interviewee 17: it just could have been a little bit more personable, like reading some news like that like that was scary, you know, and not being able to kind of understand what I was actually reading, I just felt like with the portal you can't control like, because usually, how

120

00:16:36.940 --> 00:16:53.649

Interviewee 17: the information is put in the portal. I usually see the information for the doctor. See it or the provider see it. So, it probably was a situation, you know, out of her control. But the part that I read was the part that she typed up. So

121

00:16:53.780 --> 00:16:59.519

Interviewee 17: now that I think about it, so I just feel like she could have called, you know, like, Hey, you know.

122

00:16:59.720 --> 00:17:22.469

Interviewee 17: information update in the portal, and I put my notes, and I just want to, you know, break down. You know what you're gonna read, or we can go over it together, like, I just feel like, you know, some more type of communication in that situation because that was like a scary week or so before I was able to get in to talk to someone, you know, like not knowing what was going on, and then.

123

00:17:22.470 --> 00:17:24.189

Interviewer: How did that make you feel?

124

00:17:24.579 --> 00:17:40.689

Interviewee 17: I mean, I definitely let her know how it made me feel, although she wasn't my provider anymore. But I still reached out to her and just let her know, like in the future, you know, you may want to reach out to your patients, you know, and nobody wants to read information like that.

125

00:17:41.010 --> 00:17:52.320

Interviewer: Right. Is there anything else you would like to share with me about the communication between you and your healthcare providers during your childbirth and experiences? Is there anything else you left out or want to share?

126

00:17:53.741 --> 00:17:58.070

Interviewee 17: Well, there was another situation with another provider.

127

00:17:58.230 --> 00:18:07.440

Interviewee 17: because my provider at the time was stuck on a flight, so I had. Whoever was on call, and she was very aggressive.

128

00:18:08.365 --> 00:18:22.149

Interviewee 17: I didn't feel as though she was listening to me. She was not very honest, like a lack of integrity. But I felt like I was a number and

129

00:18:23.030 --> 00:18:38.980

Interviewee 17: dollar signs like she was rushing me to break my water so I can have the baby. But I wanted to. I wanted things to go as natural as possible, and I'm like, if I'm not in distress, and the baby's not in distress. Why are you rushing me?

130

00:18:39.440 --> 00:18:58.490

Interviewee 17: to go through with this procedure to have this baby? If my water has not naturally broke yet? And I'm okay, and the baby's okay; why are you bothering me? And she reached out to my doctor and lied to my doctor and told her that the baby was in distress and that I needed to

131

00:18:58.600 --> 00:19:06.050

Interviewee 17: have my water broke so, and then, like she knew I didn't want to have a C-section, so she just kept bringing that up.

132

00:19:06.530 --> 00:19:14.830

Interviewee 17: threatening, threatening, you know, if we don't hurry up and do this, you could possibly need a C-section and

133

00:19:15.160 --> 00:19:16.430

Interviewee 17: a calmly

134

00:19:17.031 --> 00:19:41.239

Interviewee 17: she called. No, she called my doctor, and she came in like she was telling on me, and she came in with my doctor on the phone, and my doctor was explaining what she had just told her, and I told her that's not true. The baby has not been in distress at all since I've been here. I have not been in distress the readings that

135

00:19:41.720 --> 00:19:55.750

Interviewee 17: people were getting at 1 point in time. They were false readings, and it was, and they knew she knew it was false readings like, so I didn't have an epidural, and they have this monitor called the Monica, I believe, and

136

00:19:55.880 --> 00:20:08.869

Interviewee 17: it works off Wi-fi. So, it keeps up with the baby's heart rate and my heart rate, and I'm able to move around and not have to be confined to the bed. But if somebody walks in a room with their wi-fi on, it'll

137

00:20:09.070 --> 00:20:24.719

Interviewee 17: it'll make it go off whack or whatnot, and sometimes it'll get a false reading, so once they would realize it's a false reading. They would put me on a regular monitor, and they will realize, oh, the baby's fine! And she knew this.

138

00:20:25.020 --> 00:20:48.429

Interviewee 17: so, I guess she just thought if she told a half-truth, you know, like the baby, you know, we heard getting readings that the baby was in distress. No, those are false readings. Those were false, positive readings, and when we did it again, everybody was fine. So, I told that I asked the doctor. I said, is it possible that you put me on that you have her put me on a regular monitor?

139

00:20:48.430 --> 00:20:56.190

Interviewee 17: and not the Wi-fi monitor and monitor baby for 35 minutes, sir. I think that was the window they would do, and if I'm fine.

140

00:20:56.510 --> 00:21:08.809

Interviewee 17: then I don't want to be asked again about having us having my water broke until it comes to that point where I need to have it done. And she said, Okay, that's not like a good idea.

141

00:21:09.160 --> 00:21:12.990

Interviewee 17: And once we did that, and the babies and I were fine.

142

00:21:13.430 --> 00:21:19.330

Interviewee 17: My husband told her, "We no longer want you on our services, and you can go for the day."

143

00:21:19.600 --> 00:21:29.870

Interviewee 17: and my nurse came up to me, and she was like, I'm so proud of you for speaking up for yourself and what she said

144

00:21:30.350 --> 00:21:46.440

Interviewee 17: something else she was telling me, but she was like, I'm so proud of you and your husband that you know y'all didn't back down, and she was like, cause a lot of women just would have just gave in, and she was like, I'm glad that you all were advocating for yourself and your baby. I was like, Yeah.

145

00:21:46.440 --> 00:21:47.930

Interviewer: The race of the nurse.

146

00:21:47.930 --> 00:21:49.240

Interviewee 17: She was White.

147

00:21:49.240 --> 00:21:57.030

Interviewer: And this was a medical doctor that was trying to do an unnecessary C-section and race.

148

00:21:58.558 --> 00:22:04.649

Interviewee 17: the nurse, I mean the doctor, I mean they were she was White.

149

00:22:05.310 --> 00:22:05.900

Interviewer: Okay.

150

00:22:05.900 --> 00:22:10.230

Interviewee 17: The nurse who was who? My nurse? Who was

151

00:22:10.360 --> 00:22:18.230

Interviewee 17: telling me, you know, thank you for speaking up for yourself and speaking up for yourself and your baby. She was black.

152

00:22:18.640 --> 00:22:19.560

Interviewer: Oh, but that.

153

00:22:19.560 --> 00:22:24.320

Interviewee 17: Who was trying to break my water and threatening that I was going to need a C-section was White.

154

00:22:25.390 --> 00:22:37.009

Interviewer: Okay, that that's some very important points that you highlighted at the end. So, thank you for bringing that up. And I'm gonna stop the recording. Do you have anything else you want to share?

155

00:22:37.250 --> 00:22:38.800

Interviewee 17: No, that's all.

156

00:22:38.980 --> 00:22:41.139

Interviewer: Okay, hang on.
[End transcription]

Appendix S-Interviewee 18 Transcription

Date: 02/16/2025

Duration: 11 minutes, 02 seconds

Method: Conducted via Zoom

Confidentiality Statement: To maintain participant anonymity, interviewees are identified by numbers (e.g., Interviewee 1, Interviewee 2). The interviewer is referred to as "Interviewer."

[Start Transcribing Here]

1

00:00:00.650 --> 00:00:01.290

Interviewee 18: Okay.

2

00:00:02.090 --> 00:00:06.080

Interviewer: Describe your childbirth and experiences, and what was the outcome.

3

00:00:06.970 --> 00:00:22.370

Interviewee 18: So, both of my child-birthing experiences were completely different because with the first one, even though I was in the military, I didn't see military doctors, versus, with the second one, I saw military doctors.

4

00:00:22.980 --> 00:00:27.089

Interviewee 18: so, I would say the 1st one was pleasant.

5

00:00:28.425 --> 00:00:34.474

Interviewee 18: I felt like I had an attendance doctor. She was a Hispanic lady.

6

00:00:35.360 --> 00:00:40.849

Interviewee 18: She like listened to all my concerns. She was just on top of everything, like

7

00:00:41.330 --> 00:00:53.910

Interviewee 18: I have no complaints. I did have to have a C-section, but that's because I had a myomectomy and the type of incisions and cuts that I had. I had too many. So having a vaginal birth was like out of the question.

8

00:00:55.730 --> 00:00:56.940

Interviewee 18: But again

9

00:00:57.190 --> 00:01:07.350

Interviewee 18: she made me comfortable with the entire process, like, even though I did have to like be put on home, rest and bed, rest and stuff.

10

00:01:07.450 --> 00:01:14.440

Interviewee 18: I still like the experience was pleasant now with my daughter.

11

00:01:14.440 --> 00:01:15.720

Interviewer: The military.

12

00:01:15.900 --> 00:01:22.228

Interviewee 18: I was in the military, but I saw a civilian doctor the entire time, because they didn't have

13

00:01:22.850 --> 00:01:30.630

Interviewee 18: any of the OBGYNs here at the time. At the time they didn't have like any clinics that I could go to

14

00:01:31.425 --> 00:01:38.129

Interviewee 18: for active-duty personnel. So, with my daughter it was completely different.

15

00:01:38.270 --> 00:01:42.690

Interviewee 18: I hated it because it was all male doctors, one.

16

00:01:43.050 --> 00:01:49.599

Interviewee 18: And then it was like a group, so like, I never knew who I was gonna see, not. Am I not, correct?

17

00:01:50.020 --> 00:01:51.310

Interviewer: Little fish just came.

18

00:01:51.310 --> 00:01:52.750

Interviewer: How's Daddy Brain?

19

00:01:53.600 --> 00:01:54.549

Interviewee 18: He was like.

20

00:01:55.820 --> 00:02:03.509

Interviewee 18: But I saw all male doctors, which I did. I would not pick a male doctor because I feel like men just don't understand our bodies.

21

00:02:03.510 --> 00:02:03.930

Interviewer: Right.

22

00:02:03.930 --> 00:02:10.829

Interviewee 18: and then they were all White males, and the one that was a black male. I felt like he kind of

23

00:02:11.160 --> 00:02:16.080

Interviewee 18: dismissed the concerns that I had. And so, I definitely felt some type of way.

24

00:02:16.490 --> 00:02:20.690

Interviewee 18: what? Okay? Why, you got my Uggs on. Why.

25

00:02:25.990 --> 00:02:30.151

Interviewee 18: I got on my Ugg boots, trying to carry stuff aside. But

26

00:02:30.990 --> 00:02:47.510

Interviewee 18: I don't know. I feel like they just kind of like dismissed like, oh, I'm having this concern, or I dealt with Spd my last pregnancy, and I'm pretty sure I'm dealing with it now like they just like, oh, it's all right. The baby's just heavy. Oh, just put a strap on, and although it may not have been like a huge concern, but

27

00:02:48.890 --> 00:02:56.040

Interviewee 18: I was still considered high risk. I still had, you know, like I said, all my aches and pains. I couldn't even walk half the time.

28

00:02:56.310 --> 00:03:08.660

Interviewee 18: because I was in so much pain, so like, you don't sit here and tell me that. Oh, yeah, that's normal. Yeah, it may be normal. But like for my body frame. Obviously, it was not normal.

29

00:03:09.370 --> 00:03:10.410

Interviewee 18: So.

30

00:03:10.720 --> 00:03:11.280

Interviewer: Wow!

31

00:03:11.280 --> 00:03:12.019

Interviewee 18: I don't know, and then.

32

00:03:12.020 --> 00:03:17.030

Interviewer: It was a lot of things just. They were dismissive.

33

00:03:17.030 --> 00:03:19.299

Interviewee 18: Very dismissive, very.

34

00:03:19.300 --> 00:03:22.250

Interviewer: And it was dismissive of your pain, like.

35

00:03:23.020 --> 00:03:34.879

Interviewee 18: Yeah. So, I was like, miserable. The whole pregnancy, like, I literally was miserable. And then I was dealing like with depression on top of that because I was so miserable because they just did not listen. I think I was

36

00:03:35.500 --> 00:03:46.750

Interviewee 18: 7 months before they put me on bed rest, and I was like, you did not look at my medical file from my last pregnancy like y'all need to get it together. Y'all need to get it together. But I

37

00:03:47.430 --> 00:03:51.149

Interviewee 18: they didn't. They didn't. When I tell you I

38

00:03:51.880 --> 00:03:58.959

Interviewee 18: wish that I could have like had the same doctor like I wanted to come back to tech to Florida. Just so I could have the same doctor

39

00:03:59.840 --> 00:04:00.430

Interviewee 18: just.

40

00:04:00.430 --> 00:04:07.779

Interviewer: So, I can have things, all men, and both the White men and the black man male.

41

00:04:08.920 --> 00:04:09.730

Interviewer: Yes, sir.

42

00:04:09.910 --> 00:04:16.430

Interviewee 18: Yeah. And then the person that delivered her I had never even seen.

43

00:04:19.480 --> 00:04:20.360

Interviewer: Wow!

44

00:04:21.329 --> 00:04:32.559

Interviewee 18: Like, not even a doctor I had ever seen. And they were like, Okay, we, you see, all of us, because there's a possibility, we don't know who's gonna be the one, you know, delivering your baby when it's time.

45

00:04:33.109 --> 00:04:47.029

Interviewee 18: Grant. Mind you, I had a scheduled C-section. So, I'm like, Okay, well, you can tell me, you know who's on the schedule for this date? They were like, Oh, yeah. Well, the schedule changes. It just depends. So yeah, the person that ended up delivering the baby I had never seen before, never even talked to.

46

00:04:47.819 --> 00:05:07.679

Interviewee 18: and I hate it like even back to like the how I was put back together. He used like staples. My doctor before didn't use staples. You couldn't even tell I had a C-section. She, like hand stitched me back together, and it was like so pretty. This one is ugly, like.

47

00:05:09.040 --> 00:05:15.410

Interviewer: That's how it just all depends on how they cut you, how they put you back together.

48

00:05:15.939 --> 00:05:27.020

Interviewer: I had 3 C sections, and the last one was done by the male. That's when I got like an overlap like, you know, my stomach can get flat, but

49

00:05:27.420 --> 00:05:33.520

Interviewer: My panty line covers it, but there's a light, little overlap.

50

00:05:33.520 --> 00:05:34.040

Interviewee 18: Yeah.

51

00:05:34.040 --> 00:05:43.340

Interviewer: Get it too tight or something I don't know. But yeah, it all depends on that. So, these were civilian doctors, right?

52

00:05:43.340 --> 00:05:49.960

Interviewee 18: Yeah, they were civilian doctors for the army. I was just like, Oh, my gosh! Like what.

53

00:05:50.890 --> 00:05:51.980

Interviewer: I don't know.

54

00:05:52.140 --> 00:05:53.140

Interviewer: Wow!

55

00:05:53.140 --> 00:06:17.789

Interviewer: So, reflecting back on that, what characteristics of the communication between you and those healthcare providers throughout your birthing experiences seemed satisfactory or helpful to you, and dissatisfactory, you know, unsatisfactory and not helpful to you, and if you didn't find anything satisfactory you can say that. But what

56

00:06:17.920 --> 00:06:25.720

Interviewer: reflecting back, what characteristics of communications seemed satisfactory and helpful, and are not satisfactory and helpful?

57

00:06:26.650 --> 00:06:33.750

Interviewee 18: Well, with my 1st pregnancy, everything was satisfactory, everything was helpful, like

58

00:06:33.850 --> 00:06:37.619

Interviewee 18: from calls to the E messages like

59

00:06:38.070 --> 00:06:41.190

Interviewee 18: she was just on top of everything she was

60

00:06:41.930 --> 00:06:52.567

Interviewee 18: I don't know. I was like I could not look, I cannot. Christina Gomez was A1. I kid you, not but with the other office. I felt like it was.

61

00:06:53.440 --> 00:07:07.449

Interviewee 18: I felt like my appointments were scheduled, you know, timely, like when I needed to be seen. There were a couple of instances where they told me to just go to the ER because they couldn't get me in.

62

00:07:07.570 --> 00:07:12.050

Interviewee 18: Which I thought was wild. I felt like you should have some doctor available for.

63

00:07:12.540 --> 00:07:23.359

Interviewee 18: for emergency reasons, like, "Hey, can I come in the office? I need to refill this medicine. I need y'all to check my blood, like they barely even check my blood work.

64

00:07:24.980 --> 00:07:25.860

Interviewer: Wow!

65

00:07:26.200 --> 00:07:38.899

Interviewee 18: Like nothing. So yeah, I was a lot more paranoid with that pregnancy because it's like, I don't know what's going on. I think she's okay. I mean, towards the end, they did a lot more ultrasounds. But

66

00:07:39.190 --> 00:07:43.350

Interviewee 18: in the beginning it was just like I'm playing the waiting game.

67

00:07:44.790 --> 00:07:45.720

Interviewee 18: So.

68

00:07:45.720 --> 00:07:47.280

Interviewer: How did that make you feel?

69

00:07:48.420 --> 00:07:57.480

Interviewee 18: Well, I knew that I wasn't going to have another child while I was in the military, and I knew I was going to get out of the military at that point, like, I kind of already knew I was like, Yeah, I'm not going through any of this again, like.

70

00:07:57.990 --> 00:08:09.020

Interviewee 18: Especially if I'm in the military, I'm not going through this again because if this is how service is, the same way I feel about their dental programs, I don't. I don't want to deal with it.

71

00:08:09.420 --> 00:08:11.364

Interviewer: Yeah, that dental. Yeah.

72

00:08:12.770 --> 00:08:16.229

Interviewer: So, reflecting back, do you think

73

00:08:16.440 --> 00:08:30.169

Interviewer: there are any changes to your communication with those healthcare providers throughout your birth and experiences that will have made the communication more satisfactory or helpful, like reflecting back. Do you feel like you should have done something differently?

74

00:08:31.080 --> 00:08:32.100

Interviewer: Or no?

75

00:08:33.650 --> 00:08:42.279

Interviewee 18: I don't feel like I could have done anything differently. I think I did everything that was like within my power within my realm that I could do.

76

00:08:42.280 --> 00:08:42.900

Interviewer: Hmm.

77

00:08:43.039 --> 00:08:51.417

Interviewee 18: At that point, a lot of the communication issues was a them problem, even like the post

78

00:08:52.189 --> 00:08:57.369

Interviewee 18: like, after having the baby like they didn't even like. They only saw me one time.

79

00:08:58.129 --> 00:09:03.699

Interviewee 18: whereas with the other healthcare provider, I was seen 3 times after I had the baby so

80

00:09:07.119 --> 00:09:08.959

Interviewee 18: I don't know. I guess it is like it's just

81

00:09:09.719 --> 00:09:15.279

Interviewee 18: not a concern of there for the aftercare. I feel like the aftercare could have been a little bit better.

82

00:09:18.569 --> 00:09:23.979

Interviewee 18: if they would just add, like another appointment in, just to, you know. Hey, check it on you

83

00:09:24.369 --> 00:09:29.719

Interviewee 18: 2 weeks post, you know, and then again on at 6 weeks, or something, you know.

84

00:09:30.050 --> 00:09:30.940

Interviewer: Right.

85

00:09:31.600 --> 00:09:41.030

Interviewer: Is there anything else you would like to share with me about the communication between you and your healthcare providers during those childbirths and experiences?

86

00:09:43.250 --> 00:09:47.869

Interviewee 18: No, I mean, I will say, with the 1st doctor.

87

00:09:48.330 --> 00:09:51.759

Interviewee 18: I did end up seeing her again, and this is

88

00:09:51.880 --> 00:09:55.099

Interviewee 18: because I needed to be seen after having Jaylee.

89

00:09:56.010 --> 00:09:57.980

Interviewee 18: And we had moved back to Florida.

90

00:09:58.210 --> 00:10:11.629

Interviewee 18: And she was like, okay. So, when she saw me, she was like, Yeah, I was really concerned because you said that you know you were doing a doing a 6 month. Follow-up appointment, you know.

91

00:10:12.300 --> 00:10:13.500

Interviewee 18: And

92

00:10:13.740 --> 00:10:21.220

Interviewee 18: you didn't. You know you didn't have one with your doctors there. I was like, no, it's not a thing there, and she's like, I'm surprised you even had another child

93

00:10:22.300 --> 00:10:30.460

Interviewee 18: like that was her. She was like, I was so concerned for you. I really just could not, you know, fathom you having another child.

94

00:10:31.470 --> 00:10:33.281

Interviewee 18: I was just like, yeah, I did.

95

00:10:33.740 --> 00:10:35.470

Interviewee 18: I did so. I don't.

96

00:10:35.890 --> 00:10:48.050

Interviewer: So that first doctor, the Hispanic woman with whom you had a positive overall communication and relational experience, was located in Florida?

97

00:10:49.330 --> 00:10:53.270

Interviewer: And the second group of doctors. Where were they located?

98

00:10:53.270 --> 00:10:55.439

Interviewee 18: In Georgia, at Fort Eisenhower.

99

00:10:55.640 --> 00:10:58.019

Interviewer: Okay. They were in Georgia. Okay?

100

00:10:58.550 --> 00:11:01.440

Interviewee 18: Let's see what happened.

[End transcription]

Appendix T-Interviewee 19:Transcription

Date: 02/16/2025

Duration: 14 minutes, 10 seconds

Method: Conducted via Zoom

Confidentiality Statement: To maintain participant anonymity, interviewees are identified by numbers (e.g., Interviewee 1, Interviewee 2). The interviewer is referred to as "Interviewer."

[Start Transcribing Here]

1

00:00:03.060 --> 00:00:06.909

Interviewer: Describe your childbirth and experience, and what was the outcome.

2

00:00:08.039 --> 00:00:15.879

Interviewee 19: Okay, about the child-birthing experience. Is there anything in particular you want me to touch on?

3

00:00:16.580 --> 00:00:25.335

Interviewer: No, it's your world. Just explain any aspect of it that you want to share.

4

00:00:26.050 --> 00:00:37.890

Interviewee 19: Okay, so my child-birthing experience, I was actually induced. I was about 10 days overdue going on 2 weeks overdue

5

00:00:38.394 --> 00:00:46.250

Interviewee 19: so, I had went in for an appointment, and I had a stress test, a fetal stress test done.

6

00:00:46.960 --> 00:00:56.809

Interviewee 19: And after that, I was given permission to leave the doctor's office. Go, get some food, take some time, and then head on to the hospital to be induced.

7

00:00:57.497 --> 00:01:08.640

Interviewee 19: And this was in 2021. So, it was also still like peak pandemic era. So, all my appointments were alone. So, I was by myself during all my doctor's appointments.

8

00:01:10.260 --> 00:01:13.040

Interviewee 19: And wearing a mask and all that stuff. And so

9

00:01:13.250 --> 00:01:19.279

Interviewee 19: we got to the hospital. I think like around 2 o'clock, and they have to do a COVID test before they do anything else.

10

00:01:19.390 --> 00:01:29.139

Interviewee 19: And I also had to wear a mask. Even when I was at the hospital being induced, so, had on a mask, had to be tested, and wait for those results to come back.

11

00:01:30.162 --> 00:01:32.010

Interviewee 19: Which took some time.

12

00:01:32.180 --> 00:01:38.532

Interviewee 19: and so, I think we got those results back, maybe right before 6 o'clock, and so

13

00:01:39.230 --> 00:01:41.720

Interviewee 19: I can't remember the name of the word.

14

00:01:41.890 --> 00:01:46.078

Interviewee 19: If somebody said it, I would remember it, but I was induced it was like a

15

00:01:47.310 --> 00:01:50.640

Interviewee 19: whatever it was, it was like a vaginal insert

16

00:01:52.520 --> 00:02:15.430

Interviewee 19: and so that started the induction overnight, which is really painful, obviously, because it's synthetic hormones. And so, I just remember, like, having a really rough night. It was. Contractions back-to-back contractions would last like 60 seconds, and then I have like 30 seconds off, and then I would have another 60-second contraction and then have 30 seconds off, so it was really rough.

17

00:02:15.860 --> 00:02:20.419

Interviewee 19: and I ended up telling them to take the vaginal insert out

18

00:02:22.280 --> 00:02:24.820

Interviewee 19: The word is on the tip of my tongue.

19

00:02:26.040 --> 00:02:27.510

Interviewee 19: I just can't think of it.

20

00:02:28.640 --> 00:02:31.159

Interviewee 19: They ended up taking the vaginal insert out.

21

00:02:32.200 --> 00:02:38.969

Interviewee 19: They let me take a shower, and that at that time, once I took a shower. I lost my mucus plug in the shower

22

00:02:40.450 --> 00:02:43.659

Interviewee 19: and then what happened after that.

23

00:02:44.200 --> 00:02:47.279

Interviewee 19: and then I want to say they broke my water

24

00:02:47.540 --> 00:02:51.730

Interviewee 19: afterward, after I lost my mucus plug, I think they broke my water

25

00:02:53.350 --> 00:02:57.920

Interviewee 19: and then they gave me an epidural. I got it. I got it,

26

00:02:58.890 --> 00:03:01.090

Interviewee 19: then they started me on Pitocin.

27

00:03:01.690 --> 00:03:09.530

Interviewee 19: and I think right after they started the Pitocin is when they gave me an epidural and

28

00:03:10.430 --> 00:03:15.430

Interviewee 19: I remember going, and this was in the next day, so I went in on a Friday. I think.

29

00:03:17.900 --> 00:03:22.369

Interviewee 19: Was in labor all throughout the night, woke up the next day when all this stuff happened.

30

00:03:23.090 --> 00:03:25.610

Interviewee 19: got the Pitocin on a Saturday

31

00:03:26.860 --> 00:03:34.090

Interviewee 19: afternoon, late morning, and then I remember taking a nap because I was so exhausted from not sleeping the night before.

32

00:03:34.525 --> 00:03:37.600

Interviewee 19: After getting the epidural, I was able to, like, relax and just take a nap.

33

00:03:39.860 --> 00:03:41.010

Interviewee 19: And

34

00:03:41.190 --> 00:03:50.969

Interviewee 19: I guess it was like monitoring my contractions on the Monitor, and I was having some pretty intense contractions, but I wasn't able to feel anything, so they had to wake me up

35

00:03:51.546 --> 00:03:55.560

Interviewee 19: and they told me that it was time for me to push, and that I was complete.

36

00:03:56.966 --> 00:03:58.700

Interviewee 19: And so

37

00:03:58.900 --> 00:04:05.750

Interviewee 19: yeah, we did that. It was a very quick experience. I don't even know I was not in labor, for

38

00:04:06.040 --> 00:04:08.359

Interviewee 19: I was in labor for less than 24 hours

39

00:04:08.480 --> 00:04:12.480

Interviewer: And I think I pushed for less than 20 minutes So it all went really quickly.

40

00:04:14.190 --> 00:04:18.299

Interviewee 19: And yeah, he was born underweight, though.

41

00:04:18.480 --> 00:04:21.720

Interviewee 19:for his gestational age, like he was 6 pounds.

42

00:04:22.350 --> 00:04:38.270

Interviewee 19:but because I was overdue, he was considered underweight for that gestational age. So, they did, like, run some tests on him and things like that after I gave birth. But overall, I had a very pleasant experience.

43

00:04:38.840 --> 00:04:45.429

Interviewee 19: I didn't have like any negative interactions with medical staff. I felt very heard

44

00:04:45.640 --> 00:04:54.890

Interviewee 19: when I asked for them to stop the vaginal induction. They stopped it immediately. They didn't ask any questions. They didn't try to force it or push it on me.

45

00:04:55.478 --> 00:05:00.920

Interviewee 19:When I asked for the epidural, I got it immediately. No questions asked.

46

00:05:01.650 --> 00:05:19.760

Interviewee 19: and everything went according to my birth plan, like I didn't have anything that didn't go according to plan. I had affirmations up all throughout the room, that Theo had put up all throughout the hospital room for me to kind of like, just read and internalize while I was in labor.

47

00:05:20.323 --> 00:05:25.710

Interviewee 19: But yeah, I had an amazing maternity staff, and everybody was great.

48

00:05:26.440 --> 00:05:29.373

Interviewer: I think that is so.

49

00:05:30.520 --> 00:05:35.620

Interviewer: The fact he put up the affirmations cause that whole mind, body, connection, is so powerful.

50

00:05:36.110 --> 00:05:49.089

Interviewer: So, in such a situation, where it can be a lot of fear and stress involved just the reinforcement of that positive mindset that that I've never heard of someone doing that. That's pretty neat.

51

00:05:49.090 --> 00:06:01.069

Interviewee 19: I was because giving birth is like one of my biggest fears in life, even to this day. Giving birth is the biggest fear for me as a black woman in America and knowing the rate of black maternity rates.

52

00:06:02.120 --> 00:06:11.910

Interviewee 19: and so, giving birth is one of my biggest fears, and so I made sure that I was very intentional about the headspace that I was in during my entire pregnancy and before going into birth. So

53

00:06:12.422 --> 00:06:13.600

Interviewee 19: prior, when I.

54

00:06:13.600 --> 00:06:16.210

Interviewer: Theo was there with you, right? So, you weren't.

55

00:06:16.210 --> 00:06:16.610

Interviewee 19: Yeah.

56

00:06:16.610 --> 00:06:17.130

Interviewer: by yourself.

57

00:06:17.130 --> 00:06:17.550

Interviewee 19: So.

58

00:06:17.550 --> 00:06:19.697

Interviewer: So, you had to ask before I was

59

00:06:20.760 --> 00:06:46.899

Interviewee 19: Before I went on maternity leave, I was working in journalism. I was working in news, and I was intentional about taking the month off prior to giving birth, like I wasn't due until January, but I took off the whole month of December and January because I wanted to be in a clear mind those last few weeks I read a book about hypnobirthing. I did a lot of meditation. I was just very intentional about it.

60

00:06:46.900 --> 00:06:47.770

Interviewer: Yes.

61

00:06:47.770 --> 00:07:10.729

Interviewee 19: What I ingested what I exposed myself to, what I heard, what I allowed myself to be around, obviously during the pandemic. So, I wasn't really around a lot of friends or family to kind of have like negative hearsay in your head about other people's experiences and things like that. So I was very intentional about being positive and surrounding myself, but only things that were going to fill me up.

62

00:07:11.310 --> 00:07:12.085

Interviewer: So.

63

00:07:13.390 --> 00:07:21.439

Interviewer: the doctor that delivered your child was that someone you had a relationship with? Or it was just someone that you.

64

00:07:21.440 --> 00:07:29.280

Interviewee 19: Yeah. So, my doctor who delivered TJ, I have been going to her since I was in college.

65

00:07:29.760 --> 00:07:37.239

Interviewee 19: And so, we had a really good relationship, and then the practice. The practice was owned by my doctor as well as

66

00:07:38.270 --> 00:07:55.180

Interviewee 19: my line sister, who I was really close with at the time. Her aunt was also one of the owners of the practice, and so she also came to the hospital room and helped out, and things

like that. So, the doctors at the office were all phenomenal, and I have really great relationships with.

67

00:07:55.750 --> 00:08:00.040

Interviewer: Okay. And what was the race of your doctor? I know that she was, but they were black.

68

00:08:02.300 --> 00:08:18.260

Interviewer: Yep. So, what characteristics of the communication between you and your healthcare providers throughout your birth and experience seem satisfactory and helpful to you, and also, if it applies, unsatisfactory and not helpful to you?

69

00:08:19.240 --> 00:08:22.209

Interviewee 19: Like, what kind of you said? What kind of communication tactics?

70

00:08:22.440 --> 00:08:39.350

Interviewer: Characteristics of communication, like what were some approaches that seemed very satisfactory to you, for instance, were they before they did anything, did they? Was it a lot of open communication where they tell, telling you what you were doing and wanting? Yeah.

71

00:08:41.489 --> 00:08:46.379

Interviewee 19: I guess the fact that I just felt heard by the entire staff.

72

00:08:47.029 --> 00:08:51.779

Interviewee 19: I didn't feel pressured into doing anything that I didn't want to do

73

00:08:52.196 --> 00:09:03.769

Interviewee 19: I will say a lot of it was like, especially once we got to the hospital. A lot of it was information overload, and I didn't really have a lot of time to process what I was being told and what was getting ready to take place.

74

00:09:04.454 --> 00:09:12.375

Interviewee 19: Which can be very overwhelming because you're just trying to make sure that you're making the best decisions for your for yourself and your child. But,

75

00:09:13.099 --> 00:09:24.269

Interviewee 19: I don't know. I don't really have any negative experiences at all with my overall birthing experience, and every everything was was positive. Communication was positive.

76

00:09:25.223 --> 00:09:26.689

Interviewee 19: So yeah.

77

00:09:27.550 --> 00:09:29.539

Interviewer: So, reflecting back.

78

00:09:29.670 --> 00:09:36.049

Interviewer: would you have made any changes to your communication with your healthcare providers throughout your birth and experience?

79

00:09:36.715 --> 00:09:44.369

Interviewer: To make it more satisfactory, etc. Would you have changed anything? Looking back in your communication? Approach.

80

00:09:44.690 --> 00:09:53.069

Interviewee 19: If I could change anything, it would just be to have feel there because everything that I was doing, I was having to go and advocate for myself, and then go back and

81

00:09:53.270 --> 00:10:07.639

Interviewee 19: share information with him. And you know he was very much robbed of that experience because of the pandemic. So, it was nobody's fault, you know. It was just the pandemic, so he didn't get to go to any of the doctor's appointments. He didn't get to see any of the ultrasounds.

82

00:10:07.750 --> 00:10:12.979

Interviewee 19: or ask direct questions to the doctor, or really kind of build a relationship with my doctor?

83

00:10:13.615 --> 00:10:23.179

Interviewee 19: So, I mean, if anything I would change. It would be that. But it was to nobody's fault, like, you know, nobody was at fault. That was just a pandemic, and that's just how things were at the time.

84

00:10:23.500 --> 00:10:35.990

Interviewer: So basically, you would have opted to have someone there, like someone that could advocate you advocate for you, because, like you said, there were times you had to make quick decisions about your child, that

85

00:10:36.360 --> 00:10:40.510

Interviewer: coming, and when our body is stressed

86

00:10:40.720 --> 00:10:44.390

Interviewer: we can get blurred because it impacts our cortex. That front.

87

00:10:44.390 --> 00:10:44.730

Interviewee 19: Yeah.

88

00:10:44.730 --> 00:11:06.940

Interviewer: Our brain when we're stressed. So, having those affirmations up enhances our relaxation responses. So that's probably why we don't have a lot of clarity when we're in situations like that, where we got to make a major decision. And it's time, you know, time is on, you know, not on our side when it comes to that. So yeah.

89

00:11:06.940 --> 00:11:27.429

Interviewee 19: Like as a like all those things, but also because as a woman, you are more educated about the child-birthing experience and their pregnancy experience, but the men not so much, and so I think it would have been really beneficial for Theo to have been in those spaces with the doctor during all of my checkup appointments, to just

90

00:11:27.520 --> 00:11:37.240

Interviewee 19: hear what was going on with his own ear, see what was going on with his own eyes, be able to ask questions firsthand rather than get the regurgitated or secondhand

91

00:11:37.440 --> 00:11:38.590

Interviewee 19: response.

92

00:11:38.980 --> 00:11:56.219

Interviewer: Right from yeah, cause he may have his own questions that may come up in that moment that he hadn't even planned to ask, based on the situation. So is there anything else you

would like to share with me about the communication between you and your health care providers during your childbirth and experience?

93

00:11:57.590 --> 00:12:07.809

Interviewee 19: No, not really. I mean a lot of it. I this is the 1st time I've had to like sit down and really think about it, and I didn't realize how much of it I have forgotten. I but I guess because it's just

94

00:12:08.100 --> 00:12:10.770

Interviewee 19: I mean, I know there's science behind like

95

00:12:11.650 --> 00:12:23.160

Interviewee 19: you forget a lot about your birthing experience after you give birth, and that's like the whole science to like. Why people go through the pain all over again and give birth all over again, because so much of your brain, like just forgets

96

00:12:23.370 --> 00:12:33.900

Interviewee 19: a lot of that stuff in your birthing experience becomes like a blur. But no, I had a really positive experience. I had amazing doctors and amazing nurses.

97

00:12:34.040 --> 00:12:42.060

Interviewee 19: The hospital was wonderful. Yeah, I mean, I had a very positive birthing experience.

98

00:12:43.450 --> 00:12:53.070

Interviewer: And in choosing your healthcare provider you chose the African American woman. Was that intentional? Was that a strategic decision?

99

00:12:53.070 --> 00:12:55.430

Interviewee 19: Oh, yeah, I don't. I don't have not one

100

00:12:55.600 --> 00:12:58.909

Interviewee 19: non-black provider for anything. Dentists

101

00:13:00.760 --> 00:13:24.520

Interviewee 19: regular. PCP, I mean, all my providers are black and like I, said, the woman that gave birth to TJ. I haven't been going to her since I was in college, anyway, so we had a really

great relationship, but even if I hadn't gone to her it would have been a black provider like there's I'm only going to have a black gynecologist or a black obstetrician. That's it.

102

00:13:25.000 --> 00:13:28.389

Interviewer: And what's your rationale for that? What's your reason for that?

103

00:13:28.992 --> 00:13:38.160

Interviewee 19: Just because one the comfort level that I would have with a black woman versus a provider of another race or a provider of another sex.

104

00:13:38.708 --> 00:13:48.920

Interviewee 19: Also, just like a personal thing. I, personally, would not care to have a male gynecologist or obstetrician. That's just not something that I'm personally comfortable with.

105

00:13:49.450 --> 00:13:54.779

Interviewee 19: And then also, just because I know the rates of black maternal mortality

106

00:13:55.040 --> 00:14:02.459

Interviewee 19: and the importance of having someone who looks like you've been able to advocate for you and kind of understand your life experiences and your perspectives.

107

00:14:03.058 --> 00:14:04.700

Interviewee 19: It's really important to me.

108

00:14:05.800 --> 00:14:08.550

Interviewer: Okay, I'm gonna stop the recording.

[End transcription]

Appendix U-Interviewee 20 Transcription

Date: 02/16/2025

Duration: 15 minutes, 39 seconds

Method: Conducted via Zoom

Confidentiality Statement: To maintain participant anonymity, interviewees are identified by numbers (e.g., Interviewee 1, Interviewee 2). The interviewer is referred to as "Interviewer."

[Start Transcribing Here]

1

00:00:01.700 --> 00:00:09.050

Interviewer: Okay, describe your child-birthing experiences and what was the outcome?

2

00:00:09.600 --> 00:00:30.280

Interviewee 20: I've had 3 child-birth experiences. July 2,009. I was very young, twenty-three years old. I had my first baby at twenty-three. The pregnancy was great. I did experience gallstones with that pregnancy. I did have a male team of OB-GYNs.

3

00:00:30.320 --> 00:00:36.299

Interviewee 20: I felt they were patient. They listened. Some appointments I did feel rushed because

4

00:00:36.310 --> 00:00:50.890

Interviewee 20: it was 3 doctors in one center in one office, so sometimes I did feel rushed a little, but overall. Great experience during the last 9 months of my pregnancy the baby heart rate dropped.

5

00:00:50.890 --> 00:01:08.639

Interviewee 20: and that's when I was sent to the hospital to have him at 37 weeks. So, I appreciate that doctor listening to his heart rate listening to my baby, and you know my body, his heart rate, and doing what was best for Avery. So, I had him at 37 weeks. Great experience.

6

00:01:09.820 --> 00:01:39.059

Interviewee 20: March 2016. I had my 1st baby girl. That experience was amazing. I had a female doctor, so. Oh, gosh! She was very, very chill, very. She just complimented you throughout the whole pregnancy; I mean, she made me feel like a supermodel the whole entire time. I just had a little bit of communication with the nurse staff. I did not have any

7

00:01:39.320 --> 00:02:03.660

Interviewee 20: problems with her office or with her, but it was just the communication. During labor the nurse staff on duty that night they kept telling me I felt pressure. I kept saying, No, I feel my baby's head. So, by the time they checked me I was ready to push, my baby was ready to come into this world, so I feel that they did not listen to me. I felt that they were listening among themselves because

8

00:02:03.660 --> 00:02:16.899

Interviewee 20: they were the ones that you know were the nurses. The doctor that was in medical school at the time she was listening to the nurses, and by the time they called Dr. G in, I don't know if I can use her name or not. But Dr. G.

9

00:02:16.910 --> 00:02:39.540

Interviewee 20: back home in Brunswick, Georgia. She came running in like, Oh, okay, the baby is ready to come out, and I'm like, why didn't y'all listen to me like so? I feel like they should have listened to me more if I say I feel pressure. Don't keep telling me. That's oh, I mean, that's just pressure. That's just pressure, you know. She was ready to come into the world. So my 3rd experience.

10

00:02:39.900 --> 00:02:42.120

Interviewee 20: January 2025

11

00:02:42.130 --> 00:03:04.000

Interviewee 20: Ava. Came into the world really fast. This is my 3rd baby. Now I'm older, having a baby, so you know my body has changed from 23 to 34. So started contracting. While we were out eating, my mom noticed that I was having contractions. She was like, you need to get on the phone

12

00:03:04.000 --> 00:03:13.039

Interviewee 20: and call someone you're contracting. So got home. I was contracting the contraction was coming back-to-back. So, I got to

13

00:03:13.040 --> 00:03:32.719

Interviewee 20: hospital. I was in full labor, but I switched it up a little. I had a midwife team, so I switched it up this time, so I had midwives. The appointments were great. I couldn't really gain any weight because I was. I had nausea, nausea, or what is it?

14

00:03:33.150 --> 00:03:42.900

Interviewee 20: Yes, nauseous. The whole 9 months of my pregnancy, so I couldn't gain any weight, only gained five pounds during the whole pregnancy. So, my midwife.

15

00:03:43.170 --> 00:04:09.871

Interviewee 20: we were in Hawaii at the time. She sent me to a nutritionist. I was like, ma'am, I'm not going to gain any weight. I know my body. This is my 3rd baby. I'm not going to gain anything. So got to Colorado. They sent me to a nutritionist, and they were like, by the time you know, by the time the baby come, you're not. Gonna you're not going to gain anything. That's just, you know, that's just your body type. You're eating. The baby is healthy. You're healthy. So, some women don't gain

16

00:04:10.150 --> 00:04:10.780

Interviewer: Hmm.

17

00:04:10.780 --> 00:04:28.120

Interviewee 20: And so, I had her. I was in active labor, had her, and this is where the communication was great. I had her. She was 12 days old I had this major headache. This headache was nothing like anything that I have ever felt.

18

00:04:28.380 --> 00:04:28.700

Interviewer: Hmm.

19

00:04:28.700 --> 00:04:32.059

Interviewee 20: I looked at my husband at the time I was like, I feel like I'm dying.

20

00:04:32.200 --> 00:04:35.765

Interviewee 20: So, I called the appointment line

21

00:04:36.890 --> 00:05:04.899

Interviewee 20: They put me right through. The doctor called me right back, she said. I need to see you as soon as possible. She was like I need to see you so went back to the doctor's office. Ava was 12 days old. That lady looked at me well, one of her nurses looked at me. She said you have high blood pressure. I was like, no, I don't. There's nothing wrong with me. So, the doctor was like, I'm about to roll you upstairs to ICU. You're like minutes from having a stroke or a seizure. So yeah.

22

00:05:05.020 --> 00:05:29.989

Interviewee 20: so yeah. She listened to me like she listened. She felt that I don't know if she felt something in my voice over the phone, how I was frantic that I said I had a headache for 2 days, and she's like I need to see you as soon as possible. So, I come in. Her nurse looked at me, took my vitals, and before that nurse took my vitals, she said. She called, she said, you have high blood pressure. Your pressure is up. I said, No, ma'am, it's not

23

00:05:30.280 --> 00:05:46.269

Interviewee 20: like I, said Dr. C. I don't know where that lady is. I tried to research her. I tried to look her up, and this was at an army hospital on Base, so the communication was great. She was like, I'm going to roll you up to ICU, and I didn't go home until 2 days later.

24

00:05:46.270 --> 00:06:00.589

Interviewee 20: So, she listened to me like she knew, like she was like. I'm not sending you home, I said. I just I just had a baby who's going to come get my baby because I was nursing at the time. She was like, you need to call somebody to come. Get her because you're going to be in the hospital for a few days.

25

00:06:00.820 --> 00:06:05.130

Interviewee 20: So, the communication was great there, so I.

26

00:06:05.594 --> 00:06:13.499

Interviewer: So, you had your youngest in a military hospital. The other two were in civilian hospitals?

27

00:06:13.500 --> 00:06:16.051

Interviewee 20: Yes, the other two were in civilian hospitals.

28

00:06:16.370 --> 00:06:25.749

Interviewer: Okay, and the doctors for your military, the most recent child. What was the race and gender of your doctor?

29

00:06:26.427 --> 00:06:32.730

Interviewee 20: She was White, and well, Caucasian, female.

30

00:06:33.330 --> 00:06:35.109

Interviewer: And then your middle child.

31

00:06:35.876 --> 00:06:38.759

Interviewee 20: She was an older, Caucasian female.

32

00:06:39.180 --> 00:06:43.210

Interviewer: and then with that experience, you had more so

33

00:06:43.520 --> 00:06:51.080

Interviewer: a negative communication experience where you felt like you didn't have a voice, and they were dismissive by her nursing team.

34

00:06:51.080 --> 00:07:01.130

Interviewee 20: The nursing team, not her per se, not the not the doctor, not Dr. G, but the nurses, the nurses, the staff on delivery that night.

35

00:07:01.130 --> 00:07:06.039

Interviewer: And was that a diverse team as far as race and stuff and gender?

36

00:07:06.537 --> 00:07:11.939

Interviewee 20: To be honest, I don't remember anybody black on the team that night.

37

00:07:12.260 --> 00:07:12.800

Interviewer: And.

38

00:07:13.130 --> 00:07:17.450

Interviewee 20: Yes, so it was all White staff that night. Yes.

39

00:07:17.740 --> 00:07:33.030

Interviewee 20: okay. So, reflecting back on your childbirth and experiences, what characteristics of the communication between you and your healthcare providers throughout your birth and experiences seem satisfactory or helpful to you?

40

00:07:33.030 --> 00:07:49.710

Interviewer: And also, unsatisfactory and not helpful to you, and I know you've highlighted some of those unsatisfactory things. Feel free to repeat those, or even add on to it. But I just wanna know, both satisfactory and unsatisfactory.

41

00:07:49.710 --> 00:08:06.599

Interviewee 20: I feel like civilian doctors can be reached the fastest. So, with military doctors, you have to call the appointment line, leave a message, or talk to a call center rep. I'm sure you remember those days calling.

42

00:08:06.600 --> 00:08:28.230

Interviewee 20: I mean, you can be in a frantic, and you will have to call the one hand I mean the appointment line and talk to a call center representative, and they would have to look on their schedule, and you hear them typing, looking on their schedule. Oh, where they're available this time. I don't have a time for them to give you a call back today, but I have a call back time tomorrow. But with the civilian doctors.

43

00:08:28.330 --> 00:08:31.949

Interviewee 20: you know you can call the civilian doctor, and somebody will call you right back.

44

00:08:34.570 --> 00:08:51.170

Interviewee 20: And just that communication line between the civilian doctors and the military doctors. I did not have to talk. I did not like having to repeat myself over and over. At first, you have to call the number. Am I making sense?

45

00:08:51.870 --> 00:09:12.909

Interviewee 20: Okay. So first, you have to call the number, press the prompts, and then talk to a call center representative. And then if the doctor calls you back. You have to verify your information again and then tell the doctor what you know what's wrong again, like, I just want to talk to somebody. So, with the civilian doctors, I feel that you can get in contact with them the fastest.

46

00:09:14.100 --> 00:09:28.569

Interviewee 20: And then also I like that all doctors, all my team. They took notes when I was talking about each pregnancy. I do remember each doctor taking notes as far as what 16 years ago

47

00:09:28.680 --> 00:09:50.360

Interviewee 20: I've seen three different doctors because there were three different doctors on that team. They all took notes. Dr. G was amazing. She was a note taker as well, but I do believe my midwives. They communicated the best with me, and they seemed more patient they listened more.

48

00:09:50.360 --> 00:09:55.700

Interviewer: For the pregnancies within a 15-year span, which is your middle child?

49

00:09:55.700 --> 00:09:59.751

Interviewer: 11-year span? Yes, cause so they're

50

00:10:00.890 --> 00:10:07.070

Interviewee 20: Yeah, they're 11 years apart. Avery and Aaliyah, no Avery and ava are almost 11 years apart,

51

00:10:09.030 --> 00:10:10.483

Interviewer: Okay? So

52

00:10:11.330 --> 00:10:20.480

Interviewer: you like that. They take notes. You had a positive experience when you incorporated a midwife and.

53

00:10:20.480 --> 00:10:20.800

Interviewee 20: Hello!

54

00:10:20.800 --> 00:10:23.540

Interviewer: Was your midwife also a White woman.

55

00:10:23.540 --> 00:10:25.720

Interviewee 20: Yes, she was a White female. Yes, ma'am.

56

00:10:25.720 --> 00:10:33.710

Interviewer: Okay and reflecting back. And just try to stay within a 15 year. Childbirth and experience span.

57

00:10:33.710 --> 00:10:34.060

Interviewee 20: Okay.

58

00:10:34.060 --> 00:10:56.080

Interviewer: So, reflecting back what changes to your communication with your healthcare providers throughout those birth and experiences would have made the communication more satisfactory or helpful to you. Now, reflecting back, do you think there's anything you should have changed, or you just feel like you communicated effectively, and you wouldn't change anything.

59

00:10:59.640 --> 00:11:02.379

Interviewee 20: The moment that I

60

00:11:03.550 --> 00:11:15.310

Interviewee 20: okay? And this is more so on me. The communication. When I had Ava, I shouldn't have let that headache go for 2 days because, mind you, that was right in the

61

00:11:15.550 --> 00:11:27.799

Interviewee 20: before the pandemic Avery was the only one that was in school. I was home with their 3-year-old and a newborn at the time. I shouldn't have let it go that far.

62

00:11:28.710 --> 00:11:48.719

Interviewee 20: so, I think I could have communicated a little better like, okay, I just had a baby, and my head is hurting on this 1st day. But you know I tried to take Tylenol. I tried to take the ibuprofen. So, as far as for me, I think I could have communicated that as soon as possible

63

00:11:49.060 --> 00:11:51.379

Interviewee 20: as far as the civilian doctors.

64

00:11:52.386 --> 00:12:12.739

Interviewee 20: I think the male team. I think they could have just been a little more patient, because I always kind of felt rushed, and sometimes you don't see your same doctor when you have multiple doctors on one team. So, I think some of the communication there kind of got lost sometimes, like, okay.

65

00:12:13.280 --> 00:12:27.729

Interviewee 20: your appointment is not until next week. So why are you here? And I'm like, Okay, well, I'm here because I'm having pains on my side. I'm having pains in my back, so I think, like the note taking, or the communication could have

66

00:12:27.930 --> 00:12:31.820

Interviewee 20: been a little more. What is the word I'm looking for

67

00:12:32.600 --> 00:12:42.299

Interviewee 20: when you have more than more than one doctors working together. I think you know the communication line could be a little better than what it was.

68

00:12:42.300 --> 00:12:44.310

Interviewer: Some gaps in communication.

69

00:12:44.310 --> 00:12:45.400

Interviewee 20: Yes.

70

00:12:45.400 --> 00:12:51.319

Interviewer: Yeah, like they weren't reading the notes before they came in to talk to you and stuff like that.

71

00:12:51.320 --> 00:12:51.860

Interviewee 20: Right.

72

00:12:51.860 --> 00:12:54.689

Interviewer: Yeah, that can get risky, too, you know.

73

00:12:55.070 --> 00:12:58.429

Interviewee 20: Cause. Maybe each of them has different approaches,

74

00:12:59.020 --> 00:13:23.280

Interviewer: Clinically and communicatively. So that can be. It's kind of those dock in the box type environments. Yeah, it can be very stressful for the patient, too, so is there anything else you would like to share with me about the communication between you and your healthcare providers during your childbirth and experiences? Did you leave out anything else you want to share or highlight?

75

00:13:23.665 --> 00:13:49.504

Interviewee 20: Let's see, I think it should just be a little better with, especially with Tricare patients, the ones that do go on the hospital to, I mean on base to see the doctors on base. I think the line of communication should be a little better. I don't. I don't think we should have to call a call center to get straight to our doctor, you know.

76

00:13:50.380 --> 00:13:57.100

Interviewee 20: The civilian line was like clear open. You can leave a message and a doctor call you right back.

77

00:13:57.710 --> 00:14:10.080

Interviewer: But the doctors on base the the military doctors. It can be up to hours before anybody give you a call back, or they may not have availability to give you a call back until tomorrow.

78

00:14:10.640 --> 00:14:11.280

Interviewer: Yeah.

79

00:14:11.280 --> 00:14:12.819

Interviewee 20: I hope I'm making sense.

80

00:14:12.820 --> 00:14:16.930

Interviewer: Yeah. And then you would have to just go to what? Like an emergency room.

81

00:14:16.930 --> 00:14:18.882

Interviewee 20: Right emergency room. Yes,

82

00:14:19.980 --> 00:14:26.700

Interviewee 20: Yes. So, the communication. That I had with

83

00:14:27.020 --> 00:14:50.450

Interviewee 20: my female providers, I think, were the best, especially when I had only one doctor, Dr. G; I've seen her throughout the whole entire pregnancy. I don't know if she even has another doctor who works with her, but the communication with her was dead on time. She knew exactly what we talked about from the last appointment

84

00:14:51.070 --> 00:15:20.639

Interviewee 20: she communicated with me. Well, after I had the baby, you know, just, you know, just being prompt and just being in tune with my midwife team. I did see a couple of midwives, I guess because we were transitioning from Hawaii back to the mainland, which was

Colorado. So, I did see several midwives, and I think the communication kind of got lost there as well when you see multiple doctors.

85

00:15:22.150 --> 00:15:29.669

Interviewer: Yeah, that's to be expected. And that's 1 of the downsides of having to see different doctors all the time.

86

00:15:30.740 --> 00:15:35.800

Interviewer: So, okay, I'm going to end the recording now.

87

00:15:35.820 --> 00:15:36.540

Interviewee 20: Okay.

[End transcription]

