

Akhirah Abdul-Rasheed  
Maternal and Reproductive Health  
28 March 2021

### Field Notes

#### Summary:

The subject provided a detailed personal account of her prenatal, labor and delivery and postnatal experience of her 3rd live birth. She began prenatal care during her first trimester in 1984 at the age of 17 in Atlanta, GA. She chose to receive prenatal care at Grady Memorial Hospital because she felt it was the best hospital for maternal health at the time. Her primary mode of transportation to her appointments was the MARTA bus system. She also noted that she personally prepared for birth by taking her prenatal vitamins and attending appointments and birthing classes. She was on Medicaid insurance throughout her entire pregnancy and was overall satisfied with the quality of prenatal care she received.

I then asked the subject to tell me more about her labor and delivery experience. She explained that she took the ambulance to the hospital because she was in a lot of pain one day. This pain was brought on by an accident that occurred where she tripped and fell down the stairs at her home. When she finally arrived at Grady Memorial Hospital, they immediately took her to a labor and delivery room to assess her condition. They asked her what happened, took her blood pressure, placed a fetal monitor on her, and noted her financial status as well as other information. The subject also mentioned that she was comfortable in her room. It contained monitors for both her and the baby, a baby bed, birthing trays and tools, gloves, an IV machine, a television for entertainment, and provided overall privacy. Her birthing team also consisted of a nurse, an anesthesiologist, and an OB/GYN, while her husband was present to support.

After assessment, the doctor determined that her cervix was dilated and that she needed to give birth immediately. She was between 34-36 weeks. Although she was grateful, she shared apprehensions about delivering because she was afraid after the doctor disclosed the necessary but harsh possible reality of the complications a preterm baby might face. She described her delivery as smooth. She delivered vaginally with an epidural to prevent the baby from going into distress and the total time of her labor and delivery was around seven hours. Overall, she was satisfied with the quality of care she received during the labor and delivery process because she was given the proper disclosure of all the potential risks associated with preterm birth and received adequate treatment from her birthing team.

Next I asked the subject how her expectations of this birth actually compared to what actually occurred. To which she replied that she expected it to be the same as her other two births. Yet, it did go as expected minus the fact that it was preterm. We then delved into her postpartum period where she explained that she stayed in the hospital for 2-3 days yet her baby stayed for three months. She was disheartened because her baby could not travel home with and bond with her during the first three months of her life. However, she visited the baby everyday

and breastfed and pumped breastmilk for her. The subject also attended her six week postnatal appointment where doctors discovered no complications and honored all of her questions and concerns. She was also satisfied with the overall quality of her postnatal care.

After the recording of this interview took place, the subject did explain that she would have very much rather delivered back then versus current day because women of her socioeconomic status were surviving at higher rates during childbirth than current day.

Preliminary Analysis:

- Key Themes:
  - Teen birth
  - African American
  - Medicaid insurance
  - Adequate care and technology
  - Bus system as transportation
  - Complication present (preterm birth)
  
- Connections: 3 Delays Model

Reflexivity:

**Personal reactions:** I am personally astounded by the information provided in this interview because the subject had so many demographic indicators that could have negatively impacted her level of care. Most of these characteristics noted above in the key themes are factors that usually lead to maternal death as mentioned and explained in the 3 Delays Model. Yet, the subject still had access to and received quality care. This really makes me ponder about her last comment regarding the fact that she'd prefer giving birth when she actually did versus now.

**Personal behaviors that influenced outcome of interview:** The interview went well and flowed naturally. I would often verbally summarize important topics discussed by repeating the information and stating key themes for my own clarification as well as her comfort and validation. All of this led to a nice transitioning for subsequent questions.

**Successful/unsuccessful questions:** Most of the questions were successful with the exception of one because it answered in a previous question. To avoid this in the future, I'll think of all the possible answers that could come from a question to avoid redundancy.

**What would I do differently:** I wouldn't say, "um" so much.

