



# Enhancing Healthier Birth Outcomes by Creating Supportive Spaces for Pregnant African American Women Living in Milwaukee

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## Abstract

**Objectives** Nationwide, African American women report higher stress levels and less access to pre- and postnatal resources. Wisconsin mirrors national infant mortality trends that show a persistent four-decade gap in infant survival between African American and White populations. The objective of the Milwaukee Birthing Project (MBP) was to implement a community-based health promotion intervention to improve birth outcomes for pregnant, low-income African American women, evaluate its effectiveness, and document its usefulness to inform development of future interventions. The project involved a mentoring and supportive relationship between 28 volunteer mentors (Sister Friends) and 20 pregnant women (Little Sisters). **Methods** The project implementation and evaluation were informed by the lifecourse perspective and a postcolonial feminist framework. Thematic analysis was used to analyze ethnographic data from monthly meetings and interviews with pregnant Little Sisters and Sister Friends. **Results** Our findings showed patterns both in community spaces and spaces created during the MBP. Program spaces contrasted with everyday life spaces and allowed women to experience community support. Based on our analysis, we classify these spaces as: (1) community spaces lacking support, (2) safe spaces of belonging and understanding, (3) spaces that foster meaningful interaction, and (4) safe, supportive spaces for other women in the future. **Conclusions for Practice** Future interventions should consider intentionally developing safe spaces to attain health goals. From a postcolonial feminist perspective, the voices of women who are at greatest risk for experiencing poor birth outcomes are crucial to the development of effective policies.

**Keywords** African American women · Birth outcomes · Infant mortality · Preterm birth · Health disparities · Academic-community partnerships

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## Significance

Gross disparities exist in maternal child health outcomes between African American women and the general population. The complexity of the causes of these inequities require innovative approaches. Findings from our study detail how lack of social support and resultant stress and isolation for pregnant African American women leave women to face complicated life challenges contributing to poor birth outcomes. Community-based interventions may play an important role in building Sisterhood by enhancing social support. Connections among women allowed for the creation of safe spaces where women could obtain information and links to resources, and created opportunities for personal growth and development.

## Introduction

Infant mortality (IM) is one of the most salient measures for determining the health and social wellness of a community. It often indicates failure of multiple systems as well as devastating loss of human potential. Preterm birth, the most common precursor to infant mortality, is associated with exorbitantly high costs primarily borne by Medicaid. Barradas et al. (2016) reported the total costs of infant birth hospitalization and re-hospitalization in 2009 at over \$13 billion, of which the 9.1% preterm or low birthweight infants account for 43.4% of costs (Barradas et al. 2016).

The US 2020 benchmark for infant mortality is 6.0 infant deaths per 1000 live births (Healthy People 2020 2014), but IM is significantly worse for African American versus White infants across the nation (Lu et al. 2010). In 2015, Wisconsin reported the highest Infant Mortality Rate (IMR) disparity between African American (14.5) and White (4.7) infants with African American infants three times more likely than White infants to die before age one (Wisconsin Department of Health Service 2016). For the last two decades, Wisconsin has seen little improvement in the rate of African American infant deaths.

The qualitative study forming the basis of this report was part of the evaluation component of the Milwaukee Birthing Project. These ethnographic data provide in-depth detail on the complex nuances of women's lives that impact birth outcomes and are needed to develop similar future interventions grounded in women's realities. Existing literature fails to fully capture the experiences of African American women in their socio-political location, resulting in an inadequate understanding of these locations and their impact on birth outcomes.

## Infant Mortality in Milwaukee

The majority of Wisconsin infant deaths occur in the Milwaukee central city and are concentrated in ten zip code areas. The leading cause of IM in Milwaukee is complications related to prematurity (City of Milwaukee Health Department [MHD] n.d.). African American IM in Milwaukee occurs within the context of poverty, limited education and work opportunities, and mass racialized incarceration. The 2011 U.S. Census statistics revealed Milwaukee is one of the top ten impoverished big cities in the U.S. with an overall poverty rate of 29.4%. Of the Milwaukee residents who live in poverty, 41% are non-Hispanic African Americans. Milwaukee is also one of the most segregated cities in the U.S., with some of the greatest disparities for health and social outcomes, e.g., housing, unemployment, and high crime rates, which contribute to the daily stressors experienced by pregnant African American women (MHD n.d.).

## Methods

The study protocol was approved by the Institutional Review Board of University of Wisconsin-Milwaukee. Written, informed consent was obtained from all participants.

## Program Context

The primary goal of the Milwaukee Birthing Project (MPB), modeled after the Birthing Project USA, was to implement a health promotion intervention tailored for pregnant African American women living in the poorest zip codes of the city. The Birthing Project USA is a community-based grassroots program that seeks to address the needs of pregnant women of color, improve birth outcomes, and reduce infant mortality. It operates in more than 100 communities globally with a focus on bringing young pregnant women and older women together through a Big Sister/Little Sister model. Research supporting effectiveness of these birthing projects is limited.

## Milwaukee Birthing Project (MBP)

Our 2-year MBP was conducted as a partnership between a faith-based organization and a College of Nursing at a major academic institution. The objective was to implement the intervention, evaluate its effectiveness, and document its usefulness to inform development of future interventions. The MBP is part of a larger strategic effort, the Life-course Initiative for Healthy Families, promoting sustainable evidence-based strategies to address persistent racial disparities in Wisconsin (Frey et al. 2014). The MBP was operated out of a church-affiliated community center located

in a Milwaukee zip code with some of the poorest birth outcomes. Sister Friends (community mentors) participated in sessions that enabled them to provide important information to Little Sisters (pregnant women) to facilitate better birth outcomes.

### Theoretical Framework

The project was informed by the lifecourse perspective that stressful life events and accumulation of stress over a lifetime can adversely influence birth outcomes. African American women are disproportionately at risk for pregnancy complications and adverse birth outcomes linked to racialized and gendered stress (Lu et al. 2010). Lu and Halfon (2003) note that lifetime stressors for African American women create a physiologic response that disproportionately predisposes them to preterm labor.

Data collection and analysis were informed by a postcolonial feminist framework, which emphasizes the need to critically analyze the complexities existent in the sociopolitical and historical spaces occupied by marginalized communities of ethnic minority women (Racine and Petrucka 2011) and to place African American women's poor birth outcomes within the context of living in a racist society. Mohanty (2013) points out the value of this kind of feminist theorizing in that it enables us to analyze the basic questions of systemic power, racism and the resultant inequities and to thereafter develop strategies for transformation that advance a social justice agenda (Racine and Petrucka 2011). This kind of theorizing departs from hegemonic feminism, which homogenizes and decontextualizes the experiences of women of color and their identities. How we portray and write about the lives of women in an effort to resist this hegemonic discourse and resultant injustice is thus central to postcolonial feminism (Ling 2016; Phoenix 2009). Employing a postcolonial feminist perspective in our data analysis enabled us to create a space where the voices of women could contribute to informing health and social policy, thus allowing women to participate in democratic governance (Racine and Petrucka 2011).

### Participant Selection

Potential Little Sisters and Sister Friends were identified through flyers and word of mouth in agencies in or near targeted zip code areas. Eligibility criteria for Little Sisters included pregnant, African American women living in central Milwaukee,  $\geq 18$  years old. Sister Friends had to be  $\geq 18$  years old. Pregnancy or having children was not a requirement for Sister Friends. Sister Friends were identified through the affiliated church, as well as other surrounding churches. Sister friends were also identified by other Sister Friends in the community.

### Implementation of Milwaukee Birthing Project (MBP)

Little Sisters were matched with a Sister Friend and encouraged to meet at least twice monthly and maintain regular communication by phone or e-mail. Twenty-eight Sister Friends and 20 Little Sisters were initially enrolled. Sixteen Little Sisters remained active and attended most meetings through their deliveries. Fourteen Little Sisters remained active postpartum. For the Little Sisters who did not attend meetings, communication was still maintained through the Project Coordinator and/or Sister Friend.

The MBP involved monthly group sessions for Sister Friends and Little Sisters lasting 90 min in length. All Sister Friends participated in on-site training facilitated by project staff who explained the program's purpose and provided initial education about the Lifecourse theory and its impact on pregnancy and childbearing. Invited guest speakers or members of the research team facilitated monthly group sessions where women had the opportunity to learn about issues that impact birth outcomes including stress, preterm labor, breastfeeding and nutrition, and healthy relationships.

### Demographic Data (Little Sisters)

Demographic data were collected primarily from Little Sisters as the primary focus of the intervention. They ranged in age from 21 to 34 years (mean = 28). Thirteen Little Sisters reported at least one living child. Two Little Sisters were married, five were in a relationship and 13 were single. Two Little Sisters gave birth to preterm babies; one of those babies had severe medical complications after birth and was hospitalized for several weeks.

While we did not collect demographic data from Sister Friends, our observations indicate that all Sister Friends involved in the project were older African American women living in the community, ranging in age from approximately 40–60 years of age. Based on field notes collected during group interaction, the lives of most Sister Friends mirrored that of their Little Sisters. The majority were single mothers and they could closely relate to the experiences shared by Little Sisters.

### Data Collection

Data collected included ethnographic field notes written throughout the project, as well as focus group and individual interviews with birthing project participants. We were unable to interview all project participants due to changing addresses and phone numbers and/or the challenge of finding

a time convenient for women to participate in an interview; we interviewed 4 Sister Friends and 13 Little Sisters.

The longitudinal nature of the study allowed establishment of relationships between the research team and participants, as well as among participants. Observations of interactions and conversations among Little Sisters and Sister Friends were recorded as field notes, making note of central conversation topics.

## Data Analysis

A line-by-line analysis was performed by members of the research team to identify themes from the interviews and field notes. Themes were identified through thematic analysis, which involved establishing and interpreting patterns in the data. Data that fell under the same pattern or the same identified theme were classified together and then re-analyzed (Spencer et al. 2013). Identified themes were discussed and consensus on final themes was reached by the research team.

## Results

Our findings showed patterns both in community spaces and spaces created during the MBP. Program spaces contrasted with everyday life spaces and allowed women to experience more community support. We classify these spaces as: (1) community spaces lacking support, (2) safe spaces of belonging and understanding, (3) spaces that foster meaningful interaction, and (4) safe, supportive spaces for other women in the future.

### Community Spaces Lacking Support

In the group sessions, as well as in the interviews, both Little Sisters and Sister Friends frequently spoke of stressful relationships and limited social support networks and daily challenges that made it difficult for them to consider helping others. This finding reflected the recruitment challenges in identifying women to volunteer as Sister Friends. Little Sisters, especially single ones, found it challenging to identify people to care for their children when they went into labor and needed to go to the hospital. One Little Sister said:

And then if you helping yourself, you don't really have no room to help anybody else. That's really what the biggest problem here in Milwaukee is... I can say families have gotten to the point where they're working so hard just to keep afloat that if they do see somebody who need help, it's like, "Oh, let me protect what I have because I don't have... I barely have enough to help myself, let alone to help somebody else."

Women consistently described a lack of support from police and neighbors, as well as family and friends. The resulting atmosphere created an inherent lack of trust, giving rise to tense relationships between women and others in the community and situations in which women had no one to turn to in emergencies. One Little Sister said:

We... we need more help and not only am I scared of the police and the authority of the city, I'm also scared of the criminals of the city. So if I can't turn to the thugs in my neighborhood for help, I can't turn to the police for help, who's supposed to protect me? Which puts me into my mother bear mode, where now I'm becoming a savage because I feel like I need to protect me and my kids. You know, so it's... it's really, the city is really getting rough.

Some women spoke of not having support from their families, making it difficult to get a break from childcare. Several women had grown up in foster care and had little interaction with their biological families. One Little Sister spoke about the lack of a relationship she had with her mother, from whom she and her six siblings had been taken at a young age:

Um, mom, we got taken from her when I was five; so we really didn't have a relationship... I hadn't seen her in twelve years, and I just saw her like last week for the first time.

A number of the Little Sisters spoke about incarcerated partners unavailable to provide support during pregnancy, labor and delivery, or to care for their newborns and other children. In one instance, a Little Sister, whose partner was incarcerated, had to call 911 when she went into labor and was carried to the hospital by ambulance, along with her two young children. A number of Little Sisters also mentioned becoming homeless, following their partner's incarceration.

Women spoke of not having many friends in the community and appreciating the sense of community that came from participating in the MBP. One Little Sister said:

Just being able to connect with other mothers. Cause I don't have a lot of friends, I have like two female friends I talk to, but just being able to connect with other mothers and see, you know, like different things that's going on in their pregnancies and with their babies.

While Little Sisters appreciated the relationships and support created through the MBP, the lack of community support challenged project implementation. Many potential project participants faced homelessness, joblessness, and single motherhood, making it difficult to take part in an ongoing, longitudinal project; yet these were the very challenges the project sought to mitigate. The urgency of their

problems was so great that many could not envision taking time they could otherwise be using to search for jobs or care for their children.

Our analyses of interviews with the Little Sisters showed inconsistencies in the kinds of support that Sister Friends were able to provide. Although we emphasized our expectation that Sister Friends would be present during labor and delivery to provide support, few Sister Friends were actually present at birth.

### Safe Spaces of Belonging and Understanding

Through the MBP, women created alternative support spaces lacking in their communities. A common theme brought up by both Sister Friends and Little Sisters was the notion of a shared identity. Based on their past experiences, Sister Friends wanted to support younger women now treading the same paths. In turn, Little Sisters appreciated being able to enter a space where they were both understood and not judged. Sister Friends and Little Sisters talked about common experiences of being single parents, being in foster care, or having their children placed in foster care. Sharing these common experiences created spaces imbued with empathy, understanding, and a willingness to offer support. One Sister Friend said:

When my kids went to the system, I didn't have nobody to talk to, and that was right up my alley, like I needed somebody to talk to, shoulder to lean on, when my family wasn't around or helping me and stuff; so that really came in handy as a big sister. You know this program really helped me a lot.

Another Sister Friend spoke of the challenges her Little Sister had gone through and how she had supported her through them:

She's doing really good. I'm so proud of her. She had some struggles with housing and getting a car and everything. Like she had some, you know, some things that happened that kind of brought her down, but she got back right up and she has a job. She has furniture for the house, and she got her a car, another car. I helped, you know, I helped her a little bit, but it was more of support, you know, mental support for her.

Many Little Sisters spoke of how they appreciated the social support they received from their Sister Friends. One Little Sister said:

She came by...she would stop by and stuff or something. Nobody really stop by to see me or call; so it was um, ya know she'll call, "oh, you wanna do something?" and I haven't did it in a long time; so it felt good.

During the program, Little Sisters experienced a sense of belonging through interaction with other African American women who were also pregnant, as well as with older African American women. For Sister Friends, sharing a common identity meant understanding the pain of feeling judged and not wanting a Little Sister to experience that feeling. As one Sister Friend said:

I don't want to be judged. I don't. I know how that feels. So, if I'm here to help, how am I going to benefit her by judging her. And then that's going to push her further away.

Little Sisters spoke of how they valued the sense of belonging they experienced being around other African American women in a positive environment, particularly given the challenges in the community and sometimes in their natal families. One Little Sister said:

I love my big sister. She brings me joy, happiness. When I first met her, it's like we connected. And I've never had that feeling - literally had that feeling when I met a big sister, cause my big sister's not in my life, or my brothers; they all stay out of town and stuff. So that really touched me, like 'I've got a big sister, seriously?'

### Spaces that Foster Meaningful Interaction

The common sense of identity between Sister Friends and Little Sisters created safe spaces that enabled women to engage in meaningful interactions that were thought to contribute to better birth outcomes and were also positive for Sister Friends. One Little Sister similarly spoke of the knowledge she had gained through group interaction:

This is like my first time ever sitting in a group setting. I'm really not a group person, but I think it's really helped me with my communication skills and networking.

Another Little Sister emphasized the need for a forum such as the MBP to support women:

Some people just need people to talk to. Some people are going through their pregnancy by themselves; you know, it's just like... it's like, you know, we like close, like we can talk about anything. People just need that.

Sister Friends were strong in their advocacy for Little Sisters because they understood the system and wanted to make it more supportive for African American women.

## A Safe, Supportive Space for Other Women in the Future

In spite of the challenges faced by Sister Friends and Little Sisters, there was a strong desire to contribute to a better community in which women and children were healthier and experienced better lives. Women expressed sadness at seeing others experience the same hardships they had and longed for an opportunity to help other women avoid the same hardships. A Sister Friend said:

I know what it was when I was a single parent and how I struggle, and I just want to help someone else and encourage them, keep them encouraged. And I believe that we all should be helping each other. We all, there shouldn't be anybody that's suffering or not knowing what their resources are. And they're not alone.

It was not only Sister Friends who desired to maintain a safe space for other women. Little Sisters also spoke of longing to have other women learn and benefit from their experiences and perhaps not have to tread where they had. A Little Sister said:

You know I would love to get out and help with the community coz I know how it feels to go days without eating. I know how it feels not being' able to go and buy your kids what they want.

## Discussion

Our project findings are similar to those of others, which point to a limited availability of social networks for women to draw on for social support (Hayward et al. 2015). Lack of community cohesiveness specifically played an important role in the social supports available to women participating in the project. Psychosocial factors, such as stress and depression, that are both gendered and racialized also contribute significantly to poor birth outcomes among African American women (Lu and Halfon 2003). We believe that these are the very factors that made it difficult for Little Sisters to consistently participate in a project of this nature.

It is imperative that we creatively identify ways to engage women in their communities in interventions that would ensure health promotion as a way of not only enhancing birth outcomes but of also establishing community cohesiveness. An important point to note is that a number of the women's partners were incarcerated. This was not surprising, as the state of Wisconsin has the highest incarceration rate of African American men in the country (Pawasarat and Quinn 2013). Incarceration in the U.S. has been documented as a form of institutional

racism (Cooper et al. 2015), with current drug policies disproportionately and unfairly targeting young African American men, particularly in urban communities that are economically disadvantaged (Warde 2013). The impact of partners' incarceration had important implications for the availability of psychosocial support and resources for the women during pregnancy, as well as for paternal involvement. Women mentioned not having anyone to support them during labor and delivery.

The value of enhancing health through the creation of safe spaces that allow women to offer one another support and to serve as a resource to one another cannot be emphasized enough. In the MBP, Sister Friends were encouraged to accompany their Little Sisters to prenatal visits as a way of not only offering support but also advocating for their Little Sisters as necessary. This is an important component of the Sisterhood relationship because data from Milwaukee show late or no prenatal care as a risk factor for infant death, with approximately 10% of African American women in Milwaukee County starting prenatal care in the third trimester or not receiving prenatal care at all (Wisconsin Department of Health Services n.d.). Both prenatally and postnatally, Sister Friends served to model positivity towards the baby in an effort to create a nurturing environment, one in which the baby was safe both physically as well as emotionally, in utero and after birth.

A major factor contributing significantly to lack of cohesiveness for women in the community was the high crime rates, including gun violence and drug-related violence. Of the 111 victims of gun killings in Wisconsin in 2014, 76 took place in Milwaukee. African Americans in this city were 20 times more likely to die as a result of gun homicides (Wisconsin Center for Investigative Journalism 2015). Safe and affordable housing was also a major challenge for all of the Little Sisters participating in the project. Many of the Little Sisters requested assistance in identifying more affordable housing options in safer neighborhoods. A number of the Little Sisters expressed challenges in paying their monthly rent, which placed them at risk for homelessness at a critical time in the lives, adding to their stress. A significant amount of time was spent helping women connect with local resources that would assist them in identifying safer and affordable housing options.

Finally, the impact of poverty on gender needs to be addressed. Stressors impacting pregnancy for many of the Little Sisters included unemployment, incarceration, and poor housing. Policy strategies for providing safe and affordable housing, changes in sentencing and incarceration, and education and employment are critical for improving birth and other health outcomes in African American communities.

## Study Limitations

Limitations included inconsistent participation of Sister Friends. Varied relationships between Little Sisters and Sister Friends, based on the capacity and availability of Sister Friends, had implications on the support experienced by Little Sisters. Although a limitation, the lack of consistency may provide further evidence of the difficulties in the lives of program participants. In retrospect, we should have collected demographic data on the Sister Friends, as this would have helped us gain a deeper understanding of their own situatedness and could have perhaps shed light on the experiences that might have hindered greater participation with their Little Sisters. Nevertheless, our findings showed that most of the Little Sisters valued the support of their Sister Friends and found it greatly beneficial even when it sometimes did not involve interacting in person.

While the birthing project model is volunteer-based, with Sister Friends providing the necessary support to Little Sisters, this model would initially require a major community-building component in order to be successful in the urban environment in which our project was situated. Given the unique and complex needs of the Little Sisters who participated in the MBP, it would be ideal to have a full-time project coordinator, as opposed to part-time. Little Sisters would benefit from regular home visits, for example, particularly when they are unable to make the monthly meetings.

The inconsistency of women's participation in the project had implications for data collection. Participation was particularly inconsistent after Little Sisters gave birth. It is possible that women needed more support during pregnancy and less so following their baby's birth, but it is also possible that following a healthy delivery, Little Sisters did not need as much support but rather needed to focus more on returning to their regular lives; many of the Little Sisters needed to return to their jobs. Several Little Sisters, however, maintained contact with the project coordinator and/or their Sister Friend initiated calls to request information about housing, for example. The women consistently spoke about feeling connected even when they were unable to make the group sessions and really having a desire to attend even when they could not.

In addition, it was difficult to keep track of Little Sisters, particularly after they had given birth, inhibiting some data collection. Given their tenuous housing situations, Little Sisters moved frequently and often changed phone numbers or had their phones disconnected. Nevertheless, our analysis of findings is based not only on interview data but also on ethnographic field notes written during the group sessions and throughout our interactions with women during the life of the project.

## Conclusion for Practice

We did not set out to create a specific type of space for women during the MBP implementation; rather, from our analysis, it was apparent that women created these spaces organically. Our findings are important as they could assist in the development of future interventions to promote better health outcomes for women and their children. Interventions for African American women should consider their social identity so that safe spaces are created to facilitate full participation and investment in their own health outcomes.

Alternative mechanisms of support for African American women are needed, as many participants spoke of not having family support. In designing effective community-based interventions, community building is a prerequisite to enhance social capital and mobilize available resources.

Traditional African cultures, from which African Americans stem, value togetherness, connectedness and cooperation. The human bonding (Cene et al. 2011) that leads to identity development, which we label community support, is especially crucial to the health and well-being of African American communities. The MBP is consistent with those values, as it builds on community resources and assets and is firmly established on the traditional notion of Sisterhood.

Based on our MBP findings, comprehensive programming that includes home visits for women would be an ideal intervention to address the complex and multifaceted nature of poor birth outcomes in this vulnerable population. A disconcerting finding early in the project was the limited knowledge of both Sister Friends and Little Sisters related to pregnancy risk factors including high African Americans IMRs and signs and symptoms of preterm labor. Little Sisters unable to make meetings lamented the loss of valuable information provided during group sessions. Information delivery through home visits would reduce the difficulties of attending group meetings for women at high risk for adverse birth outcomes.

IMR disparities among African Americans and Whites remain a complex public health challenge for the U.S. in the twenty-first century. Future interventions and policies must carefully consider the unique experiences of African American women to ensure that their needs, as a marginalized population, are centered. Women in this study reported daily stressors including poverty, a lack of social support and resources, and living in unsafe neighborhoods. Such daily stressors, as well as experiences of racism and sexism, contribute to adverse birth outcomes (Jackson et al. 2001). Community-based interventions that create safe spaces for women enhance community support. The connections among women and within communities

provide crucial social support for new mothers, vital information and links to available resources, and opportunities for personal growth and development. Finally, the specific needs of African American families must be incorporated in the development of any evidence-based longitudinal and comprehensive interventions.

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## Compliance with Ethical Standards

**Conflict of interest** The authors declare that they have no conflict of interest.

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