



Gadsden County and the Politics of Birthing Spaces: The Making of an Invisible Care Desert

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Abstract

With there being an increased interest in maternity care deserts, there has been less emphasis on how such framings may render certain communities invisible. Although Gadsden County, Florida, is not considered a maternity care desert, many of its community members still experience it as such. The present study aims to investigate the trajectory of maternal healthcare in Gadsden County for Black birthing persons. It divulges birthing narratives, examining what such experiences mean for the community and birthing care for African American birthing persons as a whole. By conducting semi-structured interviews, this study aims to capture the social processes that impact one’s ability to seek and navigate care within a perceived maternity care desert. The study is divided into two groups: Black birthing residents (n=26) and reproductive health advocates and professionals (n=14).

Many respondents within the study share birthing stories that detail forms of obstetric violence and perceived racial discrimination. Furthermore, several professionals acknowledge that there is a history of bias in the medical care system. These biases directly impact African American individuals, especially those in marginalized communities. The study reveals several emergent themes among members of the community, including how they are naming barriers to care, resisting barriers to care, and cultivating health equity. Although this study is not designed to be generalizable since it is a qualitative case study situated in Gadsden County, further research is still needed to explore how other marginalized communities navigate the ever-shifting landscape of maternal healthcare within the U.S.

Introduction and Definitions

- Black women are 3-4 times more likely to die pregnancy-related deaths.
- Research shows these rates can be exponentially lowered.
- According to the Association of Black Cardiologists, more than half of these deaths are preventable.
- Over 50,000 individuals are affected by maternal morbidity in the U.S. each year. Maternal comorbidities disproportionately impact black patients.
- Community-based birthing centers, doulas, and midwives have been shown to reduce the maternal mortality rate (MMR).
- While Gadsden county isn’t considered a maternity care desert, it is still a low-access county. However, many of the women we interviewed felt they live in a maternity care desert, as their commute to maternal care is extensive and not often easily accessible.
- While we know there are progressive strides being made in this community, they are often overshadowed by the generational spillover of events that led Gadsden to rank so low in health care on a state level. To combat this issue, we need to spread awareness, through educational and prevention methods.
- There are no current studies which examine barriers to care and mechanisms to mitigate such barriers in rural, predominantly Black communities

Below are definitions which will aid in the understanding of this study:

- Maternity Care Desert – counties where there are no hospitals or birth centers offering obstetric care and no obstetric providers
- Doula – a woman who is hired to give emotional support to laboring women.
- Midwife – a trained women who aids women in labor.

Methods

Research Question 1. How do African American birthing persons in Gadsden County interpret and narrate their accessibility to perinatal care resources outside of the county?; and b) How do their experiences align with or differ from the definition of a maternity care desert?

Research Question 2. What are some of the coping strategies African American birthing persons employ to navigate experiences of perceived discrimination and limited access to perinatal care resources?

Methodological Frameworks

This study integrates Community-Based Participatory Research through a Black Womanist-Feminist Lens.

This study utilizes the analytic tool of politicking.

This study explores spatiality as another site of intersectionality.

This study implements a Community Advisory Board consisting of community members and birth workers.

Semi-structured interviews were conducted among two groups of respondents:

- Group 1: Black birthing persons
- Group 2: Reproductive health professionals

Group 1: n=26 (ongoing)

Group 2: n=14 (ongoing)

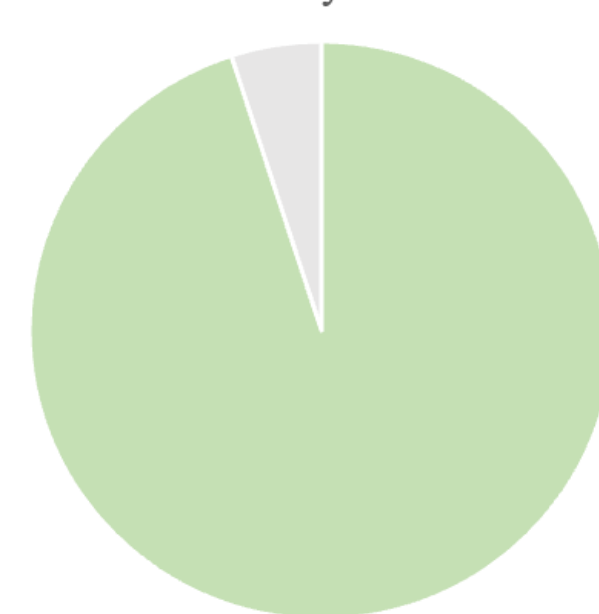
Total Sample: n=40

Results

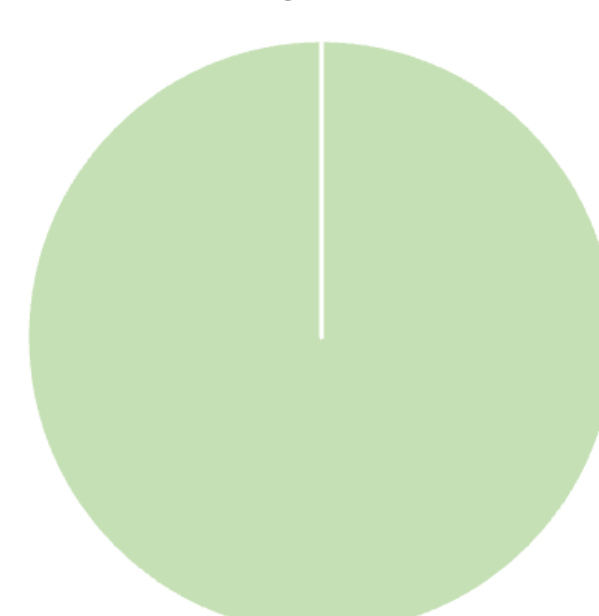
Preliminary Findings:

Group One respondents are birthing members of Gadsden County
Group Two respondents are medical or birthing professionals.

95% of group one respondents believe Gadsden County to be a maternity care desert



100% of group two respondents consider Gadsden County a maternity care desert



Our preliminary findings accounted for three significant divisions of themes: barriers to health equity, resisting health inequality and cultivating health equity.

Barriers to health Equity:

- Limited Accessibility
- Perceived Racial Discrimination
- (Un)informed Decision Making
- Cultural Stigma of Mental Illness
- Long-Term Effects of Birth Trauma
- Resisting Health Inequality
- Communalism
- Self-Reliance
- Faith and Spirituality
- Positive Interactions with Medical Teams
- Cultivating Health Equity
- Role of Reproductive Health Advocates
- Providing Care Despite Lack of Funding

Conclusion

With respect to access to maternal health care, residents of Gadsden County have expressed the means they go to receive quality care. Due to limiting factors such as transportation, education, and finding that sense of community during their prenatal, perinatal, and post-natal care, Black women have found that not being given the same advantage as their counterparts has largely impacted their maternal health outcomes. This study emphasizes how the need for new approaches has never been greater.

Future Implications

- Continue data collection through a lens of black feminist and womanist sociology.
- Troubling the solution of “othermothers” and more broadly, birth workers and their sustainability.
- Consider further aspects of intersectionality, particularly the intersections of race and class.
- Further explore impacts of wounded womb ethics and maternal emotional wellbeing across the lifespan.
- Expanding efforts through community-based practices

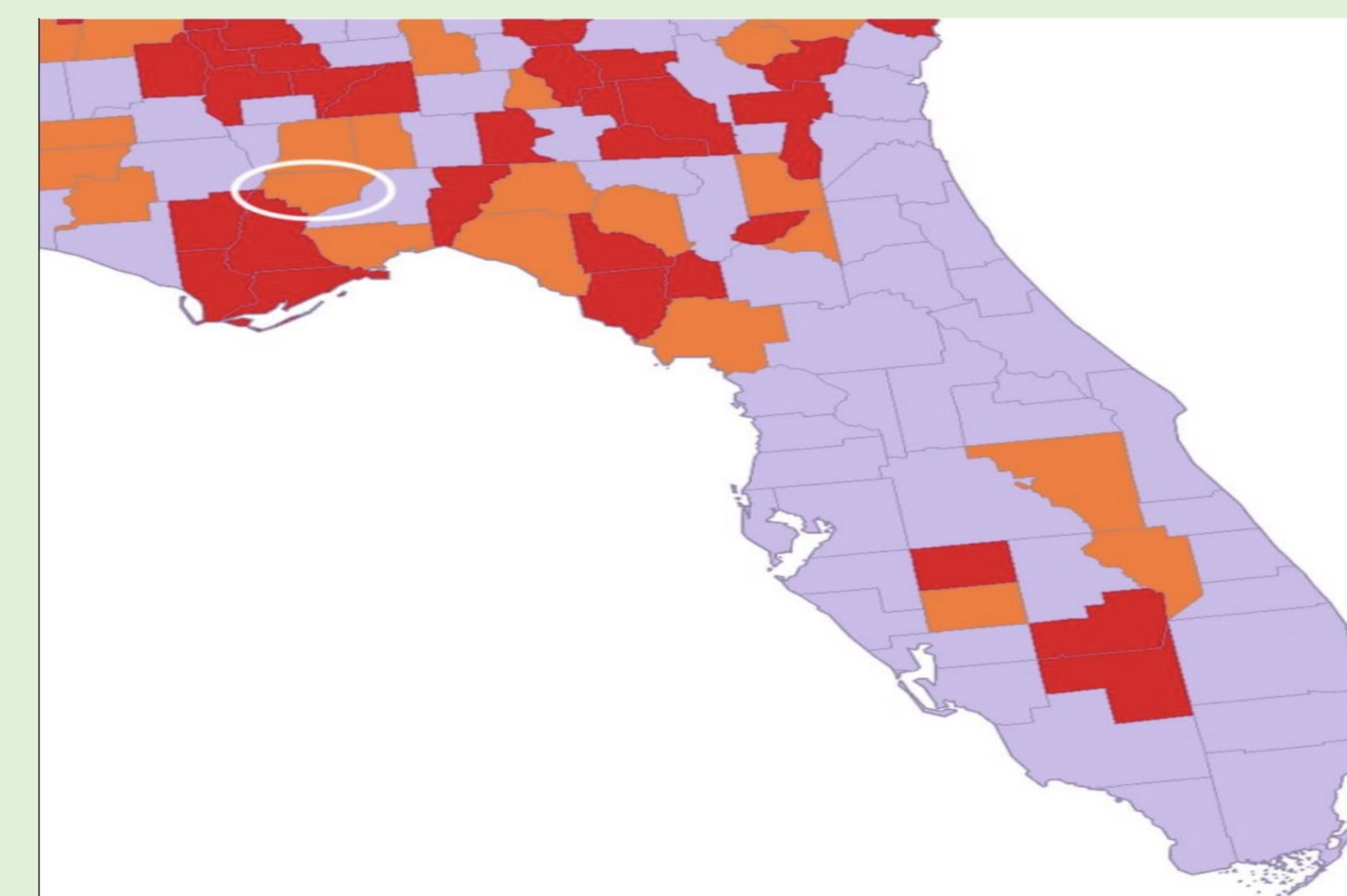


Figure 1. Maternal Healthcare Deserts in Florida: Gadsden County is circled and highlighted in orange meaning it is a limited access county.

Acknowledgments

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