

Meta-ethnography of the Experiences of Women of Color Who Survived Severe Maternal Morbidity or Birth Complications¹

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Background

In the United States, women of color are 2.2 – 4.5 times more likely to die from pregnancy-related causes than non-Hispanic White women.² Severe maternal morbidity (SMM) refers to unintended outcomes of labor and birth that are considered preventable, and include 21 indicators such as eclampsia, sepsis, hemorrhage, and shock.^{3,4} Severe maternal morbidity can lead to maternal death if not identified and treated in a timely manner.

Purpose

To develop a deeper understanding of the health care experiences of women of color affected by SMM or birth complications in the United States and opportunities to improve the delivery of maternal health care.

Method

- ❑ Noblit & Hare's (1988) Meta-Ethnography⁵
- ❑ Meta-Ethnography Reporting Guidance (eMERGe) criteria⁶
- ❑ JBI critical appraisal checklist for qualitative research⁷

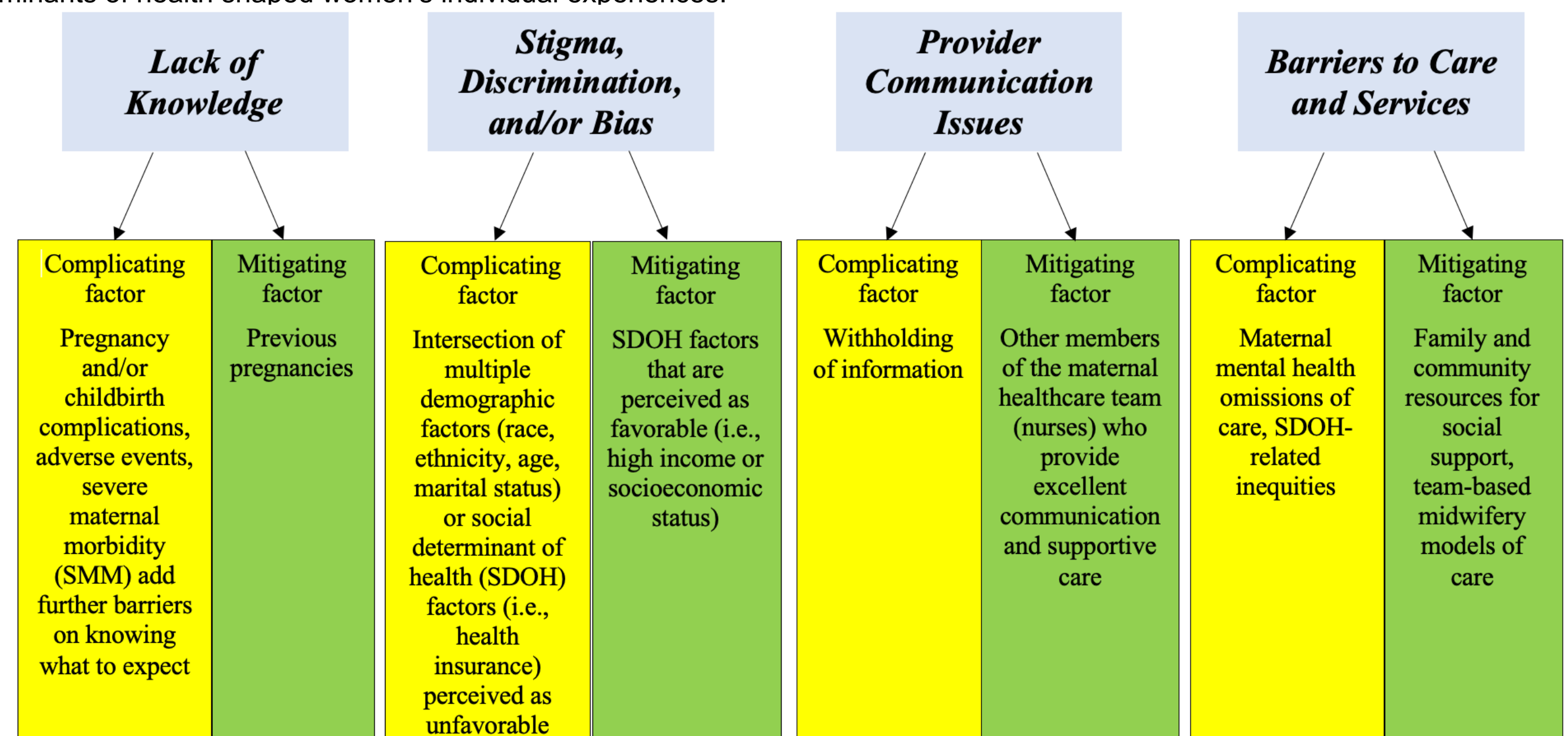
Inclusion Criteria:

Qualitative studies on the experience of pregnancy or childbirth among women of color in the United States published within the past 10 years (to reflect recent societal events and obstetric practices) in which researchers examined women's experiences of severe maternal morbidity or birth complications.

- ❑ Using the meta-ethnographic approach of Noblit and Hare, we critically examined studies, translated the studies into one another, and synthesized reciprocal translations.

Results

Five reports of qualitative research studies met inclusion criteria. Four overarching themes emerged from the meta-synthesis. Each overarching theme had complicating factors, which represented factors that exacerbated problems, and mitigating factors, which represented factors that alleviated some negative experiences. Complex layers of varying demographic characteristics and social determinants of health shaped women's individual experiences.



Conclusion

The experiences of women of color with SMM or complications during pregnancy and/or childbirth reveal shortcomings in the delivery of maternal health care. Findings suggest opportunities for improvement across various levels of the health care system. Further qualitative studies using high quality methodology are needed on this topic, as the research is limited.

Implications

High-quality, culturally appropriate, patient-centered, equitable, maternal health care is needed to mitigate disparities in maternity care experiences and outcomes among women of color.

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