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Prenatal Care Choice Among Low-income Latina Women in Atlanta – Georgia

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Universidad San Martin.

2014

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ABSTRACT

Background: Every day, approximately 830 women die worldwide from causes related to pregnancy and childbirth. Most of these deaths are preventable. Prenatal care is a tool that can help in the prevention of maternal and neonatal mortality. Women in the US have a higher chance to die from pregnancy and childbearing causes compared to other women from high-income countries. The situation can be even worse for minority women, especially low-income Latina women who unfortunately face poorer maternal health outcomes compared to white women.

Goal: The main goal was to identify the more salient factors that influence the choice of where low-income Latina women in Atlanta seek prenatal care.

Methodology: In this qualitative study, surveys and in-depth interviews were used to collect data. 125 women were recruited and surveyed (1 survey per woman). 13 in-depth interviews were conducted. Women were eligible to participate if they (1) self-identified as "Hispanic" or "Latina," (2) were in the first or second trimester of pregnancy (less than 24 weeks gestation), (3) were above the age of 18, and (4) spoke Spanish or English. Data collection occurred at CIMA (Centro Internacional de Maternidad) and at Grady Memorial Hospital, both located in the Atlanta metropolitan area. Modified Grounded Theory was used to collect and analyze the data.

Results: During the in-depth interviews, four main themes emerged: access to prenatal care, quality of prenatal care, cultural norms and migratory challenges. Women identified specific barriers and facilitators (language and distance to a prenatal care facility) influencing their prenatal care choice and mentioned perceived high-quality prenatal care as an important factor in their seeking behavior. Also, participants mentioned the importance of finding culturally-sensitive care and the influence of their social group in their decision of where to find prenatal care. Finally, some women mentioned migratory challenges during their prenatal care search.

Conclusion: Providing culturally-sensitive care to Latina women during pregnancy and encourage involvement of family members is critical to increase prenatal care utilization among low-income Latina women. Additionally, expanding health care access to all pregnant women regardless of immigration status and train providers to care for immigrant populations might also be essential to enhance prenatal care use.

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1. LITERATURE REVIEW

1.1 Sexual and reproductive health of women:

According to the World Health Organization (WHO), sexual and reproductive ill-health account for 20% of the global burden of ill-health for women (WHO, 2005). Sexual and Reproductive health is a crucial aspect of general health and a central feature of human development, it is a worldwide concern, but is of particular importance for women during the reproductive years (UNFPA, 2010). Reproductive health problems are one of the leading causes of death for women of reproductive age worldwide. Every year around the world approximately 287,000 women die from complications related to pregnancy or childbirth, with about 90% of those deaths occurring in low- and middle-income countries (L-MIC) (WHO, 2013). More than 225 million women worldwide want to avoid pregnancy but are not using modern contraception (USAID, 2018).

The concept of sexual and reproductive health was first brought in 1994 during the international conference on population and development where this definition was given; "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes" (UNFPA, 2014). This definition of reproductive health aims to enable women to make healthy, voluntary and safe sexual and reproductive choices. Importantly, this applies to men and women, including teenagers and older people, recognizing that issues of reproductive health are not restricted to people in their reproductive years.

Sexual and reproductive health is a lifetime concern for women, and different life stages are associated with specific sexual and reproductive health issues, including menstruation, fertility,

cervical screening, contraception, pregnancy, sexually transmissible infections, chronic health problems, and menopause (UN, 1995). Thus, reproductive and sexual health covers a vast range of care services including: family planning, maternal and newborn health care; prevention, diagnosis and treatment of sexually transmitted infections, including HIV; adolescent sexual and reproductive health; cancer screening; and infertility counseling. Also, issues such as the elimination of gender-based violence, harmful practices, abuse, and gender inequalities are integrally related to sexual and reproductive health (UNFPA, 2010). Given that sexual and reproductive health plays a crucial role in a women's life especially during pregnancy, this study is interested in addressing maternal health and the use of prenatal care (PNC) as a tool that can help to prevent maternal and neonatal mortality.

Maternal health and prenatal care in the context of population health

Globally, complications of pregnancy and childbearing cause more deaths and disability than any other reproductive health problem (UNFPA, 2010). Maternal mortality is a key indicator of international development, and its reduction has been a challenge despite effective interventions (Zureick-Brown, 2013). Every day around the world, approximately 830 women die from causes related to pregnancy and childbirth (WHO, 2018). In 2015, nearly 303,000 women died during and following pregnancy and labor. Almost all of these deaths could have been prevented and occurred in low-resource settings (Alkema, et al., 2016).

Reduced maternal, and perinatal mortality has been a priority around the world. International organizations such as the United Nations (UN) and the WHO have given great importance to maternal health (UN, 2000; WHO, 2018). Among the most notorious efforts made in the past globally and in the US to reduce maternal mortality were those proposed by the Millennium Development Goals (MDGs) and by Healthy People 2010 (UN, 2000; US DHHS,

2000). MDG number 5 was to reduce maternal mortality by 75 percent and achieve universal access to reproductive health including PNC coverage (UNFPA, 2010). Healthy People 2010's intention was to increase the proportion of pregnant women who receive early and adequate PNC (First-trimester PNC) (US DHHS, 2010). Looking into the future, Healthy People 2020 has a goal of 77.6% of women obtaining first-trimester PNC (US DHHS, 2013). Also, as part of the Sustainable Development Goals, the target is to decrease the maternal mortality ratio to less than 70 per 100,000 births by 2030.

The UN claims that "every woman and adolescent girl has the right to survive pregnancy and childbirth as part of her enjoyment of sexual and reproductive health" (UN, 2012). However, according to Centers for Disease Control and Prevention (CDC), women in the US have a higher chance to die from pregnancy and childbearing causes compared to other women from high income countries. The situation can be even worse for minority women, especially low-income Latina women who unfortunately face poorer maternal health outcomes compared to white women (Paz, 2016; CDC, 2017).

As mentioned above, PNC is an intervention aimed to reduce maternal and perinatal morbidity and mortality. PNC can reduce maternal mortality both directly, through the detection and treatment of pregnancy-related complications, and indirectly by identifying women at increased risk of difficulties during labor and ensuring that they deliver in an appropriately equipped facility (WHO, 2016; Carroli, 2001). More specific details about PNC and adequate PNC are addressed below.

Importance and significance of prenatal care

Globally, 300,000 women died of maternal causes in 2015 (WHO, 2018). In the U.S; maternal mortality rate more than doubled from 2000 to 2014, from 9.8 maternal deaths per 100,000 births in 2000 to 22 in 2014 (CDC, 2016; Mac Dorman, 2016). Most maternal deaths are preventable. PNC is an essential part of basic primary health care during pregnancy and offers services that can prevent, detect and treat risk factors early in the pregnancy (ACOG, 2012). PNC is often used as a platform for additional interventions that positively influence the maternal and child health status, such as immunization, breastfeeding counseling, and education about the possibilities of family planning. Also, PNC programs provide care and information that is not directly related to pregnancy but can reduce the possible maternal risk factors, such as promoting healthy lifestyles or tackle malnutrition. Hence, PNC is a potentially important determinant in reducing maternal morbidity and mortality (Kuhnt & Vollmer, 2017).

PNC serves as a gateway to the health care system, especially for low-income minority women (CDC, 2000). Pregnancy often represents the first opportunity for a woman to have contact with the health system making PNC a critical entry point for different programmers and provision of integrated care (Lincetto, 2006). It also provides opportunities to promote lasting health, offering benefits that continue beyond the pregnancy period (Lawn, 2006). PNC can be also be used to provide risk assessment and psychosocial, cultural, and educational support with the ultimate goal of improving pregnancy outcomes (Gadson, 2017).

Adequate prenatal care (PNC) is a widely accepted determinant of maternal and child health and a focus of public health programming (Partridge, et al., 2012). PNC can be defined as the care provided by skilled health-care professionals to pregnant women to ensure the best health conditions for both mother and baby during pregnancy (WHO, 2016). According to the American

College of Obstetricians and Gynecologists, adequate prenatal care is initiated in the first trimester with regular visits of increasing frequency as term approaches (ACOG, 2012). First-trimester prenatal care is recognized to have various benefits for women and babies it and is associated with positive birth outcomes (Partridge et al., 2012; Taylor et al., 2005). Women who have early PNC receive the full benefits of treating medical conditions, identifying potential risks, and addressing behavioral and environmental factors that contribute to poor outcomes (Selchau, 2017). PNC begins with a pregnant woman's first visit to receive PNC and continues until the postpartum period.

Adequate individual prenatal care is intended to prevent poor perinatal outcomes and provide education to women during pregnancy, childbirth, and the postpartum period through a series of one-on-one encounters between a woman and her healthcare provider (ACOG, 2018). For normal pregnancies without significant complications or comorbidities, appointments are usually scheduled every month from the first week through the 28th week, every two weeks from the 29th week through the 36th week and weekly from the 37th week until delivery (ACOG, 2012). Patients with high risk pregnancies or those with ongoing complications are generally seen more frequently. During the first trimester, PNC includes a complete physical exam, assessment of past medical history, blood and urine tests, conversations about lifestyle and the importance of intake of prenatal vitamins including folic acid initiation as early as possible during pregnancy. Initial PNC screening will assess conditions like anemia, Rh factor incompatibility, toxoplasmosis, hepatitis B, syphilis, Chlamydia, and HIV. Other routine interventions such as ultrasound screening in the first trimester are useful in assessing an accurate gestational age, in detecting multiple pregnancies and in screening for Down's syndrome (American Pregnancy Association, 2015). Subsequent prenatal visits in the second and third trimester include a physical exam, blood

and urine exams, assessment of fetal growth, track of fetal movement, and confirmation of fetus's heartbeat. An ultrasound screening is made to evaluate the fetus's anatomy and determine its gender. Additionally, the health care provider will answer labor and delivery questions, will discuss postpartum considerations, newborn care, and breastfeeding (ACOG, 2012).

Reproductive and sexual health is an important component of a woman's general health and well-being specially during pregnancy and delivery. Access to adequate PNC can lead to improve the sexual and reproductive health of pregnant women (Partridge, et al., 2012). Unfortunately, minority women like Latinas have less access to PNC compared to other women in the US (Selchau, 2017).

Sexual and reproductive health among low income Latina women in the US.

Latinas in the US, account for approximately one in every seven women of reproductive age and are more likely to be low-income (U.S. Census Bureau, Census 2000). One-fourth of Latinas of reproductive age live below the federal poverty line, and more than half are living in near-poverty (below 200 percent of poverty line) (De Navas, 2014). Moreover, Latinas have the highest fertility rate (number of children born per women) of any race or ethnic group in the U.S. In 2003, the annual fertility rate for all Latinas was 97 births per 1,000 women of reproductive age. In contrast, the fertility rate for all women of reproductive age was 66 per 1,000 women (Frost, 2006). Compared with other women of reproductive age, Latina women tend to be disadvantaged in terms of education, income, and health insurance status, factors that can negatively affect their sexual and reproductive health outcomes (Frost, 2006). In terms of health insurance, Latina immigrants have the least access to health care among any group of women which threatens their reproductive health and well-being. Inadequate access to health services is associated with adverse reproductive health outcomes (Gandara, 2015).

Reproductive health among Latina women is also affected by specific factors that impact their community, such as policy barriers to health services, income inequality, and immigration status. Latina women face numerous reproductive health disparities. For example, the rate of HIV infection among Latina women was three times the rate of white women in 2013, and the AIDS rate is 13,8 per 100,000, compared to only 2,2 per 100,000 among non-Latina white women. Latinas also have the highest cervical cancer rates and the second highest cervical cancer death rates among major racial groups. Moreover, unintended pregnancy rates are still high, especially among Latinas below the poverty line. Among women of reproductive age, 43% of Latinas reported contraceptive use the first time they had sex, compared with 60% of blacks and 68% of whites. (Frost, 2006).

Minority vulnerable communities, such as low-income Latina women often face numerous barriers to sexual and reproductive health care services which can result in adverse health outcomes (Holtz, 2006). PNC is often an opportunity for pregnant women to have access to health care and receive medical advice that will impact their health not only during pregnancy but also after delivery (Heaman, 2015). Therefore, it is essential to understand which specific social determinants are affecting their access to and utilization of sexual and reproductive health care services.

1.2 Social determinants of health in the context of reproductive health among Latina women.

In the US, Latina women experience high rates of unintended pregnancy, and STIs compared with white women of higher socioeconomic status (Finer, 2006). A woman's chance of dying during pregnancy and childbirth is connected to her economic and social status, the norms and values of her culture, and the geographic remoteness of her home (UNFPA, 2012). According to the WHO, social determinants of health are the conditions in which people are born, grow, live,

work and age; those determinants affect the health of individuals and communities. Social determinants of health are determined by the distribution of money, power, and resources throughout communities, nations, and the world (WHO, 2012). Latina women are diverse in such matters as country of origin, immigration history and level of acculturation. And, like any ethnic group, they differ according to education, income, and geographical location. All these factors have a profound effect on Latinas' health and lives (Frost, 2006).

Social determinants of health such as income, racial discrimination, education, and acculturation may increase the risk of poor pregnancy outcomes for minority women in the U.S. (Gennaro, 2016; Maness, 2016). Also, women who have not finished high school are more likely to give birth to a premature or low birthweight baby than those who have college degrees, and unfortunately nearly half of adult Latinas (46%) have not completed high school (Meyer 2010; Sims, 2008). Also, differences in ethnicity and socioeconomic conditions can result in higher incidences of infant mortality (Williams, 2010). Among the leading causes of infant death are congenital anomalies and low birthweight, two conditions that can be addressed during PNC (CDC, 2018). Despite dramatic declines in U.S. infant mortality rates over the past years, there has been an increasing disparity in infant mortality rate by race and maternal education, which has been thought to be in part due to discrepancies in access to or utilization of adequate PNC (Elder, 2016; He, 2015).

Sexual and reproductive health is highly important for the Latinx population, as the majority of the population is young and in the middle of their reproductive year (Andes, 2012). Nationally, Latina birth rates are higher than any other major race or ethnic group (Parrado, 2012) Age-specific birth rates among Latina women peak in the late teen years, earlier than white or black women (Andes, 2012). Additional to the high fertility rate among Latina women, the Latinx

population in the US has been growing rapidly making them the largest ethnic minority in the country (U.S. Census Bureau, 2018). It is also expected to increase even more in the following years reaching about 111 million by 2060 (U.S. Census Bureau, 2018).

Immigration to the US and Atlanta among Latina women

According to the WHO, there are at least one billion migrants across the world, whose lives have been shaped by social determinants in their homelands and who face new social, economic, and political conditions (Castaneda, & Holmes, 2015). Unlike the 1900s, when the majority of immigrants came to the U.S. from Europe, the majority of immigrants to the U.S. in the 2000s were born in Latin America (Tienda, & Sanchez, 2013). It is estimated that around 35% of Latinx in the U.S. are foreign born (U.S. Census Bureau, 2018). According to the U.S. Census Bureau, in 2017 Latinx made up 17.8% of the population in the U.S., approximately 57.5 million. (U.S. Census Bureau, 2012).

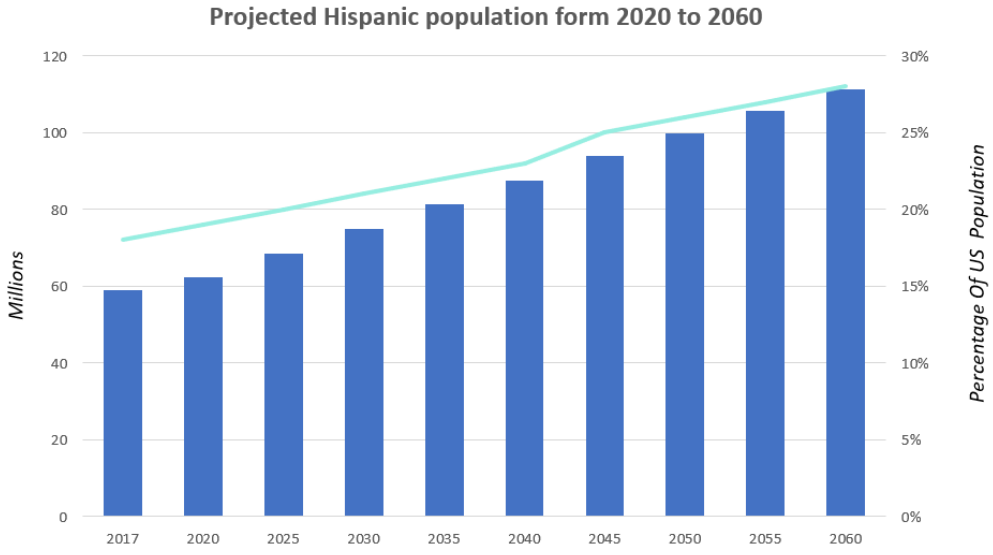

Figure 1. Hispanic population to reach 111 Million by 2060. Adapted from U.S. Census Bureau

An increasing number of individuals are now arriving at the U.S. Southwest border because of factors such as conflict, violence, insecurity and the lack of employment opportunities in their countries of origin (International Organization for Migration, 2017).

Immigration involves challenging adaptations that are more than processes of individual adjustment to new environments or cultural assimilation or acculturation to new sociocultural contexts; it is also a complex and often protracted process of negotiation with social structural, political, and economic forces (Castaneda & Holmes, 2015).

Georgia has experienced dramatic population growth over the last 20 years. Part of that increase includes substantial growth in Latinx population, which now accounts for nearly 10 percent of the state's population of which approximately 51.3 percent are women. It is important to mention that most migrant women initiate the immigration process at a childbearing age (Andes, 2012). The Latinx population of Georgia is very diverse, with a majority of Georgia's Latinx being of Mexican origin (63%), more than one third (37%) of the state's Hispanics originate from other Latin American countries (Andes, 2012). From 1990 to 2000, Georgia became the third largest state for migrating Latinx.

Metro Atlanta, (designated by the United States Office of Management and Budget as the Atlanta–Sandy Springs–Roswell, GA Metropolitan Statistical area) has a total population of 5,884,736 (U.S. Census Bureau, 2017). Latinx account for approximately 10 percent of Atlanta's population, with over half of the state's one million Latinx residents living in Cobb, Fulton, DeKalb and Gwinnett counties (Latin American Association, 2018). Approximately 50.36% of the Latinx population in Atlanta are women. (U.S. Census Bureau, 2017). Despite the rapid growth of Latinx population and the high fertility rate among Latina women, they have the lowest medical insurance rate.

Access to health and prenatal care among low income Latino women

The Affordable Care Act (ACA) expanded health care coverage to millions of previously uninsured people through the expansion of Medicaid (Velasco-Mondragon, 2016). However, low-

income Latinx populations continue to have significantly high uninsured rates. In the US, Latinx have the highest uninsured rate among all ethnic groups with approximately 35% of the Latinx without health insurance, nearly three times the rate for whites (11%) and nearly doubles the rate for blacks (18%) (Andes, 2012; Gandara, 2015). The ACA is a critical source of health coverage for Latino population (Velasco-Mondragon, 2016). Yet, low-income patients are less able to afford the out-of-pocket costs of health care, even if they have health insurance coverage (Escarce, 2006). Insured women are more likely to obtain adequate PNC than uninsured or Medicaid-enrolled women (Institute of Medicine, 1988). Uninsured Latina women have the highest rates of late or no PNC among all other groups of women (CDC, 2016).

Access to health care in the US seems to be a privilege for only the wealthiest communities. There is a significant disparity in access to health care for the Low-income Latino community. Therefore, it is important to understand how social and cultural factors affect the access and utilization of health care.

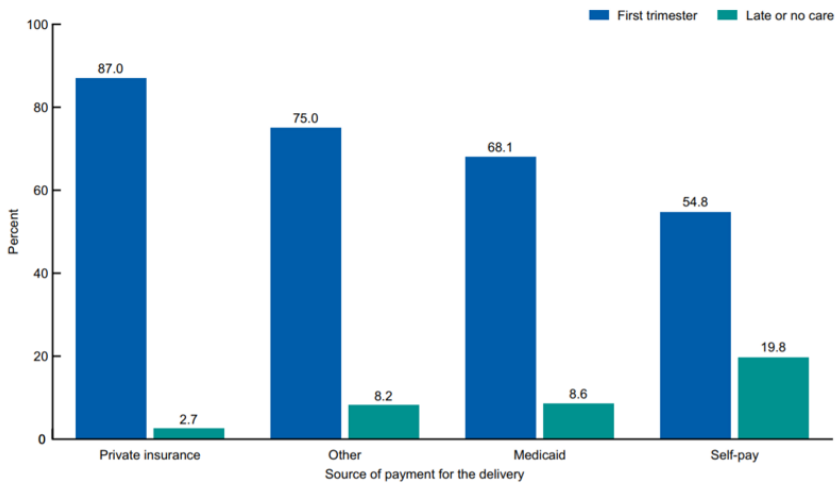

Figure 1. Trimester prenatal care began, by source of payment for the delivery. Source: CDC,2016.

Factors affecting the utilization and choice of prenatal care among Latina women

Latina women in the U.S. are less likely to seek early PNC than non-Latina white women. Nationally, about 69% of Latina women have first-trimester PNC, compared to 79% of white, non-Latina women (Selchau, 2017). Despite the Healthy People 2020 health goals to increase earlier PNC, not all women are achieving the prenatal care objectives, leading to poor perinatal outcomes. Among Latina women, Mexican American women had the lowest rate (64.8%) of first-trimester PNC; a rate lower than women of all other ethnic groups, this is far short of the Healthy People 2000 objective that 90% of all women receive early prenatal care (Luecken, 2009; Selchau, 2017).

Among the main factors jeopardizing and delaying the utilization of PNC among Latina women are: lack of healthcare insurance, language barriers, chronic poor health status, lack of social support, inadequate transportation, very young maternal age, not feeling motivated to seek care especially for unintended pregnancies, feeling depressed, or overwhelmed by personal problems; lacking motivation to learn how to protect one's health (Holtz, 2006). Women also commonly identify problems with child care, long wait time in clinics, location and hours of the clinic as barriers to care. Other barriers include negative attitudes to health care providers and staff, non-inclusion of male partners in the prenatal experience, and personal fear of medical examination or procedures (Roozbeh, 2016). Large disparities exist in perinatal health, not only between countries, but also within cities and population groups (De Graaf et al., 2013; Philippi, 2009). Additionally, previous studies have shown that Latina women living in non-metropolitan areas had the highest probability of inadequate and late entry to PNC (Miller, 1996).

A qualitative study made in 2002 by Shaffer, revealed that additional factors affecting the access to PNC among Latina pregnant women living in the U.S. are the inability of the health care providers to communicate in Spanish and lack of bilingual and bicultural services. All women who

were involved in Shaffer's study when questioned about the factors influencing their access to PNC, said having a provider who speaks their language was a major deciding factor in seeking and continuing PNC. Some women also said that it was easier to explain concerns and feelings as well as to ask questions in their own language instead of having to go through a translator (Shaffer, 2002). Latina women-especially those who speak Spanish only have lower rates than other ethnic groups of access to PNC (Selchau, 2017). Furthermore, studies have suggested that undocumented individuals may have more difficulty obtaining health services and may experience worse health outcomes than do people with legal status (Martinez, 2014). Among undocumented women, fear of deportation when looking for PNC is identified as a barrier. For undocumented pregnant women, not having a legal residency status puts them in an even more vulnerable situation. The ACA which subsidizes health care for low-income households excludes undocumented immigrants from accessing health care insurance (Kaiser Family Foundation, 2019) The undocumented population is also denied access to federal subsidies and prohibited from purchasing coverage through the new health insurance exchanges (Lee, 2015).

To have a better understanding of what factors affect the choice and utilization of prenatal care it is important to consider the cultural norms among Latina women and the influence their community has on their decisions. For example, among less-educated pregnant women, there is more engagement in alternative medical practices, and some perceive PNC as not necessary as they see pregnancy as a natural and desirable condition. In addition, many pregnant Latina women seek family advice before seeking medical care. Latina communities are characterized by familism or a strong commitment to family, and it is believed that close family members have a big influence of whether and when a pregnant woman will look for prenatal care (Campos, 2008; Holtz, 2006).

Social support and the Latin paradox

The immigrant paradox refers to the better health outcomes that non-native born individuals experience compared to native-born individuals from the same ethnicity. Latina mothers in the U.S. have favorable birth outcomes despite their socioeconomic disadvantages (McGlade, 2004). Latina women are often less likely to seek PNC early in their pregnancies. However, they have more favorable birth outcomes, including fewer low-birth weight and low infant mortality rates compared to other races and ethnicities (Andes, 2012). The Latin or Latina paradox refers to the phenomenon that despite having lower income, education level and less access to health-care services, Latinas in the U.S. have lower mortality rates and longer life expectancy than non-Latina women. Furthermore, foreign-born Latinas especially Mexican-born women have lower rates of adverse birth outcomes than US-born Latinas (Hoggatt, 2012; Gallo 2009).

Several explanations have been suggested for the Latin paradox, including that immigrants are healthier than those who remain at their home countries, immigrants bring with them culturally protective behaviors or have cultural protective behaviors like of avoidance of alcohol, tobacco, and drugs which is commonly avoided among Latinas (McGlade, 2004). The healthy-migrant explanation suggests that it is usually the healthiest Latinas who immigrate, and that this health advantage is responsible for their positive birth outcomes (McGlade, 2004).

Another proposed explanation is that Latinx communities have a more supportive social environment and women experience increased support and social status during pregnancy compared to other racial/ethnic groups, potentially buffering them from the adverse effects of stress (Gallo, 2009). Also, Latinx families seem to give particular importance to close family relationships, and many pregnant women benefit from the support of other female family figures.

(McGlade, 2004). Latina mothers and grandmothers pass traditional pregnancy beliefs and practices on to their daughters, and extended family gives the pregnant mother a close support group (Bleakney, 2010).

1.3 Access to prenatal care among low-income Latina women in Atlanta

In Georgia, Latina women bear children at higher rates than any another major racial/ethnic group, and they are the least likely to receive early PNC. According to the Georgia Department of Public Health (GA DPH), the state has the second highest maternal mortality rate in the country at 64 maternal deaths for every 100,000 live births and 26 pregnancy related deaths for every 100,000 births (GA DPH, 2014). Also, women in rural Georgia have higher maternal mortality rates than women in non-rural Georgia (24.3% compared to 16.5%), and there is lack of accessible health care and PNC for pregnant women in rural Georgia outside of Metro Atlanta (Romain-Lapeine, 2015).

In terms of access to health care, almost half (46%) of the Latina women in Georgia are uninsured (Andes, 2012). Health insurance coverage status is closely related to access to adequate PNC. Georgia Pregnancy Risk Assessment Monitoring System (PRAMS) data for 2010 show that only 60 percent of Latina women initiate first trimester prenatal visits compared to 88 percent of whites and 70 percent of blacks. Similarly, only 74 percent of new Latina mothers reported receiving postpartum care, which is significantly lower than whites (92%) or blacks (88%) (CDC, 2010).

Goals

The main goal is to identify the salient factors that influence the choice of where low-income pregnant Latina women in Atlanta seek prenatal care.

Aim 1: To examine the relationship between where low-income pregnant Latina women in Atlanta seek prenatal care and their social support.

Aim 2: To describe some of the experiences of pregnant Latina women in search of prenatal care in Atlanta.

Significance

In Georgia, Latina women are less likely than non-Latina white women to have health insurance or a regular health care provider. (Andes, 2012) Pregnancy is one of the few encounters young Latina women have with the health care system and may be an opportunity to identify women at risk for later chronic diseases. Women accessing prenatal care receive the benefits of treating medical conditions, identifying and reducing potential risks, and addressing behavioral and environmental factors that contribute to poor outcomes. Given that prenatal care has become the gate to health care for the low-income Latina women population, there is a need to identify and understand the main factors that influence prenatal care seeking behaviors among low-income Latina women in Atlanta. Identifying these factors is key to the design of more effective and appropriate public health programs. Additionally, a better understanding of prenatal care-seeking behaviors among Latina women could facilitate the training of health care providers who care for pregnant Latina women. Finally, data from this research may provide a deeper understanding of care seeking behaviors during pregnancy among Latina women which could lead to the design of efficient and less costly interventions.

2. METHODOLOGY

This thesis project was a sub-study of a larger study called "Stress, social support and perinatal health among Latina women in Atlanta, Georgia," designed by Kaitlyn Stanhope (Principal Investigator (PI)). The larger study used a mixed methods approach, utilizing surveys and in-depth interviews (IDIs) concerning pregnancy and prenatal care experiences among Latina women in Atlanta.

The focus of this project was to identify the main factors that influence prenatal care (PNC) seeking behaviors among low-income Latina women in Atlanta. This project used a modified Grounded Theory (GT) methodology. GT is defined as an inductive form of qualitative research that allows theory to emerge from data (Charmaz, 2000). This methodology helps to develop theories that are grounded in data which is systematically gathered and analyzed (Charmaz, 2000). The methodology used for this thesis project is a modified GT because this methodology has not followed strict GT definitions since some preexisting concepts and ideas were applied when designing the study (described below). However, a coding process in accordance to the GT model was followed and it was intended to generate hypotheses from the data collection and from the coding process.

IRB approval and permission to use data:

This project was approved by the Institutional Review Board of Emory University (IRB00101281) and by CIMA international women's health services which also granted us access to the participant's medical records. The Grady Research Oversight Committee also approved our research and granted medical records access.

Study population

Women were eligible to participate if they (1) self-identified as "Hispanic" or "Latina," (2) were in the first or second trimester of pregnancy (less than 24 weeks gestation), (3) were above the age of 18, and (4) spoke Spanish or English.

125 women were recruited and surveyed. Recruitment for IDIs occurred following survey completion. Purposive sampling was used among the women who participated in the survey and expressed willingness to be interviewed. This study analyzed data from 13 IDIs from a pool of participants that was selected by the PI of the larger study. The identified participants were contacted by phone or email to schedule an interview after their next PNC appointment. The number of 13 IDIs was determined based on achievement of saturation, when interviews produced a sufficient depth of narratives and breadth of perspectives (Hennink et al., 2017).

Settings and location

The recruitment and data collection were conducted at the Centro Internacional de Maternidad /International Women's Health Services (CIMA), located in Doraville, GA (Atlanta Metropolitan area) and at Grady Memorial Hospital, located in downtown Atlanta, GA. These locations were chosen based on demographic data evaluated during the study design. According to DataUSA the ethnic composition of the population in Doraville, GA is composed of 5,917 (57.2%) Latinx residents (DataUSA, 2018). Grady Hospital was chosen as a recruitment site because it is the largest hospital in the state of Georgia.

Recruitment and Screening

Electronic medical records (EMR) were used to determine patient's eligibility before enrollment in the study (IRB approval IRB00101281). Research assistants obtained a list of women from the EMR with a scheduled PNC visit for each week. Women who were listed as Hispanic/Latina, over 18 and were in their first or second trimester of pregnancy in the medical record were approached in the recruitment sites at the date of their appointments and invited to participate in the study.

Screening was conducted in-person before enrollment in the study by confirming the information directly with the patient, if she was eligible and interested in participating. Women completed the informed consent before the survey (described below) was administrated.

Informed consent

Voluntary informed consent was obtained from each participant before enrollment in the study. Women who were eligible and interested in participating in either taking the survey or the IDI were given the informed consent document in the language of their choice (Spanish/English). Two different informed consents were obtained, one before the survey was administered and another one before starting the IDI. Study staff explained the risks and benefits of enrollment in the study to participants and participants were invited to read over the informed consent. Research assistants informed women that they could refuse to participate in the study or refuse to answer any specific question. Study staff explained to the participants that their personal information and privacy was protected at all times and that only the research team was going to have access to their private information. In the case of the consent obtained for the IDI, each participant was made

aware that the conversation was going to be recorded and that the recording was going to be deleted once it was transcribed. Participants were considered officially enrolled in the study once they signed either informed consent. See appendix A.

Field Work and Data Collection Procedures:

Data were collected using three techniques: medical record review, a survey and IDIs

- *Medical record*

Research assistants had access to the participant's EMR to verify their eligibility to enroll in the study. Additionally, research assistants also confirmed the participant's gestational age, gestational age at first PNC visit, past obstetric history including parity, gravity, previous c-sections and previous complication during pregnancy and labor by reviewing their EMR.

- *Survey*

The survey was available in Spanish and English. It was administered by either using a tablet (directly by the patient) or in paper form, in accordance to the participant's preference. Additionally, the participants were offered to have the survey questions read to them by the research assistant. Surveys took on average 20 to 30 minutes to be completed. Almost all survey questions were from instruments that had previously been validated in English and Spanish (London Measure of Unplanned Pregnancy, 2017). Research assistants were native Spanish speakers and were instructed to make sure that all questions and directions were clear to

participants. The survey included questions about demographics (age, nativity, specific national origin group, time spent in the US), medical risk factors (parity, previous preterm birth, pre-existing conditions), chronic stress, depression and social support and had both opened-ended and closed-ended questions. The survey's target sample size was 200 women, however, due to time constrains only 125 surveys were completed. In return for completing the survey, the participant received $10 USD in cash. The survey was done through the online survey platform, Surveygizmo, which immediately uploaded responses to an encrypted cloud. If the patient took the survey on a paper form, the answers were entered using a double data entry method.

For this study, surveys were used mostly to recruit participants and to collect their basic information (age, gestational age, family structure, etc.). At the end of the survey, participants were asked if they would be interested in participating in an IDI about the same topics. If the participant said yes, she was asked to provide the best way to contact her (phone, email or other). See appendix B.

- *In-depth Interviews (IDIs)*

The interview guide was developed by the larger study's PI. It was designed to take 1-2 hours to administer. Interviews were conducted face to face by a bilingual research assistant in English or Spanish, according to the participant's preference. Research assistants had previous training in qualitative interviewing. All interviews were recorded and transcribed in the language in which they were conducted. The recordings were immediately deleted after transcription. Additionally, audio notes were made immediately following the interview for some of the interviews. It is important to mention that the Spanish transcriptions were not translated into English as part of the methodology. This was done because we wanted to stay as close as possible

to the original narrative. Additionally, concepts in one language may be understood differently in another language.

The interviews were done following the patient's PNC appointment and took place at CIMA's meeting room, which provided a private setting and was in the second floor, administrative area of the clinic. We recognize that this setting was not the most ideal, since there is always the possibility that patients did not feel as comfortable talking about their experiences with clinic services while being interviewed at the clinic. However, during the interview, it was always emphasized that non-participation would not cause any penalty to health care. The interview guide changed during the process, in accordance to GT methodology. All changes to the guide were documented by keeping the different versions of the guide. Interviews continued until saturation was achieved (when they produced enough depth of narratives and breadth of perspectives). In return for completing the IDI, the participant received $25 USD in cash. See appendix C.

Codebook development

The interviewers (Kaitlyn Stanhope and Monica Ulloa) read the first five transcripts and developed a preliminary coding before creating a code book and standard code definitions. Then, the standardized code book was applied to the transcript's analysis. See appendix D.

- *Coding*

Interviewers conducted all coding. Each transcript was double-coded and any discrepancies in coding found using Max QDA (Version 2018, VERBI Software, 2017) were resolved through discussion and examination of the code book.

- *Data analysis*

Data collection and analysis happened simultaneously and after data collection stopped. Data analysis was performed using Max QDA (Version 2018, VERBI Software, 2017). All data analysis was done in the two languages (English/Spanish) in which the interviews were conducted. Eco Social Theory (Krieger,1994) guided the development of a priori deductive codes (e.g. description of first visits to PNC, description of the process of planning to become pregnant). Eco social theory is a "complex theory of disease distribution that seeks to integrate social and biologic reasoning, with a dynamic, and ecological perspective, to address population distributions of disease and social inequalities in health" (Krieger, 2001). Additionally, several inductive codes emerged; from the data, recognizing that pregnancy can be complex and may include aspects that we had not previously considered. Examples of these included: home country, descriptions of use of language, language that participants feel most comfortable speaking.

Quotes in Spanish used to illustrate results were translated into English and the original quote is available in the appendix. Verbatim quotations from participants were used to describe results. However, any information that threatened patient's anonymity was eliminated.

3. RESULTS

Characteristics of the population

A total of 13 women participated in the IDIs (see table 1). All participants were women, self-identified as Hispanic/Latina, were over 18 years old, in the second or third trimester of their pregnancy and lived in the Atlanta Metropolitan area. The median age among the participants was 27.5 years old. The youngest participant was 19 and the oldest 38. Four of the participants were US-born of Mexican ancestry, two were born in Honduras, three were born in Mexico, and four were born in Guatemala. Five of the thirteen participants enrolled in the study were bilingual (fluent in English and Spanish), of those five bilingual participants, four were born in the US and one arrived as a child. The rest of the participants were fluent only in Spanish. Eight patients reported not having legal documents to reside in the U.S.

Only one woman was in her first pregnancy and 70% of participant reported unplanned or unwanted pregnancies. Nearly all participants were either married or currently living with their partner.

Table 1. Characteristics of the participants enrolled in the study.

Birth place	Origin	Age	Fluent in English	# of Children	Obstetric formula *	Immigration status	Participant ID** (n=13)
Guatemala	N/A	19	Yes	1	G2P1	Documented - DACA.	CIMA 74
Guatemala	N/A	19	No	1	G1P1	Undocumented	CIMA 7
Guatemala	N/A	26	No	0	G1P0	Undocumented	CIMA 62
Guatemala	N/A	32	No	3	G3P3	Undocumented	CIMA 26
United States	Mexico	29	Yes	1	G1P1	Documented	CIMA 18
United States	Mexico	19	Yes	1	G1P1	Documented	CIMA 21
United states	Mexico	25	Yes	3	G5P3A1	Documented	CIMA 38
United States	Mexico	21	Yes	1	G1P1	Documented	CIMA 15
Mexico	N/A	35	No	3	G3P3	Undocumented	CIMA 19
Mexico	N/A	38	No	7	G11P7A3	Undocumented	CIMA 87
Mexico	N/A	28	No	2	G3P2	Undocumented	CIMA 46
Honduras	Mexico	38	No	2	G2P2	Undocumented	A9
Honduras	N/A	28	No	2	G2P2	Undocumented	CIMA 31

**Obstetric formula: G: gravida (number of pregnancies, P: para (number of births), A: abortus (abortions).*

***Participant identifier based on PNC location: CIMA (Centro Internacional de Maternidad), A (Grady Hospital).*

During the IDI, participants were asked about their current pregnancy, past pregnancies, their personal life, their family context and relations, their PNC choices and their perceptions of the current political climate in the US.

The quotations presented reflect participant's perceptions and opinions, the quotes were translated into English and edited for grammatical clarity and all names were omitted to protect participant identity.

In analyzing the interview data, four main themes emerged:

- Access to prenatal care
- Quality of prenatal care
- Cultural norms
- Migratory challenges

1. Access to prenatal care:

- <u>Facilitators</u>:

Facilitators were defined as factors that help women access PNC. When asked to identify factors that facilitated access to PNC, women mainly mentioned language and close distance from their residence to the clinic. Participants stated that close distance was "a walking distance from their home" or approximately less than 20 minutes' drive. Most Spanish speaking patients mentioned language as an important factor when deciding where to go for their PNC. Among the participants that mentioned language as an important factor some of them stated they would never go to a place where no one speaks Spanish. Below are some quotes that illustrate the perceptions of the participants about facilitating factors for PNC:

C19: I: *Was it important for you to go to a doctor where they speak Spanish or where someone speak Spanish?*

P: *Aja, yes.*
I: *Would you go to a clinic where nobody speaks Spanish?*
P: *No. Also because of that, because they speak Spanish and if they wouldn't speak Spanish, I would depend on someone who speaks Spanish to accompany me, to translate.*
I: *Sure. And that would be…?*
P*: More uncomfortable.*

C87: I*: Is there anything that is very important for you in your prenatal care, such as that we are Latino, or that we speak Spanish or what?*
P: *Yes, that's very important, that they speak Spanish. I especially like that they speak Spanish at CIMA and that they have always been Latino.*

C46: I: *And what things were important for you when you were deciding where to go for your prenatal care, what clinic to go to?*
P: *What?*
I: *Were you thinking about a clinic that was close to you, or where they speak Spanish?*
P: *Oh, because it is so close and I spend less money on the taxi, and also because they speak Spanish.*

- Barriers:

Barriers were defined as anything that limits or prevents women from seeking and receiving adequate PNC. Participants mentioned long distances to the clinic as a barrier to access PNC. Long distance was referred by the participants as approximately more than 20 minutes driving. Additionally, the majority of the women who are undocumented stated that not being able to get a driver's license added to their challenges to access PNC. The Georgia Department of Driver Services doesn't issue driver's licenses to unauthorized immigrants (DDS, 2018). Below are some quotes that illustrate the perceptions of the participants about barriers for PNC:

C21: I: *… So how did you decided where to go to the doctor?*
P: *Mmmm so many people had told me you should go to Norcross [northern Atlanta clinic]. Wow, that's far. Like I was still debating like people told me to go all the way to [a clinic in] Marietta, where my mom works. I was like that's really far. No, I don't think so. Until a friend, the friend that just picked up my husband, his wife told me, 'why don't you go to CIMA?' Ok, 'I guess how far is it?' She is like 'it's in Doraville', I'm like ok, 'that's not bad'. She told me the ratings and everything. Sounds good.*

A9: I: *Did you take her or the other way around? Who brought you here for the appointment today?*
P: *To the appointment? We had to pay for transportation, we do not drive.*

I: *Oh Really?*
P: *I was going to tell my other friend, but she had a problem, she is trying to put her kid in preschool.*

2. Quality of prenatal care:

- Good quality of PNC services:

Good quality was defined as a safe, effective, timely, efficient, equitable and woman-centered PNC. Most participants emphasized that high-quality services in the clinic was an important factor when choosing their PNC. Some patients mentioned that they decided to go to the same clinic if they had experienced a good quality of care in their past pregnancies. The importance of this factor is exemplified by one participant who stated she has returned to the same location for her previous six pregnancies because she "loves how they work [in the clinic]". Below are some quotes that exemplify:

C38: P*: Someone told me it was a really good clinic, so. And ever since then, yeah, it's uh. I love how they work here. I love how they attend to you and everything. It's been a good clinic*.
I: *Um. What sorts of things are important for you when you think about where you want to go to the doctor?*
P: *That they really do listen, and that they, you know, show that it's, like cause there's some doctors where they're like, you know, one thing at a time. And it's like, OK, I understand but what if, you know, this is the issue and it leads to uh this*.
I: *Mhm.*
P: *You know, so uh. Listen, and I like how when I come here it's like 5 minutes later boom, I'm in. I like the timing. And, yeah, they're attentive*.

C19: I*: Now, thinking about your prenatal care. How did you decide where to go for your prenatal check-ups?*
P: *I came here for my previous baby, a cousin recommended me to come here. She came here as well, and she told me that it was great. And I decide to come back here because I liked the care that they gave me.*
I: *What things did you like?*
P: *Because everything is fine. Well, it is good for me, there is nothing that I don't like.*
I: *Are they respectful?*
P: *Of course, they are very respectful, they are always taking good care of you. Yes, exactly".*

- Poor quality of PNC services:

Poor quality was defined as any description of ineffective, unsafe or unequal PNC. Participants mentioned that they would avoid PNC clinics if they perceived they had poor-quality health services or if they've heard from a family member or friend that it was a bad clinic. One woman mentions the poor-quality PNC women receive in her home country. Below are some quotes that illustrate the perceptions of the participants about poor quality PNC services:

C21: I*: What was the most important thing for you when you were thinking about where to go for your prenatal care?*
P: *Which place has the best ratings, because there are some places where they treat you badly*.

A9: I: *How different would it be to be pregnant in Honduras?*
P: *Very different, the economy is very bad over there, the security, the jobs, there are no jobs. In the hospitals, the attention is very bad. There are even some women who die and could have survived because they didn't receive medical attention. There are some women who deliver their babies on the sidewalks.*

- Providers:

Participants mentioned that being able to develop a good relationship and rapport with their health care providers (doctors, midwives, and medical assistants) and the staff in the clinic was a determinant factor for their PNC choice. Women also considered that certain characteristics and personal qualities of the providers like empathy, compassion, good communication skills professionalism among others are essential to determine if they were receiving a high-quality PNC. Additionally, the perception of professional and friendly personnel was a determinant factor in recommending the clinic to another family member or friend. Below are some quotes that illustrate the perceptions of the participants about providers:

C87: I: *Ok, and what kind of advice the doctors and midwives gave you here at CIMA*?
P: *Well, many*.

I: *Like what*?
P: *(...) Well, do a lot of exercise, drink a lot of water. What else can they tell me? I especially like this lady, what is her name*? (name of MA).
I: *Ah yes, she is very nice*.
P: *Aja and I think she has always been here, I think she has always, always been here. And when I look at her, it seems that she never has problems or if she has problems, she leaves them somewhere else. Because she is never angry, she always speaks nicely to you.*

C26: I: *What was important for you in your prenatal care? That they speak Spanish or how will they treat you or what? What was important to you?*
P: *Well, the way they treat you. Because sometimes you go to clinics and there are some nurses who don't have the patience to take care of people and also, I can't explain myself in English so I always think that it would good to know a little bit of English. But here is nice because the lady (MA) at least I think she is very patient and very kind*.

- ***Cultural norms:***

When asked about their social networks and their social support (partner, family, and community), women mentioned that people around them could have a significant impact on the decision of where to look for PNC. Some participants reported that their decision was based solely on their social group's advice. Additionally, women who had support from their partner mentioned that they were of great importance during their pregnancy and influenced their PNC choice. One woman described how she along with her husband, checked the PNC paperwork and came to a decision came together.

- <u>Partner support:</u>

C19: I: *Ok, can you tell me a little bit about your first prenatal care appointment when you came here?*
P: *My first control, well I came to see what their requirements were, the cost of prenatal care, how the appointments were and all of that. Then, I went home, and I talked to my husband, I showed him the paperwork they gave, we read to see how everything was. And I told him, I should go there because I went to another clinic before and I didn't want to go back there. And I told him I am going there, and he said you make the decision, if you like that place go there*.

C19: I: *And who is going to be there? Will your husband be in the room when they perform the C-section?*

P: *Yes*
I: *Anyone else?*
P: *No, only my husband. I think that my husband is the only one who will be there. Maybe my sister in law, she was there the last time, but when the baby was born it was only him. And this time as well, that is something he can't miss*.

- Financial support:

Financial support was defined as tangible financial support from friends, partner or family. Participants expressed that they received financial support from their social network during their pregnancies. The monetary support received helped them to pay for their PNC. Additionally, women mentioned that they expected to receive financial help from their families and that they were expected to stop working during their pregnancy. Below are some quotes that exemplify:

C7: P: *It's been a month since I'm not with him anymore. Because when I talked to the other guy, with whom I'm right now, I was two months pregnant when I came here to the clinic and I told him that I was pregnant, He said it's fine.*
I: *It's good that he supports you.*
P: *Yes, he told me that if I needed anything, he was going to help me. Sometimes he gives me 200-300, and I told the father of the baby not to bother me anymore. And he told me you only care about the money, but I have to buy his crib, his clothes, and there are a lot of things in my mind before the baby is born.*

C62: *I: Did you stop working because you got pregnant?*
P: Yes, yes. Because I mean I was working and one day when I was working, I felt bad and from there I did not work anymore.
I: To take care of the baby?
P: Yes, to take care of the baby.
I: And your husband, and you agreed that you were not going to work anymore?
P: Yes, he told me that it would be better if he only went to work while I was pregnant.

- Family support:

Family support was defined as any type of support or help received by a family member during pregnancy. Family support included acceptance of the pregnancy and willingness to advice. Participants often mentioned the importance of their family's advice and experiences as a factor in their PNC choice. Some patients stated that they decided to choose their PNC clinic based only

on their family's recommendations. One participant mentioned that she chose to use CIMA for her PNC because all of her sisters chose it and liked the care provided. Below are some quotes that illustrate participant's perceptions:

C18: I*: How did you know to come to CIMA?*
P: *Because this is uh, my sister had her baby here last year and I brought her. I would bring her here*.
I: *Ok.*
P: *Yeah. Every time one of my sisters got pregnant, I would bring them here*.
I: *Oh, that's nice. Did one of your sisters come with you?*
P*: Uh yeah. One of them did come with me.*
I: *That's nice.*

C18: *Do you think your brothers and sisters, or your parents will help you when you have a new baby?*
P: *Yeah.*
I: *That's nice.*
P: *Yeah. Because we always help every time one of my sisters has kids, we all help*.

- Community support:

Community support was defined as any structure, systems or process that help women with day-to-day life or bigger problems. Participants stated that they received support and help from their communities during their pregnancies. Other participant mentioned that a neighbor took care of her kids while she was in her PNC appointments.

C38: *How did you decide where to go for prenatal care? For this pregnancy?*
P: *Um. I've had my other kids here. So, I don't even know. My. I don't know how I got here for my first one. I think it was the school*.
I: *Ok. Where did you go to high school?*
P: *Lakeside.*

A9: I: *And how did you decide to come here?*
P: *My other friend helped me, she brought me and she registered me in here.*
I: *Did she say that it was good in here?*
P: *Yes, she gave me some options, where do you want to go, where do you want me to take you, and when my other girl was born she drove me to the hospital and stayed with me.*
I: *Your friend? Did your husband also come?*
P: *Yes, he was present*

I: *I can imagine, but your friend brought you here.*
P: *Yes. She came to pick me up and she was very careful, then also afterwards she helped me to take care, the food and everything.*
I: *Yes, she must be a good friend*

- Pregnancy advice:

Pregnancy advice was defined as any recommendation received during pregnancy, including where to go for PNC. Women mentioned that they received advice frequently from their families and friends about several aspects of their pregnancies including their PNC choice. Participants also stated receiving advice from their health care providers. Below are some quotes that illustrate:

C62: P: *I came here first. Well, I wanted to go to another clinic, what's the name of that clinic? Clínica de El Pastor, I think.*
I: *Yes, I've heard of that, yes.*
P: *Clínica la Unión also. Clínica la Unión.*
I: *I do not know if I've heard of it.*
P: *There is one nearby, I think. So, I wanted to go there, but my mother-in-law told me not to go there, that it was not recommended.*
I: *That it was not good?*
P: *Aja, that they have a lot of patients and that you'll wait all day in there waiting until they receive you and I do not know what else. Then she said no, and they will give you many pills and they will give you many other things, and then you will not go, and I decided to come here.*

C46: I*: And have you received any advice that has helped you, that has made you think?*
P: *Here? Well yes, I do not know her name but.*
I: *The one with short hair. (MA)*
P: *The other one, the one who comes in red*
I: *Ahhh.*
P: *I do not know her name. She inspired me a lot of trust, she interviewed me the first time and I felt very good with her.*
I: *Ah that's good. Yes, they are very good*
P: *Yes, she made me feel that everything was fine, she told me not to worry, and that they would help me so that my baby will fine.*

- Motherhood (pregnancy intention and delivery):

Motherhood was defined as experiences related to maternity including pregnancy, childbirth, and child raise. Approximately 70% of the women reported unplanned or unwanted pregnancy; they expressed feelings of sadness and regrets about their pregnancies. One patient mention intention of abortion but desisted afterward because of negative past experience with abortion among family members.

C87 Pregnancy intention: I: *Were you planning to get pregnant or was it a surprise?*
P: *I did not plan, I didn't want to be pregnant, and I remember that I cried so much, I said I do not want another baby, I do not want another baby, but he came and well ... I can't explain why I got pregnant if I was using protection*
I: *You were using protection?*
P: *Condom, and then I said it can't be possible.*

I: *Was it hard for you to accept it?* (pregnancy)
P: *Yes, I didn't want to be pregnant. I even wanted to buy some pills so I would not have the baby, and my husband said, do you want me to buy them for you? Then I said no, because one of my aunts, when I was in Mexico, she did not want to have that baby and she took a lot of pills, and when the baby was born, he didn't have two fingers, and I think he was missing half an ear, and the Doctor said It was because of the medications she took, that burned the baby. I said no, I do not want the same thing to happen to me*.

C38 Pregnancy intention: I: *OK. Um. So, tell me about uh, before you found out you were pregnant. Before this pregnancy, what did you think about before you were pregnant?*
P: *Um. I was in school. Because I didn't finish high school. I was trying to like, you know, move on up. You know, because I want to be an officer. But, um. I found out I was pregnant, and it was when school was going to start. I couldn't go back in, because I had to do a full time job to save money. Um. I cried because it's not what I wanted. I had other plans.*
I: *It was unexpected?*
P: *Yeah. And, yeah. I got depressed.* (Inaudible).

Additionally, about half of the women stated they chose their PNC clinic based on the healthcare facility where they will deliver their babies. For example, women who had their PNC at CIMA could deliver their babies at North Side Hospital (Sandy Springs, Atlanta metropolitan area). They mentioned that it was important for them to know if the clinic had a contract with the

hospital in which they wanted to give birth before enrolling in PNC. Some women mentioned that if they had a good experience in the past delivering a baby in certain hospital, they would try to give birth again in the same hospital. Below are some quotes that exemplify:

C26 Delivery: I: *What else was important for you when you were deciding where to go for your prenatal care? Anything else that you were looking for?*
P: *Yes, also because of the hospital, right? The last time I went to Northside and they took good care of me, so I wanted to go back, because there are some places where they don't take good care of you and you don't want to go back. And I thought I am going to see if they also work with Northside, and that was also another thing.*

C15 Delivery: *I: When you first find out you're pregnant did you like ask anybody for advice or what to do?*
P: Mmmmm, I just told my mom I don't know if I should (.) cause I don't know which medical to for. And she was like oh go to CIMA because you're going to go to North Side when you have your baby

3. Migratory challenges:

Migratory challenges were defined as a description of how life in the US is challenging, most likely compared to how life was/would be in the participant's home country. When asked about migratory challenges, women mentioned their immigration status and discrimination. Below are some quotes that illustrate the perceptions of the participants about migratory challenges:

- <u>Immigration challenges/status:</u>

Legal status in the US may limit access to health care. Therefore, PNC choice for undocumented women is sometimes limited. Women reported experiencing challenges when looking for their PNC and some mentioned fear of deportation.

C38: I: *Yeah. Has um, the stuff about immigration gotten more stressful over time or has it always been stressful?*
P: *Um. It's gotten worse because at first it wasn't even a big deal until I got into my 20s, 21, and all that whole thing of deportation started happening and everything. And now we're just like oh*

god, like if they do like road stop or something and they start asking everybody for their documents and all that, it kind of scares me.

- Discrimination:

Discrimination was defined as descriptions of disadvantageous treatment or consideration based on ethnicity, nationality, or other specific characteristics of the patient. Some participants mentioned that they feel more comfortable among Latinx health care providers and that it can be a factor when determining where to choose their PNC. One participant attributed being treated differently because of being Latinx.

C87 I: *Is there anything that is very important in your prenatal care, such as Latino staff or that they speaking Spanish or what?*
P: *Aja, that's very important that they speak Spanish, especially that they speak Spanish I've always liked that about CIMA and that they have always been Latino. Yes, because sometimes there are people, from here, black or white, that sometimes are racist, and I think they have tried ...* (inaudible)
I: *And why do you say racists? Or what does it mean?*
P: *They treat you badly, because if, for example, in the hospital, I once had a woman that wow! And then I realized they can treat us differently.*

4. DISCUSSION

The goal of this study was to identify the more salient factors that influence the choice of where low-income pregnant Latina women in Atlanta seek PNC. This study employed a qualitative approach utilizing surveys and IDIs concerning pregnancy and PNC experiences among Latina women in Atlanta. Four main aspects were identified from the reporting by study participants during the process of searching for PNC. Women mentioned the importance of: (1) access to prenatal care, (2) quality of prenatal care, (3) cultural norms and (4) migratory challenges.

- Access to PNC:

Language

Language was identified as one of the main deciding aspects for choosing PNC. Women mentioned the importance of finding a clinic where they could communicate in Spanish, express their concerns, be understood and have access to health care providers that were able to speak in their native language. Previous studies (Holtz, 2006; Shaffer, 2002) described similar findings. Holtz states that "cultural and language differences, are significant factors that can reduce access to prenatal care". Shaffer mentions that facilitators to PNC include bilingual health care providers.

Additionally, we found that Latina women seem to feel more comfortable when being cared for by Latinx health care providers even if the woman is fluent in English. Other studies (Jones, 2017; Shaffer, 2002) have found that interventions to provide culturally-appropriate maternity care have largely improved women's use of skilled maternity care. Shaffer mentions that having culturally knowledgeable health care providers was an important factor influencing their

decisions to access PNC. This could indicate the importance offering culturally-sensitive PNC services to Latina women.

Distance to PNC

Besides language, the other important facilitator identified by the research participants was close distance to the PNC clinic. About half of the women stated that distance from their residence was considered when deciding where to go for PNC. Some even mentioned that they chose their PNC clinic within walking distance. When analyzing the data, patients who identified long distance as a barrier, referred to it as more than a 20-minutes' drive. The importance of the distance to PNC could be explained by the following reasons: most women don't own a vehicle, cannot drive (unable to apply for driver's license) or cannot pay for transportation. The immigration status of participants becomes a barrier in the context of distance to PNC given that in the state of Georgia undocumented immigrants cannot apply for a driver's license (Georgia Department of Driver Services, 2018) and therefore cannot drive themselves to the PNC facility. Women mentioned that they used mainly taxis for transportation.

Previous research has found that travel time or distance to the closest health facility is used as a measure of access to care and some authors have documented that those who live closer to healthcare facilities have higher rates of usage than those who live further away (Nesbitt, 2016; Kelly, 2016). The literature has also shown that long distances from home to the facility have effects on the decision to start PNC early (Chimatiro, 2018). In addition, our study, similar to others (Hacker, 2015), noted that many women of reproductive age face barriers to health care based on their immigration status. The findings about distance to PNC suggests that public health interventions should include transportation support for patients in order to improve access to PNC services. Additionally, facilities could provide flexible hours and scheduling.

- Quality of prenatal care:

We have found that a high-quality PNC service and the relationship between participants and health care providers are important factors for Latina women when choosing their PNC clinic. Previous research has shown that when PNC is respectful, women are more pleased with, and participated more actively in care (Novick G. 2009). Also, having a meaningful relationship with their PNC provider may be fundamental to quality care (Sword,2012). Additionally, in previous literature, women report higher satisfaction with PNC when they were also satisfied with processes of communication with clinicians and when they were satisfied with advice received (Novick G. 2009). The findings of this study and the literature demonstrate the importance to implement women's center models of PNC and encourage providers to make women feel respected, valued and take enough time with them to hear and address their concerns.

Another important finding related to quality of PNC was that women avoid PNC clinics with a bad reputation among their networks or where a family member or friend had a bad experience. This may be because women assume that they will also receive a poor-quality PNC service and prefer to choose a health facility with better references. Another key finding of this study that will be discussed in the following paragraphs is that Latina women give great importance to their communities' advice and referrals and if a family member had a bad experience in a PNC clinic it is improbable that they will go to the same place for their PNC. It has been previously documented that the reputation of the clinic or health care facility is a key driver of trust, under the assumption that a better reputation equates with higher quality care. (Ward, 2015; Sword, 2012).

- Cultural norms:

One of the prominent findings of this study was that Latina women seem to give particular importance to their social network's advice and support during pregnancy and that their recommendation is a key determinant in their PNC choice.

These findings support that Latinx communities have a more supportive social environment and that women experience increased support during pregnancy compared to other racial/ethnic groups, buffering against their vulnerable situation (Gallo, 2009). Additionally, Latina women have been described as adhering strongly to familism values that emphasize attachment to the nuclear and extended family (Gress-Smith, 2013). Women's social network can facilitate and influence a woman's decisions of whether to find or not PNC; this could indicate that it is important to involve family members and partners during their PNC. According to literature, maternal health services are not only the responsibility of the pregnant woman and her providers but also the responsibility of her family and the whole society. (Babalola, & Fatusi, 2009). Future research on the use of PNC services should extend beyond individual factors related and include social-level factors.

We have also found that Latina women not only receive emotional support, but also financial support from their families and community network during pregnancy. In our study, some women stated that they were receiving financial aid from a family member or friend and that they were using that money to pay for their PNC among others. As mentioned before, this behavior among Latinx communities could be related to the collectivist nature of the culture, which prioritizes positive social interaction and places special importance on close family relationships (Campos, 2008). This could also be due to the gender role of men in Latin culture, in which they are expected to be good providers and protectors of their families (Galanti, 2003).

Another finding of our study was that the birthplace of the baby had a great influence on the choice of the PNC clinic. Most women mentioned that one of the determining factors when choosing their clinic was if it had a contract with the hospital in which they wanted to give birth. However, to date, very little research has been done to support this finding. Previous work has only focused on women's choice impacting birth experiences (Cook, 2012). It would be important for future research to explore if the place of delivery has a real impact on the PNC choice of women.

- Migratory challenges:

Although the interviews did not ask women directly about their immigration status, most women mentioned that migratory status and perceived discrimination affected their PNC choice.

Latina women, especially undocumented immigrants might find challenges when looking for PNC; This could be because of lack of health insurance, health system barriers, fear of the effect of seeking care on their immigrant status, and distress of deportation. Indeed, previous research suggests that fear of deportation among undocumented immigrants leads them to avoid health care and wait until health issues are critical to seek services because of their concerns of being reported to authorities (Hacker, 2015). Also, it has been documented that national policies exclude undocumented immigrants from receiving health care and deny access to insurance (Hacker, 2015). The findings of the study as well as the literature point to the importance and need of expanding health care access to all, regardless of their migratory status, and give full access to PNC for pregnant women who are undocumented immigrants.

Finally, we found that some women felt discriminated during their PNC and delivery, and that they prefer Latinx health care providers during PNC. This might be because women feel they

can relate easily with Latinx health care professionals, and feel they can understand their culture, their expectations and can communicate easily with them. According to previous research cultural differences between patients and health care providers may create barriers to access. (Escarce, 2006). Women also mentioned feeling discriminated by non-Latin health care providers. These findings are supported by previous studies which state discrimination or stereotyping related to race, ethnicity, or income (Hacker, 2015). These barriers to health care access may have effects on Latina women decisions to look for PNC. This suggests the importance of to train providers to better understand the needs of pregnant Latina women and offer culturally-sensitive care.

- Strengths and limitations of the study:

One of the major strengths of this study is that a Latin and native Spanish speaker's researcher collected, transcribed and analyzed the data, allowing the establishment of good rapport with the researcher. Additionally, the use of a qualitative modified grounded theory approach was appropriate for the research goals and context, allowing the generation of hypotheses from the data collection and the addition of questions to the interview guide based on participant's answers in order to get richer data. Finally, conducting a survey allowed to have an initial contact with the participants, also helping in the establishment of rapport and trust between the researcher and the participants.

One of the mayor limitations of this study is that most data was collected in one clinic. Therefore, the data might not be as diverse as we would expect. Another limitation of the study is that we could only enroll women from three Latin American countries (Guatemala, Honduras and Mexico); This is likely to be an underrepresentation of the whole Latinx community living in Atlanta Metropolitan area. Lastly, one major limitation of this study is the we could only have

access to women enrolled in PNC. It would have been very interesting to interview patients in the process of looking for a PNC clinic.

Adequate PNC can reduce the rates of maternal mortality. Ensuring that all women have timely access to care during pregnancy is important in decreasing health disparities and improving maternal and infant outcomes. Latina women in the United States are less likely to seek early prenatal care than non-Latina white women and given that Latinas have the highest fertility rate of any ethnic group it is important to ensure they have access to adequate PNC and understand their PNC seeking behaviors. As mentioned above, low income Latina women identified specific barriers and facilitators influencing their prenatal care choice. Language and close distance to the clinic were identified as facilitators, high-quality PNC was reported as an important factor in their seeking behavior. Additionally, finding culturally-sensitive care and the influence of their social group was relevant. These results can be used to design interventions to enhance facilitators and motivators and reduce barriers to PNC for low income Latina women.

PUBLIC HEALTH IMPLICATIONS AND RECOMMENDATIONS

- In our study, women identified language of health care providers as one of the main deciding aspects when choosing PNC. Therefore, it could be important to provide translation services for women who don't speak English and ideally, have ethnic diversity among health care providers.
- Our data suggest that Latina women seem to feel more comfortable when being cared for by Latinx health care providers. Offering culturally-sensitive PNC services to Latina women and train health workers on intercultural sensitivity may be important to increase PNC use among Latina women.
- Many participants discussed the importance of high-quality PNC and the relationship with caregivers during their PNC. Encouraging health workers to take the necessary time to answer patient's questions and ensure women feel respected and valued might be essential to facilitate PNC use.
- Another barrier that was mentioned by women was long distance to the PNC clinic. Therefore, public health interventions should include transportation support for patients in order to improve access to PNC services by offering bus tickets, bus passes, or taxi vouchers. PNC clinics could also provide flexible hours and scheduling such as evening and weekend clinic hours.
- Our findings suggest that involvement of family members and close friends during pregnancy and PNC is imperative among Latina women. Therefore, clinics should ensure that family members feel welcomed and participate actively during PNC, waiting areas should be large enough for family members and patients.

- Finally, fear of deportation was mentioned by some undocumented participants. Expanding health care access to all pregnant women regardless of status and ensure the confidentiality of their personal information and immigration status might enhance the use of prenatal healthcare services.

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APPENDICES:

Appendix A: *Informed consent for the survey in Spanish*

Universidad de Emory

FORMULARIO DE CONSENTIMIENTO PARA PARTICIPAR EN PROYECTO DE INVESTIGACIÓN

Título: El estrés y apoyo social durante el embarazo entre mujeres latinas en Atlanta

Investigadora Principal: Kaitlyn Stanhope, MPH

Patrocinador: Universidad de Emory

Introducción

Usted ha sido invitada a participar en un estudio de investigación. Este formulario está diseñado para decirle todo lo que necesita tener en cuenta antes de dar su consentimiento para participar o no en este estudio. **Es completamente su decisión. Ya sea que usted participe o no en este estudio no afectará de ninguna manera la atención que recibe por parte de la clinica. Si decide participar, puede cambiar de parecer más adelante y retirarse del estudio de investigación si así lo desea. Mientras realiza la encuesta, puede omitir cualquier pregunta que no desee contestar.**

Antes de tomar la decisión:

- Por favor lea cuidadosamente este formulario o solicite que alguien se lo lea.
- Por favor realice todas las preguntas que sean necesarias de lo que no tenga claro.

Si desea puede quedarse con una copia de este formulario. Tómese su tiempo para pensar si desea participar en este proyecto. Al firmar este formulario de consentimiento, usted no cederá o renunciará a ningún derecho legal.

¿Por qué estamos realizando este estudio?

El propósito de este estudio es comprender el bienestar de las mujeres latinas durante su embarazo y cómo factores psicosociales pueden afectar su salud materna durante el embarazo o la salud del recién nacido. Estos factores incluyen aspectos que pueden dificultarle la vida durante el embarazo

(como el estrés), y aspectos que le hacen la vida más fácil (como por ejemplo el apoyo social de su pareja, amigo/as y/o la familia).

Hoy, se le realizará una breve encuesta con preguntas relacionadas con el estrés, apoyo social y otras experiencias relacionadas con su vida en este momento. Después de que haya dado a luz a su bebé, revisaremos su historia clínica para ver cómo el estrés, el apoyo social y otras experiencias en su vida durante el embarazo pueden estar relacionados con su salud cuando estaba en embarazo y con la salud de su bebé después de su nacimiento.

¿Qué pasa si yo decido participar en este estudio?

Si acepta participar en este estudio, existen dos (2) fases principales. La primera, es que se le pedirá que complete hoy una encuesta, la cual toma entre 20 a 40 minutos completarla. La encuesta se realiza en una tableta o computadora de mano, disponible en Español e Inglés, y hace preguntas sobre su vida y salud durante y antes de éste embarazo. La segunda fase, consiste en que vincularemos esta información con su historial médico con el fin de conocer acerca de los meses restantes de su embarazo y de su parto. Al final de la encuesta, le preguntaremos si usted está interesada en tener una conversación en persona más a fondo y extensa sobre los mismos temas estudiados. Si dice que sí, la contactarémos para programar una entrevista en otra fecha.

Si está de acuerdo, pediremos información médica del certificado de nacimiento de su hijo/a para relacionarlo con sus respuestas de la encuesta. El propósito es descubrir si la información en el certificado de nacimiento es correcta o no.

¿Existen riesgos o beneficios al hacer parte de esta encuesta?

Este estudio incluye riesgos muy pequeños, uno principal es el relacionado con la violación de la confidencialidad. Es posible que se sienta avergonzada al responder a algunas preguntas. Usted puede negarse a responder cualquiera. Con gusto la referiremos, si usted lo solicita, a un especialista y le brindaremos información sobre diferentes instituciones y organizaciones en Atlanta que ofrecen servicios médicos, sociales y/o psicosociales. Participar en esta encuesta, puede no beneficiarla personalmente, pero esperamos contar con información importante que podría ayudar a mejorar la salud y bienestar de las mujeres latinas.

Compensación

Obtendrá $10 por completar esta encuesta. Si no la diligencia completa, se le pagará por la parte que ha completado. Si participa en la entrevista que busca en tener una conversación más a fondo y extensa con usted y en otra fecha programada, usted recibirá $25.

¿Qué pasa con la confidencialidad?

Mantendrémos toda la información que obtengamos sobre usted en secreto en la medida en que lo permita la ley. Sin embargo, en casos especiales, personas que no pertenecen al equipo que hace parte del estudio pueden consultar los registros del mismo. Estos grupos pueden incluir la Junta de Revisión Institucional de la Universidad de Emory. Sus registros serán identificados con un número especial, no por su nombre, siempre que sea posible. Mantendrémos todos los registros de las encuestas en un servidor seguro, que estará protegido por contraseña. Los archivos de nuestro computador se encontrarán protegidos también por contraseña. Después de completar el análisis, todos los registros se destruirán, dentro de tres (3) años a partir de ahora.

Haremos todo lo que podamos para evitar que otros conozcan su participación en esta investigación. Con el fin de proteger su privacidad, es importante que sepa que los investigadores involucrados en este estudio cuentan con un *Certificado de Confidencialidad.*

¿Qué aspectos protege el Certificado de Confidencialidad?

El Instituto Nacional de Salud le ha otorgado a este estudio un *Certificado de Confidencialidad* en el cual Emory confiará para no entregar ninguna información suya que la identifique. Por ejemplo, si Emory recibe una citación (una orden de la corte) acerca de sus registros en este estudio, diríamos que no. Este certificado le da a Emory el respaldo legal para decir no. Por ejemplo, este certificado protege la información que podría dañar su imagen, sus posibilidades de conseguir un trabajo u obtener un seguro.

¿Qué aspectos no protege el Certificado de Confidencialidad?

El Certificado no impide que usted o alguien más divulguen información suya. El certificado tampoco impide que Emory lo haga. Por lo tanto podrá revelar:

- Información a las oficinas de salud pública del estado sobre la presencia de ciertas enfermedades infecciosas.
- Información a los funcionarios de la ley si se ha producido abuso infantil.
- Información dada por Emory que evite perjudicarla a usted u otros.
- Información que Emory entregue al patrocinador del estudio como parte de la investigación.

Autorización para utilizar y divulgar información de su salud protegida

La privacidad de la información de su salud es importante para nosotros. La información de su salud que la identifica la llamamos “Información de Salud Protegida” o “PHI” (en Inglés). Para proteger su “PHI”, respetarémos las leyes de privacidad federales y estatales, incluida la Ley de Transferencia y Responsabilidad de Seguros de Salud (HIPAA- siglas en Inglés). Nos referimos

a todas estas leyes como “Las Reglas de Privacidad”. Aquí le informamos cómo usaremos y divulgaremos su “PHI” para el estudio.

Información de su Salud Protegida o “PHI” que será usada y/o divulgada:

La Información de su Salud Protegida o “PHI” que usaremos o compartiremos en la mayoría del estudio de investigación será:

- Su nombre, teléfono y correo electrónico.
- Información médica tales como su historial y medicamentos que le hayan prescrito o recetado en el pasado y actualmente.

Razones por las cuales la Información de su Salud Protegida o “PHI” será usada y/o divulgada:

Su “PHI” será utilizada para incorporarla e inscribirla en el estudio. Las respuestas dadas en la encuesta serán además vinculadas a su registro o historial médico y, si está de acuerdo, el certificado de nacimiento de su bebe. Este enlace entre su “PHI” y registro médico será destruido treinta-seis (36) meses después de su participación en el estudio y puede que compartamos su “PHI” con la Junta de Revisión Institucional de la Universidad de Emory (IRB – siglas en inglés).

Uso y divulgación de su información que es requerida por la ley:

Usaremos y divulgaremos su “PHI” cuando la ley así lo requiera. Esto incluye leyes en donde nosotros estamos obligados a reportar casos de abuso a menores, adultos mayores y/o personas en condición de discapacidad.

Autorización de uso de su PHI es requisito para participar:

Firmando este formulario, usted nos está dando el permiso para utilizar y compartir su “PHI” como se ha descrito en este documento. Si no lo firma, por lo tanto, no podrá participar en el estudio.

Las siguientes personas y grupos usarán y divulgarán su PHI en conexión con el estudio de investigación:

- La investigadora principal y su equipo usarán y divulgarán su "PHI" para vincularla en el estudio y con el fin de conectar sus respuestas de la encuesta a su registro o historial médico.

Vencimiento de su autorización

Su "PHI" se mantendrá vigente hasta que se complete la vinculación de la misma con su registro o historial médico (después de su embarazo) y no más de doce (12) meses después de su participación en el estudio. Luego de este periodo se destruirá.

Anular o revocar su autorización

Si usted firma este formulario, y luego decide no continuar ni seguir autorizando el permiso para usar su información, usted debe contactarse con la investigadora principal del estudio al correo electrónico: kaitlyn.keirsey.stanhope@emory.edu o al celular 404-556-0169.

Cuando esto pase, los investigadores no recolectarán más datos sobre su "PHI", pero pueden (de acuerdo a la ley) usar o divulgar la información que usted ya les facilitó, protegiendo su seguridad y asegurándose que el estudio se realizó apropiadamente y sus datos están correctos. Si anula la autorización usted no podrá continuar en el estudio.

Otros aspectos que debería saber acerca de su privacidad

No todas las personas y entidades están cubiertas por la *Ley de Transferencia y Responsabilidad de Privacidad (HIPPA- siglas en Inglés)* ya que sólo aplica a los proveedores de salud, contribuyentes de seguros de salud o aseguranzas y centros de intercambio de información de atención médica. Si divulgamos su información a personas que no están cubiertas por las *Reglas de Privacidad*, incluyendo HIPPA, su información por lo tanto no estaría protegida por la misma. Las personas por lo tanto, que no tienen que cumplir con las *Reglas de Privacidad* pueden usar y/o divulgar su información con otros sin su autorización si así lo permiten las leyes que las cubren.

Nosotros podemos eliminar la información personal de su "PHI" y una vez lo hagamos, la información restante no estará sujeta a las *Reglas de Privacidad*, ésta puede ser usada o divulgada con otras personas y organizaciones para fines distintos de este estudio.

Participación voluntaria y retirarse del estudio

Usted tiene el derecho de dejar de participar en el estudio en cualquier momento sin ningún tipo de castigo o multa. Además, puede negarse a responder a cualquier pregunta que no desee contestar durante el estudio.

¿Con quién contactárse?

Con la investigadora principal Kaitlyn Stanhope al celular 404-556-0179 si:

- Usted tiene cualquier pregunta acerca de este estudio y/o acerca de su participación en el mismo.
- Usted tiene preguntas, preocupaciones o quejas acerca de la investigación.

Comuníquese con la Junta de Revisión Institucional de la Universidad de Emory (IRB) a los teléfonos 404-712-0720 o 877-503-9797 o al correo electrónico irb@emory.edu si:

- Usted tiene preguntas acerca de sus derechos como participante de esta investigación.
- Usted tiene preguntas, preocupaciones o quejas acerca de la investigación.
- Usted además desea dejarle saber a IRB acerca de su experiencia como participante en la investigación a través de nuestra encuesta que aparece en la página de internet: http://www.surveymonkey.com/s/6ZDMW75.

Consentimiento

Por favor escriba su nombre y firme abajo si está de acuerdo en ser parte de este estudio. Al firmar este formulario de consentimiento, usted no cederá o renunciará a ningún derecho legal. Le entregarémos una copia de este documento firmado para que lo guarde.

 Por favor marque esta casilla si nos permite pedir el certificado de nacimiento de su bebe y relacionar esa información con sus respuestas de la encuesta

_____

Nombre de la Participante

_____ _____

Firma de la Participante Fecha Hora

_____ _____

Firma de la persona encargada de guiarla en la firma de este documento Fecha Hora

Informed consent for the survey in English

Emory University

Consent to be a Research Subject

Title: Stress and Social Support during Pregnancy Among Latina Women in Atlanta

Principal Investigator: Kaitlyn Stanhope, MPH

Sponsor: Emory University

Introduction
You are being asked to be in a research study. This form is designed to tell you everything you need to think about before you decide to consent (agree) to be in the study or not to be in the study. **It is entirely your choice. Whether you participate in this study or not will not affect the care you receive at the clinic. If you decide to take part, you can change your mind later on and withdraw from the research study. While taking the survey, you can skip any questions that you do not wish to answer.**

Before making your decision:

- Please carefully read this form or have it read to you
- Please ask questions about anything that is not clear

You may keep a copy of this form. Feel free to take your time thinking about whether you would like to participate. By signing this form, you will not give up any legal rights.

Why are we doing this study?
The purpose of this study is to understand the well-being of Latina women during pregnancy and how psychosocial factors may impact maternal health during pregnancy or newborn health. These factors include things might make life more difficult for you during pregnancy (such as stress) and things that make life easier (such as social support from a partner, friends or family). Today, there will be a brief survey with questions about stress, social support and other related experiences in your life right now. After you've delivered your baby, we'll look at your medical record to see how stress and social support during pregnancy may be related to your health during pregnancy or your baby's health following delivery.

What happens if I decide to participate in this study?

If you agree to participate in this study, there are two main parts. First, we would ask you to complete a survey today. The survey will take between 20 and 40 minutes to complete. The survey is on a tablet (handheld computer), available in Spanish and English, and asks questions about your life and health during and before this pregnancy. Second, we will link this information with your medical record to learn about the rest of your pregnancy and delivery. At the end of the survey, there will be a question asking if you are interested in participating in a longer in-person conversation about these same topics. If you say yes to this question, we may contact you to schedule that interview at a later date.

If you agree, we will also request medical information from your baby's birth certificate to link to your survey results. The purpose of doing so is to find out if the information on the birth certificate is accurate or not.

Are there risks or benefits to taking part in this survey?

This study includes very small risks, the main one being a breach of confidentiality. You might feel embarrassed when answering some questions. You can refuse to answer any question. We will be happy to refer you for counseling if you request it and will provide information for medical, social and psychosocial resources in Atlanta. Taking part in this survey may not benefit you personally, but we hope to learn important information that could help improve the health and well-being of Latina women.

Compensation

You will get $10 for completing the survey. If you do not finish the survey, you will be paid for the part you have completed. If you participate in a longer in-depth interview at a later date, you will get $25 for the interview.

What about confidentiality?

We will keep all information that we obtain about you private to the extent allowed by the law. However, in special cases, people other than those on the study team may look at the study records. These groups may include the Institutional Review Board at Emory University. Your records will be identified by special number, not your name, whenever possible. We will keep all survey records on a secure server, which will be password protected. Our computer files will be password protected. After analysis is complete, all records will be destroyed, about three years from now.

We will do everything we can to keep others from learning about your participation in the research. To further help protect your privacy, the investigators have obtained a Confidentiality Certificate.

What the Certificate of Confidentiality protects:

The National Institutes of Health has given this study a Certificate of Confidentiality. Emory would rely on it to not give out study information that identifies you. For example, if Emory received a subpoena (an order from a court) for study records that identify you, we would say no. The Certificate gives Emory legal backup to say no. For example: It protects information that could harm your image, chances at getting a job or getting insurance.

What the Certificate of Confidentiality does not protect:
The Certificate does not prevent you or someone other than you from making disclosing your information. The Certificate also does not prevent Emory from releasing information about you:

- Information to state public health offices about certain infectious diseases
- Information to law officials if child abuse has taken place
- Information Emory gives to prevent immediate harm to you or others
- Information Emory gives to the study sponsor as part of the research

Authorization to Use and Disclose Protected Health Information

The privacy of your health information is important to us. We call your health information that identifies you your "protected health information" or "PHI." To protect your PHI, we will follow federal and state privacy laws, including the Health Insurance Portability and Accountability Act and regulations (HIPAA). We refer to all of these laws as the "Privacy Rules." Here we let you know how we will use and disclose your PHI for the study.

PHI that Will be Used/Disclosed:

The PHI that we will use or share for the main research study includes:

- Your name, phone number and email
- Medical information about you including your medical history and present/past medications.

Purposes for Which Your PHI Will be Used/Disclosed:

Your PHI will be used for recruitment and enrollment into the study and to link your survey responses with your medical records and, if you agree, your child's birth certificate. Your PHI will be destroyed following medical record and birth certificate linkage, no more than 36 months after your participation. We may share your PHI with the Emory Institutional Review Board (IRB).

Use and Disclosure of Your Information That is Required by Law:

We will use and disclose your PHI when we are required to do so by law. This includes laws that require us to report child abuse or abuse of elderly or disabled adults.

Authorization to Use PHI is Required to Participate:

By signing this form, you give us permission to use and share your PHI as described in this document. You do not have to sign this form to authorize the use and disclosure of your PHI. If you do not sign this form, then you may not participate in the research study.

People Who will Use/Disclose Your PHI:

The following people and groups may use and disclose your PHI in connection with the research study:s

- The Principal Investigator and the research staff will use and disclose your PHI to recruit you into the study and to link your survey responses with your medical record.
- Emory and Grady Health System offices that are part of the Human Research Participant Protection Program and those that are involved in study administration and billing. These include the Emory IRB, the Grady Research Oversight Committee, the Emory Research and Healthcare Compliance Offices, and the Emory Office for Clinical Research.

Expiration of Your Authorization

Your PHI will be kept until medical record linkage is completed (following your pregnancy), no more than 12 months after your participation. Then it will be destroyed.

Revoking Your Authorization

If you sign this form, at any time later you may revoke (take back) your permission to use your information. If you want to do this, you must contact the PI at:
kaitlyn.keirsey.stanhope@emory.edu, 404-556-0169

At that point, the researchers would not collect any more of your PHI. But they may use or disclose the information you already gave them so they can follow the law, protect your safety, or make sure that the study was done properly and the data is correct. If you revoke your authorization you will not be able to stay in the study.

Other Items You Should Know about Your Privacy

Not all people and entities are covered by the Privacy Rules. HIPAA only applies to health care providers, health care payers, and health care clearinghouses. We are not planning to disclose your information to people not covered by privacy rules. However, if we disclose your information to people who are not covered by the Privacy Rules, including HIPAA, then your

information won't be protected by the Privacy Rules. People who do not have to follow the Privacy rules can use or disclose your information with others without your permission if they are allowed to do so by the laws that cover them.

We may remove identifying information from your PHI. Once we do this, the remaining information will not be subject to the Privacy Rules. Information without identifiers may be used or disclosed with other people or organizations for purposes besides this study.

Voluntary Participation and Withdrawal from the Study

You have the right to leave a study at any time without penalty. You may refuse to answer any questions that you do not wish to answer.

Contact Information

Contact the primary investigator, Kaitlyn Stanhope, at 404-556-0179

- if you have any questions about this study or your part in it,
- if you have questions, concerns or complaints about the research
- We will give you emergency care if you are injured by this research. Grady Health System has not set aside funds to pay for this care or to compensate you if a mishap occurs. If you believe you have been injured by this research, you should contact Kaitlyn Stanhope, 404-556-0169

If you are receiving patient care from the Grady Health System and you have a question about your rights, you may contact the Office of Research Administration at research@gmh.edu

Contact the Emory Institutional Review Board at 404-712-0720 or 877-503-9797 or irb@emory.edu:

- if you have questions about your rights as a research participant.
- if you have questions, concerns or complaints about the research.
- You may also let the IRB know about your experience as a research participant through our Research Participant Survey at http://www.surveymonkey.com/s/6ZDMW75.

Consent

Please, print your name and sign below if you agree to be in this study. By signing this consent form, you will not give up any of your legal rights. We will give you a copy of the signed consent, to keep.

☐ Please check this box if you agree to allow us to request your baby's birth certificate and link that information to your survey responses.

_____

Name of Subject

_____

Signature of Subject Date Time

_____

Signature of Person Conducting Informed Consent Discussion Date Time

Informed consent for the in-depth interview in Spanish

UNIVERSIDAD DE EMORY

FORMULARIO DE CONSENTIMIENTO PARA PARTICIPAR EN PROYECTO DE INVESTIGACIÓN

Título: El estrés y apoyo social durante el embarazo entre mujeres latinas en Atlanta

Investigadora Principal: Kaitlyn Stanhope, MPH

Patrocinador: Universidad de Emory

¿Por qué estamos realizando esta entrevista?

El propósito de este estudio es comprender el bienestar de las mujeres latinas antes y durante su embarazo. Queremos entender sus experiencias individuales y pensamientos sobre este periodo importante. Hoy habrá una conversación en que hablamos de su vida, empezando un año antes de su embarazo más reciente y hasta su parto.

¿Qué pasa si yo decido participar en esta entrevista?

Si acepta participar en esta entrevista, tendremos una conversación abierta sobre su vida. Nuestra conversación no durara más que 90 minutos. Le preguntare sobre sus experiencias en el año antes de su embarazo más reciente. Voy hacer una grabación audio de nuestra conversación. La grabación será transcrito y usado para escribir un resumen de las respuestas de usted y otras. Ni su nombre ni otros datos que puedan identificarle serán vinculadas con lo que dice durante nuestra conversación.

Usted ha sido invitada a participar en un estudio de investigación. Este formulario está diseñado para decirle todo lo que necesita tener en cuenta antes de dar su consentimiento para participar o no en este estudio. **Es completamente su decisión. Ya sea que usted participe o no en este estudio no afectará de ninguna manera la atención que recibe por parte de Grady. Si decide participar, puede cambiar de parecer más adelante y retirarse del estudio de investigación si así lo desea.**

Antes de tomar la decisión:

- Por favor lea cuidadosamente este formulario o solicite que alguien se lo lea.
- Por favor realice todas las preguntas que sean necesarias de lo que no tenga claro.

Si desea puede quedarse con una copia de este formulario. Tómese su tiempo para pensar si desea participar en este proyecto. Al firmar este formulario de consentimiento, usted no cederá o renunciará a ningún derecho legal.

¿Existen riesgos o beneficios al hacer parte de esta entrevista?

Este estudio incluye riesgos muy pequeños, uno principal es el relacionado con la violación de la confidencialidad. Es posible que se sienta avergonzada al responder a algunas preguntas. Usted puede negarse a responder cualquiera. Con gusto la referiremos, si usted lo solicita, a un especialista y le brindaremos información sobre diferentes instituciones y organizaciones en Atlanta que ofrecen servicios médicos, sociales y/o psicosociales. Participar en esta encuesta, puede no beneficiarla personalmente, pero esperamos contar con información importante que podría ayudar a mejorar la salud y bienestar de las mujeres latinas.

Compensación

Para su participación en la entrevista hoy, recibirá $25 dólares para su tiempo y esfuerzo

¿Qué pasa con la confidencialidad?

Mantendremos toda la información que obtengamos sobre usted en secreto en la medida en que lo permita la ley. Sin embargo, en casos especiales, personas que no pertenecen al equipo que hace parte del estudio pueden consultar los registros del mismo. Estos grupos pueden incluir la Junta de Revisión Institucional de la Universidad de Emory. Sus registros serán identificados con un número especial, no por su nombre, siempre que sea posible. Mantendrémos todos los registros de las encuestas en un servidor seguro, que estará protegido por contraseña. Los archivos de nuestro computador se encontrarán protegidos también por contraseña. Después de completar el análisis, todos los registros se destruirán, dentro de tres (3) años a partir de ahora.

Haremos todo lo que podamos para evitar que otros conozcan su participación en esta investigación. Con el fin de proteger su privacidad, es importante que sepa que los investigadores involucrados en este estudio cuentan con un *Certificado de Confidencialidad.*

¿Qué aspectos protege el Certificado de Confidencialidad?

El Instituto Nacional de Salud le ha otorgado a este estudio un *Certificado de Confidencialidad* en el cual Emory confiará para no entregar ninguna información suya que la identifique. Por ejemplo, si Emory recibe una citación (una orden de la corte) acerca de sus registros en este estudio, diríamos que no. Este certificado le da a Emory el respaldo legal para decir no. Por ejemplo, este certificado protege la información que podría dañar su imagen, sus posibilidades de conseguir un trabajo u obtener un seguro.

¿Qué aspectos no protege el Certificado de Confidencialidad?

El Certificado no impide que usted o alguien más divulguen información suya. El certificado tampoco impide que Emory lo haga. Por lo tanto podrá revelar:

- Información a las oficinas de salud pública del estado sobre la presencia de ciertas enfermedades infecciosas.
- Información a los funcionarios de la ley si se ha producido abuso infantil.
- Información dada por Emory que evite perjudicarla a usted u otros.
- Información que Emory entregue al patrocinador del estudio como parte de la investigación.

Autorización para utilizar y divulgar información de su salud protegida

La privacidad de la información de su salud es importante para nosotros. La información de su salud que la identifica la llamamos "Información de Salud Protegida" o "PHI" (en Inglés). Para proteger su "PHI", respetarémos las leyes de privacidad federales y estatales, incluida la Ley de Transferencia y Responsabilidad de Seguros de Salud (HIPAA- siglas en Inglés). Nos referimos a todas estas leyes como "Las Reglas de Privacidad". Aquí le informamos cómo usaremos y divulgaremos su "PHI" para el estudio.

Información de su Salud Protegida o "PHI" que será usada y/o divulgada:

La Información de su Salud Protegida o "PHI" que usaremos o compartiremos en la mayoría del estudio de investigación será:

- Su nombre, teléfono y correo electrónico.
- Información médica tales como su historial y medicamentos que le hayan prescrito o recetado en el pasado y actualmente.

Razones por las cuales la Información de su Salud Protegida o "PHI" será usada y/o divulgada:

Su "PHI" será utilizada para incorporarla e inscribirla en el estudio. Las respuestas dadas en la encuesta serán además vinculadas a su registro o historial médico. Este enlace entre su "PHI" y registro médico será destruido doce (12) meses después de su participación en el estudio y puede que compartamos su "PHI" con la Junta de Revisión Institucional de la Universidad de Emory (IRB – siglas en Inglés).

Uso y divulgación de su información que es requerida por la ley:

Usaremos y divulgaremos su "PHI" cuando la ley así lo requiera. Esto incluye leyes en donde nosotros estamos obligados a reportar casos de abuso a menores, adultos mayores y/o personas en condición de discapacidad.

Autorización de uso de su PHI es requisito para participar:

Firmando este formulario, usted nos está dando el permiso para utilizar y compartir su "PHI" como se ha descrito en este documento. Si no lo firma, por lo tanto no podrá participar en el estudio.

Las siguientes personas y grupos usarán y divulgarán su PHI en conexión con el estudio de investigación:

- La investigadora principal y su equipo usarán y divulgarán su "PHI" para vincularla en el estudio y con el fin de conectar sus respuestas de la encuesta a su registro o historial médico.

Vencimiento de su autorización

Su "PHI" se mantendrá vigente hasta que se complete la vinculación de la misma con su registro o historial médico (después de su embarazo) y no más de doce (12) meses después de su participación en el estudio. Luego de este periodo se destruirá.

Anular o revocar su autorización

Si usted firma este formulario, y luego decide no continuar ni seguir autorizando el permiso para usar su información, usted debe contactarse con la investigadora principal del estudio al correo electrónico: kaitlyn.keirsey.stanhope@emory.edu o al celular 404-556-0169.

Cuando esto pase, los investigadores no recolectarán más datos sobre su "PHI", pero pueden (de acuerdo a la ley) usar o divulgar la información que usted ya les facilitó, protegiendo su seguridad y asegurándose que el estudio se realizó apropiadamente y sus datos están correctos. Si anula la autorización usted no podrá continuar en el estudio.

Otros aspectos que debería saber acerca de su privacidad

No todas las personas y entidades están cubiertas por la *Ley de Transferencia y Responsabilidad de Privacidad (HIPPA- siglas en Inglés)* ya que sólo aplica a los proveedores de salud, contribuyentes de seguros de salud o aseguranzas y centros de intercambio de información de

atención médica. Si divulgamos su información a personas que no están cubiertas por las *Reglas de Privacidad*, incluyendo HIPPA, su información por lo tanto no estaría protegida por la misma. Las personas por lo tanto, que no tienen que cumplir con las *Reglas de Privacidad* pueden usar y/o divulgar su información con otros sin su autorización si así lo permiten las leyes que las cubren.

Nosotros podemos eliminar la información personal de su "PHI" y una vez lo hagamos, la información restante no estará sujeta a las *Reglas de Privacidad*, ésta puede ser usada o divulgada con otras personas y organizaciones para fines distintos de este estudio.

Participación voluntaria y retirarse del estudio

Usted tiene el derecho de dejar de participar en el estudio en cualquier momento sin ningún tipo de castigo o multa. Además, puede negarse a responder a cualquier pregunta que no desee contestar durante el estudio.

¿Con quién contactárse?

Con la investigadora principal Kaitlyn Stanhope al celular 404-556-0179 si:

- Usted tiene cualquier pregunta acerca de este estudio y/o acerca de su participación en el mismo.
- Usted tiene preguntas, preocupaciones o quejas acerca de la investigación.

Comuníquese con la Junta de Revisión Institucional de la Universidad de Emory (IRB) a los teléfonos 404-712-0720 o 877-503-9797 o al correo electrónico irb@emory.edu si:

- Usted tiene preguntas acerca de sus derechos como participante de esta investigación.
- Usted tiene preguntas, preocupaciones o quejas acerca de la investigación.
- Usted además desea dejarle saber a IRB acerca de su experiencia como participante en la investigación a través de nuestra encuesta que aparece en la página de internet: http://www.surveymonkey.com/s/6ZDMW75.

Consentimiento

Por favor escriba su nombre y firme abajo si está de acuerdo en ser parte de este estudio. Al firmar este formulario de consentimiento, usted no cederá o renunciará a ningún derecho legal. Le entregarémos una copia de este documento firmado para que lo guarde.

_____

Nombre de la Participante

_____ _____

Firma de la Participante Fecha Hora

_____ _____

Firma de la persona encargada de guiarla en la firma de este documento Fecha Hora

Informed consent for the in-depth interview in English

Emory University

Consent to be a Research Subject

Title: Stress and Social Support during Pregnancy Among Latina Women in Atlanta

Principal Investigator: Kaitlyn Stanhope, MPH

Sponsor: Emory University

Why are we doing this interview?

The purpose of this study is to understand the well-being of Latina women leading up to and during pregnancy. We'd like to understand your individual experiences and thoughts about this important time period. Today there will be a conversation in which we'll talk about your life, starting about a year before your recent pregnancy and extending through the delivery of your child.

What happens if I decide to participate in this interview?

If you decide to participate in this interview, we have an open-ended conversation about your life. Our conversation will last no more than 90 minutes. I will ask about your experiences in the year before your recent pregnancy and during your pregnancy. I will audio-record our conversation. The recording will be transcribed and used to write a summary report of your and others' responses. Your name or other facts that might identify you will not be linked to anything you say during our conversation.

You are being asked to be in a research study. This form is designed to tell you everything you need to think about before you decide to consent (agree) to be in the study or not to be in the study. **It is entirely your choice. If you decide to take part, you can change your mind later on and withdraw from the research study.**

Before making your decision:

- Please carefully read this form or have it read to you
- Please ask questions about anything that is not clear

You can take a copy of this consent form, to keep. Feel free to take your time thinking about whether you would like to participate. By signing this form you will not give up any legal rights.

Are there risks or benefits to taking part in this survey?

This study includes very small risks, the main one being a breach of confidentiality. You might feel embarrassed when answering some questions. You can refuse to answer any question. We will be happy to refer you for counseling if you request it and will provide information for medical, social and psychosocial resources in Atlanta. Taking part in this interview may not benefit you personally, but we hope to learn important information that could help improve the health and well-being of Latina women.

Will there be any costs to doing this interview?

There is no cost to participating in this interview. For your time and effort, we will give you $25.

What about confidentiality?

We will keep all information that we obtain about you private to the extent allowed by the law. However, in special cases, people other than those on the study team may look at the study records. These groups may include the Institutional Review Board at Emory University. Your records will be identified by special number, not your name, whenever possible. We will keep all survey records on a secure server, which will be password protected. Our computer files will be password protected. After analysis is complete, all records will be destroyed, about three years from now.

We will do everything we can to keep others from learning about your participation in the research. To further help protect your privacy, the investigators have obtained a Confidentiality Certificate.

What the Certificate of Confidentiality protects:
The National Institutes of Health has given this study a Certificate of Confidentiality. Emory would rely on it to not give out study information that identifies you. For example, if Emory received a subpoena (an order from a court) for study records that identify you, we would say no. The Certificate gives Emory legal backup to say no. For example: It protects information that could harm your image, chances at getting a job or getting insurance.

What the Certificate of Confidentiality does not protect:
The Certificate does not prevent you or someone other than you from making disclosing your information. The Certificate also does not prevent Emory from releasing information about you:

- Information to state public health offices about certain infectious diseases

- Information to law officials if child abuse has taken place
- Information Emory gives to prevent immediate harm to you or others
- Information Emory gives to the study sponsor as part of the research

Authorization to Use and Disclose Protected Health Information

The privacy of your health information is important to us. We call your health information that identifies you your "protected health information" or "PHI." To protect your PHI, we will follow federal and state privacy laws, including the Health Insurance Portability and Accountability Act and regulations (HIPAA). We refer to all of these laws as the "Privacy Rules." Here we let you know how we will use and disclose your PHI for the study.

PHI that Will be Used/Disclosed:

The PHI that we will use or share for the main research study includes:

- Your name, phone number and email
- Medical information about you including your medical history and present/past medications.

Purposes for Which Your PHI Will be Used/Disclosed:

Your PHI will be used for recruitment and enrollment into the study and to link your survey responses with your medical records. Your PHI will be destroyed following medical record linkage, no more than 12 months after your participation. We may share your PHI with the Emory Institutional Review Board (IRB).

Use and Disclosure of Your Information That is Required by Law:

We will use and disclose your PHI when we are required to do so by law. This includes laws that require us to report child abuse or abuse of elderly or disabled adults.

Authorization to Use PHI is Required to Participate:

By signing this form, you give us permission to use and share your PHI as described in this document. You do not have to sign this form to authorize the use and disclosure of your PHI. If you do not sign this form, then you may not participate in the research study.

People Who will Use/Disclose Your PHI:

The following people and groups will use and disclose your PHI in connection with the research study:

- The Principal Investigator and the research staff will use and disclose your PHI to recruit you into the study and to link your survey responses with your medical record.

Expiration of Your Authorization

Your PHI will be kept until medical record linkage is completed (following your pregnancy), no more than 12 months after your participation. Then it will be destroyed.

Revoking Your Authorization

If you sign this form, at any time later you may revoke (take back) your permission to use your information. If you want to do this, you must contact the PI at: kaitlyn.keirsey.stanhope@emory.edu, 404-556-0169

At that point, the researchers would not collect any more of your PHI. But they may use or disclose the information you already gave them so they can follow the law, protect your safety, or make sure that the study was done properly and the data is correct. If you revoke your authorization you will not be able to stay in the study.

Other Items You Should Know about Your Privacy

Not all people and entities are covered by the Privacy Rules. HIPAA only applies to health care providers, health care payers, and health care clearinghouses. We are not planning to disclose your information to people not covered by privacy rules. However, If we disclose your information to people who are not covered by the Privacy Rules, including HIPAA, then your information won't be protected by the Privacy Rules. People who do not have to follow the Privacy rules can use or disclose your information with others without your permission if they are allowed to do so by the laws that cover them.

We may remove identifying information from your PHI. Once we do this, the remaining information will not be subject to the Privacy Rules. Information without identifiers may be used or disclosed with other people or organizations for purposes besides this study.

Voluntary Participation and Withdrawal from the Study

You have the right to leave a study at any time without penalty. You may refuse to answer any questions that you do not wish to answer.

Contact Information

Contact the primary investigator, Kaitlyn Stanhope, at 404-556-0179

- if you have any questions about this study or your part in it,
- if you have questions, concerns or complaints about the research

Contact the Emory Institutional Review Board at 404-712-0720 or 877-503-9797 or irb@emory.edu:

- if you have questions about your rights as a research participant.
- if you have questions, concerns or complaints about the research.
- You may also let the IRB know about your experience as a research participant through our Research Participant Survey at http://www.surveymonkey.com/s/6ZDMW75.

Consent & Authorization

Please, print your name and sign below if you agree to be in this study. By signing this consent form, you will not give up any of your legal rights. We will give you a copy of the signed consent, to keep.

_____

Name of Subject

_____ _____

Signature of Subject Date Time

_____ _____

Signature of Person Conducting Informed Consent Discussion Date Time

Appendix B: *Survey in English and Spanish*

Información demográfica

1. ¿Qué edad tiene? _____

2. ¿Cuántas veces ha sido usted embarazada, incluyendo esta vez? _____

3. ¿Donde nació usted?

- ☐ Estados Unidos
- ☐ Otro país, Por favor, escríbala: _____

3b. ¿Si es otro país, ha tenido un hijo fuera de EE.UU.?

- ☐ Sii, _____ hijo(s)
- ☐ No

4. ¿Si es otro país, por cuántos años ha vivido en EE.UU.? _____

5. ¿De dónde vienen sus antepasados?

- ☐ Puerto Rico
- ☐ Cuba
- ☐ Republica Dominicana
- ☐ México
- ☐ Otro, Por favor, escríbala: _____

6. Cuando usted quedó embarazada, ¿qué tipo de relación tenía usted con el padre de su bebé?

Marque UNA respuesta

- ☐ Era mi esposo (casados legalmente)
- ☐ Era mi pareja (no casados legalmente)
- ☐ Era mi novio
- ☐ Era un amigo
- ☐ Otra. Por favor, escríbala: _____

7. ¿Quién actualmente vive con usted en la misma casa?

Marque TODAS las que correspondan

- ☐ Vivo sola
- ☐ Mi esposo o pareja
- ☐ Niños menores a 12 meses de edad
  - ¿Cuántos niños? _____
- ☐ Niños de 1 a 5 años de edad
  - ¿Cuántos niños? _____
- ☐ Niños de 6-18 años de edad
  - ¿Cuántos niños? _____
- ☐ Mi madre
- ☐ Mi padre
- ☐ Los padres de mi esposo o pareja
- ☐ Un amigo(a) o compañero(a) de cuarto
- ☐ Otro miembro de la familia o pariente
- ☐ Otra. Por favor, escríbala:

8. Durante este embarazo, ¿qué tipo de seguro médico tiene usted para pagar su cuidado prenatal?

Marque TODAS las que correspondan

- ☐ Seguro médico privado de mi trabajo o del trabajo de mi esposo, pareja o padres
- ☐ Seguro médico privado comprado directamente de una compañía de seguros
- ☐ Medicaid
- ☐ TRICARE u otro seguro médico militar
- ☐ Algún otro tipo de seguro médico, por favor escríbalo _____
- ☐ Pagado de bolsillo

CIRCUNSTANCIAS DEL EMBARAZO

A continuación, encontrará algunas preguntas sobre las circunstancias y sus sentimientos durante la época en que usted quedó embarazada. Por favor piense en **este** embarazo (o el más reciente) en sus repuestas a las preguntas que siguen.

SECCIÓN 1: SU EMBARAZO

9. En el mes en que quedé embarazada...

(Por favor seleccione la declaración que <u>más</u> corresponda para usted):

- ☐ No usé/usamos anticonceptivos
- ☐ Usé/usamos anticonceptivos, pero no en cada ocasión
- ☐ Siempre usé/usamos anticonceptivos, pero nos dimos cuenta de que fallaron por lo menos una vez (por ejemplo, el anticonceptivo se rompió, se movió de su sitio, se desprendió, no funcionó, etc.)
- ☐ Siempre usé/usamos anticonceptivos

10. En lo que respecta a ser madre (por primera vez u otra vez), pienso que quedé embarazada…

(Por favor seleccione la declaración que <u>más</u> corresponda para usted):

- ☐ en el momento adecuado
- ☐ en un buen momento, pero no en el ideal
- ☐ en un mal momento

11. Justo <u>antes</u> de quedar embarazada...

(Por favor seleccione la declaración que <u>más</u> corresponda para usted):

- ☐ planeaba quedar embarazada
- ☐ cambiaba de opinión constantemente al respecto
- ☐ no planeaba quedar embarazada

12. Justo <u>antes</u> de quedar embarazada...

(Por favor seleccione la declaración que <u>más</u> corresponda para usted):

- ☐ quería tener un hijo
- ☐ tenía sentimientos contradictorios al respecto
- ☐ no quería tener un hijo

A continuación, le preguntamos sobre su pareja – puede ser (o pudo haber sido) su marido, su pareja con quien vive, un novio o alguien con quien usted ha tenido relaciones sexuales una o dos veces.

13. Antes de quedar embarazada,

(Por favor seleccione la declaración que <u>más</u> corresponda para usted):

- ☐ Mi pareja y yo nos pusimos de acuerdo en que queríamos que quedara embarazada
- ☐ Mi pareja y yo habíamos hablado de tener hijos juntos, pero llegamos a decidir que queríamos que quedara embarazada
- ☐ Nunca habíamos hablado de tener hijos juntos

14. Antes de quedar embarazada, ¿hizo algo de lo siguiente para mejorar su salud en anticipación para el embarazo?

(Por favor seleccione <u>todas</u> que corresponda para usted):

- ☐ tomé ácido fólico
- ☐ dejé de fumar cigarrillos o fumaba menos
- ☐ dejé de beber o bebía menos alcohol
- ☐ empecé a comer de una manera más saludable
- ☐ pedí consejo médico/de salud
- ☐ tomé otras medidas (expliqué) _____
- ☐ o
- ☐ No hice nada de lo de arriba mencionado antes de mi embarazo

Estrés Crónica

Muchas personas tienen algún problema persistente en su vida cotidiana. Por favor díganos si alguna de las situaciones que se indican a continuación ha representado un problema para usted.

15. ¿Ha tenido usted alguna enfermedad continua?

- ☐ No – siga a pregunta 16
- ☐ Sí

15a. ¿Ha sido un problema durante seis meses o más?

- ☐ No
- ☐ Sí

15b. Diría que este problema le ha causado

- ☐ Cierto estrés
- ☐ Bastante estrés
- ☐ Mucho estrés

16. ¿Ha tenido alguien cercano a usted con alguna enfermedad prolongada?

- ☐ No – siga a pregunta 17
- ☐ Sí

16a. ¿Ha sido un problema durante seis meses o más?

- ☐ No
- ☐ Sí

16b. Diría que este problema le ha causado

- ☐ Cierto estrés
- ☐ Bastante estrés
- ☐ Mucho estrés

17. ¿Ha tenido recientemente dificultades persistentes en su trabajo o problemas en su capacidad para trabajar?

- No –siga a pregunta 18
- Sí

17a. ¿Ha sido un problema durante seis meses o más?

- No
- Sí

17b. Diría que este problema le ha causado

- Cierto estrés
- Bastante estrés
- Mucho estrés

18. ¿Ha tenido recientemente problemas importantes de dinero?

- No -- siga a pregunta 19
- Sí

18a. ¿Ha sido un problema durante seis meses o más?

- No
- Sí

18b. Diría que este problema le ha causado

- Cierto estrés
- Bastante estrés
- Mucho estrés

19. ¿Ha tenido recientemente problemas en una relación personal con alguien cercano a usted?

- No -- siga a pregunta 20
- Sí

19a. ¿Ha sido un problema durante seis meses o más?

- No
- Sí

19b. Diría que este problema le ha causado

- Cierto estrés
- Bastante estrés
- Mucho estrés

20. ¿Alguien cercano a usted ha tenido un problema continuo con alcohol o uso de drogas?

- No -- siga a pregunta 21
- Sí

20a. ¿Ha sido un problema durante seis meses o más?

- No
- Sí

20b. Diría que este problema le ha causado

- Cierto estrés
- Bastante estrés
- Mucho estrés

21. ¿Usted ha ayudado al menos a alguien cercano que tiene limitaciones, enfermedades o alguna debilidad, en forma regular?

- No -- siga a pregunta 22
- Sí

21a. ¿Ha sido un problema durante seis meses o más?

- No
- Sí

21b. Diría que este problema le ha causado

- Cierto estrés
- Bastante estrés
- Mucho estrés

22. ¿Ha tenido algún otro problema continuo que no fué mencionado aquí?

- ☐ No -- siga a pregunta 23
- ☐ Sí

22a. Si contestó sí, por favor explique:

22b. ¿Ha sido un problema durante seis meses o más?

- ☐ No
- ☐ Sí

22c. Diría que este problema le ha causado

- ☐ Cierto estrés
- ☐ Bastante estrés
- ☐ Mucho estrés

Queremos saber cómo se ha estado sintiendo in la última semana. Por favor, selecciona la respuesta que más se acerca a como se ha sentido en los últimos 7 días.

Este es un ejemplo ya completo:

Me he sentido contenta:

- ☐ Sí, siempre
- ✓ **Si, casi siempre**
- ☐ No muy a menudo
- ☐ No, nunca

En los últimos 7 días:

23. He podido reír y ver el lado bueno de las cosas:

- ☐ Tanto como siempre
- ☐ No tanto ahora
- ☐ Mucho menos
- ☐ No, no he podido

24. He mirado al futuro con placer:

- Tanto como siempre
- Algo menos de lo que solía hacer
- Definidamente menos
- No, nada

25. Me he culpado sin necesidad cuando las cosas marchaban mal:

- Si, casi siempre
- Si, algunas veces
- No muy a menudo
- No, nunca

26. He estado ansiosa y preocupada sin motivo:

- No, nada
- Casi nada
- Si, a veces
- Si, a menudo

27. He sentido miedo a pánico sin motivo alguno:

- Si, bastante
- Si, a veces
- No, no mucho
- No, nada

28. Las cosas me oprimen o agobian:

- Si, casi siempre
- Si, a veces
- No, casi nunca
- No, nada

29. Me he sentido tan infeliz, que he tenido dificultad para dormir:

- Si, casi siempre
- Si, a menudo
- No muy a menudo
- No, nada

30. Me he sentido triste y desgraciada:

- Si, casi siempre
- Si, bastante a menudo
- No muy a menudo
- No, nada

31. He estado tan infeliz que he estado llorando:

- Si, casi siempre
- Si, bastante a menudo
- Solo ocasionalmente
- No, nunca

32. He pensado en hacerme daño a mí misma;

- Si, bastante a menudo
- Si, a menudo
- Casi nunca
- No, nunca

Estrés a través de la Vida

Las próximas preguntas se tratan de lo que puede haberle sucedido a usted a través de su vida.

33. ¿Alguna vez alguien le quitó algo por la fuerza o por amenaza de fuerza, es decir, un robo o asalto?

- Sí
- No – siga a pregunta 34

33a. Esto pasó…

- Una vez – siga a pregunta 33b
- Más de una vez – siga a pregunta 33c

33b. ¿Cuándo pasó?

- Hace menos que 6 meses
- Hace 6-12 meses
- Hace 1-5 años
- Hace más de 5 años

33c. ¿Cuándo sucedió la última vez?

- Hace menos que 6 meses
- Hace 6-12 meses
- Hace 1-5 años
- Hace más de 5 años

34. ¿Alguna vez alguien lo(a) golpeó o atacó?

- Sí
- No – siga a pregunta 35

34a. Esto pasó…

- Una vez – siga a pregunta 34b
- Más de una vez – siga a pregunta 34c

34b. ¿Cuándo pasó?

- Hace menos que 6 meses
- Hace 6-12 meses

- Hace 1-5 años
- Hace más de 5 años

34c. ¿Cuándo sucedió la última vez?

- Hace menos que 6 meses
- Hace 6-12 meses
- Hace 1-5 años
- Hace más de 5 años

35. ¿Alguna vez alguien le obligó a tener sexo por la fuerza, o amenazándole que le haría daño? Esto incluye cualquier tipo de actividad sexual con la cual usted no estuviera de acuerdo.

- Sí
- No – siga a pregunta 36

35a. Esto pasó…

- Una vez – siga a pregunta 35b
- Más de una vez – siga a pregunta 35c

35b. ¿Cuándo pasó?

- Hace menos que 6 meses
- Hace 6-12 meses
- Hace 1-5 años
- Hace más de 5 años

35c. ¿Cuándo sucedió la última vez?

- Hace menos que 6 meses
- Hace 6-12 meses
- Hace 1-5 años

36. ¿Algún miembro de su familia o amigo cercano ha muerto a consecuencia de un accidente, un homicidio o un suicidio?

- Sí
- No – siga a pregunta 37

36a. Esto pasó…

- Una vez – siga a pregunta 36b

- Más de una vez – siga a pregunta 36c

36b. ¿Cuándo pasó?

- Hace menos que 6 meses
- Hace 6-12 meses
- Hace 1-5 años
- Hace más de 5 años

36c. ¿Cuándo sucedió la última vez?

- Hace menos que 6 meses
- Hace 6-12 meses
- Hace 1-5 años

36d. ¿Qué persona murió?

- Esposo/pareja
- Hijo(a)
- Padre/Madre
- Otro

36e. ¿Cómo murió? Fue a causa de…

- Accidente
- Homicidio
- Suicidio

37. ¿Alguna vez sufrió usted una lesión o sostuvo daños a su propiedad como consecuencia de un incendio?

- Sí
- No – siga a pregunta 38

37a. Esto pasó…

- Una vez – siga a pregunta 37b
- Más de una vez – siga a pregunta 37c

37b. ¿Cuándo pasó?

- Hace menos que 6 meses
- Hace 6-12 meses
- Hace 1-5 años
- Hace más de 5 años

37c. ¿Cuándo sucedió la última vez?

- Hace menos que 6 meses
- Hace 6-12 meses
- Hace 1-5 años

38. ¿Alguna vez sufrió usted una lesión o sostuvo daños a su propiedad debido a las condiciones atmosféricas, a un desastre natural o causado por los hombres?

- Sí
- No – siga a pregunta 39

38a. Esto pasó…

- Una vez – siga a pregunta 38b
- Más de una vez – siga a pregunta 38c

38b. ¿Cuándo pasó?

- Hace menos que 6 meses
- Hace 6-12 meses
- Hace 1-5 años
- Hace más de 5 años

38c. ¿Cuándo sucedió la última vez?

- Hace menos que 6 meses
- Hace 6-12 meses
- Hace 1-5 años

39. ¿Alguna vez tuvo usted que evacuar su casa o supo usted de otro peligro inminente en sus alrededores?

- Sí
- No – siga a pregunta 40

39a. Esto pasó…

- Una vez – siga a pregunta 39b
- Más de una vez – siga a pregunta 39c

39b. ¿Cuándo pasó?

- Hace menos que 6 meses
- Hace 6-12 meses
- Hace 1-5 años
- Hace más de 5 años

39c. ¿Cuándo sucedió la última vez?

- Hace menos que 6 meses
- Hace 6-12 meses
- Hace 1-5 años

40. ¿Alguna vez sirvió en combate o fue expuesta a la guerra?

- Sí
- No – siga a pregunta 41

40a. Esto pasó…

- Una vez – siga a pregunta 40b
- Más de una vez – siga a pregunta 40c

40b. ¿Cuándo pasó?

- Hace menos que 6 meses
- Hace 6-12 meses
- Hace 1-5 años
- Hace más de 5 años

40c. ¿Cuándo sucedió la última vez?

- Hace menos que 6 meses
- Hace 6-12 meses
- Hace 1-5 años
- Hace más de 5 años

41. ¿Alguna vez estuvo en un accidente de tránsito lo suficientemente serio como para causar lesiones a uno o más pasajeros?

- Sí

 No – siga a pregunta 42

41a. Esto pasó…

 Una vez – siga a pregunta 41b
 Más de una vez – siga a pregunta 41c

41b. ¿Cuándo pasó?

 Hace menos que 6 meses
 Hace 6-12 meses
 Hace 1-5 años
 Hace más de 5 años

41c. ¿Cuándo sucedió la última vez?

 Hace menos que 6 meses
 Hace 6-12 meses
 Hace 1-5 años
 Hace más de 5 años

42. ¿Alguna vez tuvo usted otra experiencia aterradora o espantosa, algo que todavía no mencionamos?

 Sí
 No – siga a las preguntas finales

42a. Esto pasó…

 Una vez – siga a pregunta 42b
 Más de una vez – siga a pregunta 42c

42b. ¿Cuándo pasó?

 Hace menos que 6 meses
 Hace 6-12 meses
 Hace 1-5 años
 Hace más de 5 años

42c. ¿Cuándo sucedió la última vez?

 Hace menos que 6 meses
 Hace 6-12 meses
 Hace 1-5 años

- Hace más de 5 años

Apoyo Social

Este cuestionario se compone de una lista de afirmaciones, las cuales pueden o no ser verdad sobre usted. Para cada frase debe responder "definitivamente verdadera" si está seguro que es verdad sobre usted y "probablemente verdadera" si piensa que es verdad, pero no está absolutamente seguro(a). Al igual, debe responder "definitivamente falsa" si está seguro(a) de que la afirmación es falsa y "probablemente falsa" si usted piensa que es falsa pero no está absolutamente seguro(a).

	Definitivamente falsa	Probablemente falsa	Probablemente verdadera	Definitivamente verdadera
Si yo quisiera hacer una excursión de un día (por ejemplo, a la playa, el campo o las montañas) tendría dificultades para encontrar a alguien que fuera conmigo.				
Siento que no hay nadie con quien pueda compartir mis preocupaciones o miedos más íntimos				
Si yo estuviera enfermo(a), podría fácilmente encontrar a alguien para ayudar con mis quehaceres diarios.				
Hay alguien con quien puedo contar para pedir consejos sobre cómo manejar los problemas con mi familia.				
Si decido una tarde que me gustaría ir al cine esa noche, podría encontrar fácilmente a alguien para ir conmigo				
Cuando necesito sugerencias sobre cómo afrontar un problema personal, sé a quién puedo acudir.				
No recibo a menudo invitaciones para hacer cosas con otros.				
Si tuviera que salir de la ciudad durante unas semanas, tendría dificultad encontrar a alguien que pueda cuidar mi casa o apartamento (las plantas, animales, jardín, etc.).				

Si quisiera almorzar con alguien, podría encontrar fácilmente a alguien con quien hacerlo.				
Si yo me encontrara a 10 millas de mi casa, hay alguien a quien yo podría llamar para que me recogiera.				
Si tuviera problemas familiares (una crisis) tendría dificultad de encontrar a alguien que me aconsejara cómo manejarla.				
Si fuera a necesitar ayuda en mudarme a una nueva casa o apartamento, tendría dificultad de encontrar a alguien que me ayudara				

Preguntas Finales

¿Le parecería bien que le contactemos para una conversación mas larga sobre estos mismos temas?

Sí

No

¿Qué es la mejor manera de contactarle?

Teléfono _____

¿Para que nombre debemos preguntar? Por favor, no entre su nombre completo. _____

Correo electrónico _____

Gracias por su tiempo en completar este encuesta. Sus respuestas son sumamente importante para nosotros.

Demographic/Pregnancy Information

1. How old are you? _____

2. How many times have you been pregnant (e.g., include miscarriages, abortions and live births), including this one? _____

3. Where were you born?

- ☐ US
- ☐ Another country, Please tell us: _____

4. Have you had any children outside of the US?

- ☐ Yes, how many: _____
- ☐ No

5. If born in another country, how long have you lived in the US? _____

6. Where do your ancestors come from?

- ☐ Puerto Rico
- ☐ Cuba
- ☐ Dominican Republic
- ☐ Mexico
- ☐ Other, Please tell us: _____

7. When you got pregnant, what relationship did you have with the baby's father?

Check ONE answer

- ☐ He was my husband (legally married)
- ☐ He was my partner (not legally married)
- ☐ He was my boyfriend
- ☐ He was a friend
- ☐ Other Please tell us: _____

8. Who lives in the same house with you now?

Check ALL that apply

- ☐ I live alone
- ☐ My husband or partner
- ☐ Children aged less than 12 months
    - How many children? _____
- ☐ Children aged 1 year to 5 years
    - How many children? _____
- ☐ Children aged 6-18 years
    - How many children? _____
- ☐ My mother
- ☐ My father
- ☐ My husband's or partner's parent(s)
- ☐ Friend or roommate
- ☐ Other family member or relative
- ☐ Other Please tell us:

9. For this pregnancy, what kind of health insurance will you use to pay for your prenatal care? Check ALL that apply

- ☐ Private health insurance from my job or the job of my husband, partner, or parents
- ☐ Private health insurance purchased directly from an insurance company
- ☐ Medicaid
- ☐ TRICARE or other military health care
- ☐ Some other kind of health insurance => Please tell us_____
- ☐ I am paying out of pocket for my prenatal care

Circumstances of Pregnancy

Below are some questions that ask about your circumstances and feelings around the time you became pregnant. Please think of your current (or most recent) pregnancy when answering the questions below.

10. In the month that I became pregnant.....

(Please select the statement which most applies to you):

- ☐ I/we were not using contraception
- ☐ I/we were using contraception, but not on every occasion
- ☐ I/we always used contraception, but knew that the method had failed (i.e. broke, moved, came off, came out, not worked etc.) at least once
- ☐ I/we always used contraception

11. In terms of becoming a mother *(first time or again)*, I feel that my pregnancy happened at the.....

(Please select the statement which most applies to you):

- ☐ right time
- ☐ ok, but not quite right time
- ☐ wrong time

12. Just before I became pregnant.....

(Please select the statement which most applies to you):

- ☐ I intended to get pregnant
- ☐ my intentions kept changing
- ☐ I did not intend to get pregnant

13. Just before I became pregnant....

(Please select the statement which most applies to you)

- ☐ I wanted to have a baby
- ☐ I had mixed feelings about having a baby
- ☐ I did not want to have a baby

In the next question, we ask about your partner - this might be (or have been) your husband, a partner you live with, a boyfriend, or someone you've had sex with once or twice.

14. Before I became pregnant....

(Please select the statement which most applies to you)

- ☐ My partner and I had agreed that we would like me to be pregnant
- ☐ My partner and I had discussed having children together, but hadn't agreed for me to get pregnant
- ☐ We never discussed having children together

15. Before you became pregnant, did you do anything to improve your health in preparation for pregnancy?

(Please select all that apply)

- ☐ took folic acid
- ☐ stopped or cut down smoking
- ☐ stopped or cut down drinking alcohol
- ☐ ate more healthily
- ☐ sought medical/health advice
- ☐ took some other action, please describe _____
- ☐ or
- ☐ I did not do any of the above before my pregnancy

Chronic Stress

Many people experience ongoing problems with their everyday lives. Please tell us whether any of the following has been a problem for you.

16. Have you had a serious ongoing health problem?

- ☐ Yes
- ☐ No -- if no, go to question 17

16a. Has this been a problem for six months or more?

- ☐ Yes
- ☐ No

16b. Would you say this problem has been

- ☐ Not very stressful
- ☐ Moderately stressful
- ☐ Very stressful

17. Has someone close to you had a serious ongoing health problem?

- ☐ Yes
- ☐ No-- if no, go to question 18

17a. Has this been a problem for six months or more?

- ☐ Yes
- ☐ No

17b. Would you say this problem has been

- ☐ Not very stressful
- ☐ Moderately stressful
- ☐ Very stressful

18. Have you had ongoing difficulties with your job or ability to work?

- ☐ Yes
- ☐ No-- if no, go to question 19

18a. Has this been a problem for six months or more?

- Yes
- No

18b. Would you say this problem has been

- Not very stressful
- Moderately stressful
- Very stressful

19. Have you experienced ongoing financial strain?

- Yes
- No-- if no, go to question 20

19a. Has this been a problem for six months or more?

- Yes
- No

19b. Would you say this problem has been

- Not very stressful
- Moderately stressful
- Very stressful

20. Have you had ongoing difficulties in a relationship with someone close to you?

- Yes
- No-- if no, go to question 21

20a. Has this been a problem for six months or more?

- Yes
- No

20b. Would you say this problem has been

- Not very stressful
- Moderately stressful
- Very stressful

21. Has someone close to you had an ongoing problem with alcohol or drug use?

- Yes
- No-- if no, go to question 22

21a. Has this been a problem for six months or more?

- Yes
- No

21b. Would you say this problem has been

- Not very stressful
- Moderately stressful
- Very stressful

22. Have you been helping someone close to you, who is sick, limited or frail?

- Yes
- No-- if no, go to question 23

22a. Has this been a problem for six months or more?

- Yes
- No

22b. Would you say this problem has been

- Not very stressful
- Moderately stressful
- Very stressful

23. Have you had another ongoing problem not listed here?

- Yes
- No

23a. If yes, please describe:

23b. Has this been a problem for six months or more?

- Yes
- No

23c. Would you say this problem has been

- ☐ Not very stressful
- ☐ Moderately stressful
- ☐ Very stressful

We'd like to know about your feelings in the past week. Please select the answer that comes closest to how you have felt IN THE PAST 7 DAYS—not just how you feel today. Complete all 10 items.

Below is an example already completed.

I have felt happy:

- ☐ Yes, all of the time
- ✓ **Yes, most of the time**
- ☐ No, not very often
- ☐ No, not at all

This would mean: "I have felt happy most of the time" in the past week. Please complete the other questions in the same way.

24. I have been able to laugh and see the funny side of things:

- ☐ As much as I always could
- ☐ Not quite so much now
- ☐ Definitely not so much now
- ☐ Not at all

25. I have looked forward with enjoyment to things:

- ☐ As much as I ever did
- ☐ Rather less than I used to
- ☐ Definitely less than I used to
- ☐ Hardly at all

26. I have blamed myself unnecessarily when things went wrong:

- ☐ Yes, most of the time
- ☐ Yes, some of the time
- ☐ Not very often
- ☐ No, never

27. I have been anxious or worried for no good reason:

- No, not at all
- Hardly ever
- Yes, sometimes
- Yes, very often

28. I have felt scared or panicky for no good reason:

- Yes, quite a lot
- Yes, sometimes
- No, not much
- No, not at all

29. Things have been getting to me:

- Yes, most of the time I haven't been able to cope at all
- Yes, sometimes I haven't been coping as well as usual
- No, most of the time I have coped quite well
- No, I have been coping as well as ever

30. I have been so unhappy that I have had difficulty sleeping:

- Yes, most of the time
- Yes, sometimes
- No, not very often
- No, not at all

31. I have felt sad or miserable:

- Yes, most of the time
- Yes, quite often
- Not very often
- No, not at all

32. I have been so unhappy that I have been crying:

- Yes, most of the time
- Yes, quite often
- Only occasionally
- No, never

33. The thought of harming myself has occurred to me:

- Yes, quite often
- Sometimes
- Hardly ever
- Never

Lifetime Stress

The next few questions concern things that may have happened to you ***at any time during your life.***

34. Did anyone ever take something from you by force or threat of force, such as in a robbery, mugging or hold up?

- ☐ Yes
- ☐ No—if no, go to question 35

34a. Did this happen once or more than once?

- ☐ Once—go to 34b
- ☐ More than once—go to 34c

34b. When did this happen?

- ☐ Less than 6 months ago
- ☐ 6-12 months ago
- ☐ 1-5 years ago
- ☐ More than 5 years ago

34c. When was the last time this happened?

- ☐ Less than 6 months ago
- ☐ 6-12 months ago
- ☐ 1-5 years ago
- ☐ More than 5 years ago

35. Did anyone ever beat you up or attack you?

- ☐ Yes
- ☐ No—if no, go to question 36

35a. Did this happen once or more than once?

- ☐ Once—go to 35b
- ☐ More than once—go to 35c

35b. When did this happen?

- ☐ Less than 6 months ago

- 6-12 months ago
- 1-5 years ago
- More than 5 years ago

35c. When was the last time this happened?

- Less than 6 months ago
- 6-12 months ago
- 1-5 years ago
- More than 5 years ago

36. Did anyone ever make you have sex by using force or threatening to harm you? This includes any type of unwanted sexual activity?

- Yes
- No—if no, go to question 37

36a. Did this happen once or more than once?

- Once—go to 36b
- More than once—go to 36c

36b. When did this happen?

- Less than 6 months ago
- 6-12 months ago
- 1-5 years ago
- More than 5 years ago

36c. When was the last time this happened?

- Less than 6 months ago
- 6-12 months ago
- 1-5 years ago
- More than 5 years ago

37. Did a close friend or family member ever die because of an accident, homicide or suicide?

- Yes
- No—if no, go to question 38

37a. Did this happen once or more than once?

- Once—go to 37b
- More than once—go to 37c

37b. When did this happen?

- Less than 6 months ago
- 6-12 months ago
- 1-5 years ago
- More than 5 years ago

37c. When was the last time this happened?

- Less than 6 months ago
- 6-12 months ago
- 1-5 years ago
- More than 5 years ago

37d. Who was that person who died?

- Spouse
- Child
- Parent
- Other

37e. How did that person die?

- Accident
- Homicide
- Suicide

38. Did you ever suffer injury or property damage because of fire?

- Yes
- No—if no, go to question 39

38a. Did this happen once or more than once?

- Once—go to 38b
- More than once—go to 38c

38b. When did this happen?

- Less than 6 months ago
- 6-12 months ago
- 1-5 years ago
- More than 5 years ago

38c. When was the last time this happened?

- Less than 6 months ago
- 6-12 months ago
- 1-5 years ago
- More than 5 years ago

39. Were you ever forced to evacuate from your home or did you otherwise learn of an imminent hazard or danger in your environment?

- Yes
- No—if no, go to question 40

39a. Did this happen once or more than once?

- Once—go to 39b
- More than once—go to 39c

39b. When did this happen?

- Less than 6 months ago
- 6-12 months ago
- 1-5 years ago
- More than 5 years ago

39c. When was the last time this happened?

- Less than 6 months ago
- 6-12 months ago
- 1-5 years ago
- More than 5 years ago

40. Did you ever serve in combat or were you ever exposed to war?

- Yes
- No—if no, go to question 41

40a. Did this happen once or more than once?

- Once—go to 40b
- More than once—go to 40c

40b. When did this happen?

- Less than 6 months ago
- 6-12 months ago
- 1-5 years ago
- More than 5 years ago

40c. When was the last time this happened?

- Less than 6 months ago
- 6-12 months ago
- 1-5 years ago
- More than 5 years ago

41. Were you ever in a motor vehicle accident serious to cause injury to one or more passengers?

- Yes
- No—if no, go to question 42

41a. Did this happen once or more than once?

- Once—go to 41b
- More than once—go to 41c

41b. When did this happen?

- Less than 6 months ago
- 6-12 months ago
- 1-5 years ago
- More than 5 years ago

41c. When was the last time this happened?

- Less than 6 months ago
- 6-12 months ago
- 1-5 years ago
- More than 5 years ago

42. Did you ever have some other terrifying or shocking experience, something I haven't mentioned yet?

- Yes
- No—if no, go to closing questions

42a. Did this happen once or more than once?

- Once—go to 42b

- ☐ More than once—go to 42c

42b. When did this happen?

- ☐ Less than 6 months ago
- ☐ 6-12 months ago
- ☐ 1-5 years ago
- ☐ More than 5 years ago

42c. When was the last time this happened?

- ☐ Less than 6 months ago
- ☐ 6-12 months ago
- ☐ 1-5 years ago
- ☐ More than 5 years ago

Social Support

This scale is made up of a list of statements each of which may or may not be true about you. For each statement respond "definitely true" if you are sure it is true about you and "probably true" if you think it is true but are not absolutely certain. Similarly, you should respond "definitely false" if you are sure the statement is false and "probably false" if you think it is false but are not absolutely certain.

	Definitely false	Probably false	Probably true	Definitely true
If I wanted to go on a trip for a day (for example to the beach, the country or mountains), I would have a hard time finding someone to go with me.				
I feel that there is no one I can share my most private worries and fears with.				
If I were sick, I could easily find someone to help me with my daily chores.				
There is someone I can turn to for advice about handling problems with my family				
If I decide one afternoon that I would like to go to a movie that evening, I could easily find someone to go with me.				
When I need suggestions on how to deal with a personal problem, I know someone I can turn to				
I don't often get invited to do things with others				
If I had to go out of town for a few weeks, it would be difficult to find someone who would look after my house or apartment (the plants, pets, garden, etc.).				
If I wanted to have lunch with someone, I could easily find someone to join me.				
If I was stranded 10 miles from home, there is someone I could call who could come and get me.				
If a family crisis arose, it would be difficult to find someone				

who could give me good advice about how to handle it.				
If I needed some help in moving to a new house or apartment, I would have a hard time finding someone to help me.				

Closing Questions

Would it be OK if we contacted you in a month or two for a longer conversation about these same topics?

- ☐ Yes
- ☐ No

What is the best way to get in touch with you?

Phone, please enter number _____

Email, please enter _____

What name should we ask for? Please do not enter your full name.

_____

Thank you for your time in completing this survey. Your responses are extremely important to us.

***Appendix C**: In depth interview in Spanish and English*

Esquema no estructurado de la entrevista
Acercamiento modificado del historial de vida: historia del embarazo

Nota: Esta es una entrevista no estructurada del historial de vida. El participante dirigirá la narración, mientras que el entrevistador simplemente usará los puntos clave para mapear la narración del participante a períodos de tiempo específicos antes y durante el embarazo. Se puede explorar las respuestas más a fondo según sea apropiado y relevante para la narración del participante.

Hola. Gracias de nuevo por aceptar hablar conmigo. Me gustaría hablar con usted sobre su embarazo y su vida antes de este embarazo. No hay respuestas correctas o incorrectas a las preguntas que estoy le estoy haciendo. Me gustaría aprender sobre su vida y escuchar lo que es importante para usted.

Preguntas de apertura:

¿Cómo se ha sentido en los últimos días?
Cuénteme un poco sobre su familia.

Antes del embarazo:

Por favor, dígame de su vida antes de el embarazo.
¿Cómo era su rutina diaria?
Indagué: ¿trabajando? ¿Diversión? ¿Tiempo familiar? ¿Hace cuánto fue esto (aprox.)?

¿Con quién pasaba la mayor parte del tiempo?

¿Estaba planeando tener un bebé?
Indagué (primíparas): Cuando supo por primera vez que quería ser madre?

¿Recuerda cuáles eran algunos de esos desafíos o retos por los que estaba atravesando antes de quedar embarazada?
Indagué: ¿Qué era difícil en ese momento? ¿Por qué estaba preocupada?

Cuénteme acerca de un momento en el que tuvo un día realmente difícil.
Indagué: ¿Cómo lo manejo?, ¿Qué la hizo sentir mejor?, ¿Con quién hablo sobre eso?

Sospechando y descubriendo que estaba en embarazo

Cuénteme acerca de cuándo sospecho por primera vez que podría estar embarazada.
Indagué: ¿cuándo fue esto? ¿Cómo se sentía? Emocionalmente? ¿fisicamente? ¿Qué la hizo pensar que podría estar embarazada? ¿Cómo confirmo tu embarazo? ¿Estaba sola o acompanada?

¿A quién le conto primero? ¿Por qué?

¿Cuándo le dijo al padre del bebé? ¿Cómo le dijo?
Indague: A cuantos dias? ¿qué palabras?

¿A quién fue en busca de consejo?

¿Cuáles fueron algunas de las cosas por las que estaba preocupada?
¿Cuáles fueron algunas de las cosas que la entusiasmaron?

¿Ha cambiado su embarazo alguna de sus relaciones personales?
Indagué: ¿con el padre del bebé?, Amigos?, ¿Familia?, Vecinos / allegados?

Durante el embarazo

¿C Qué significa estar embarazada para usted?
Indague: ¿hasta ahora como ha sido la experiencia?

¿Cómo es su vida diferente de lo que era antes de estar embarazada?

¿Qué le gusta de estar embarazada?

¿Qué es difícil estar embarazada?
Indagué: ¿Como lidia con esto? ¿Quién la ayuda? ¿Esperaba recibir este ayuda?

¿Qué está haciendo para preparase para la llegada del bebé?
Indague: ¿aprender cosas nuevas?

¿De qué se preocupa? ¿Qué es estresante de estar embarazada?

¿A quién le pide consejo sobre su embarazo o su bebé?
Indagué: ¿por qué? ¿Qué consejo le han dado? ¿Cuál es el mejor consejo que ha recibido?

Esta sección para mujeres que no nacieron en los Estados Unidos.

¿Cómo sería diferente estar embarazada en el país de donde es usted?
Indagué: ¿Cómo sería diferente ir al médico? ¿Cómo la trataría su familia? ¿Se sentiría de manera diferente?

¿Cómo es difícil estar embarazada en los Estados Unidos?

Primera visita prenatal / ingreso al control prenatal

¿Cómo decidió a qué médico acudir durante el embarazo?

¿A quién le pidió consejo? ¿Qué le dijeron?

¿Qué era lo más importante para usted cuando pensaba a dónde ir al médico?

¿Fue sola al primer control prenatal o alguien la acompañó? ¿Quién fue con usted? ¿Por qué?

Por favor, Cuénteme sobre su primer control prenatal.
Indagué: ¿Hizo preguntas? ¿Qué le gustó y que no le gusto? ¿Cómo se sentio después de la visita?

¿Qué tipo de consejo le ha dado el doctor?
Indagué: ¿Alguna vez ha sentido que los doctores le dan diferentes consejos que otras personas importantes en su vida?

¿Qué tan bien escucha el doctor sus preocupaciones?
Indagué: Por favor, Háble me de una ocasión en la que el médico no escuchó sus preocupaciones o inquietudes.

Parto (anticipación)

Ahora me gustaría que piense por favor cuando el bebe nazca.

¿Has estado pensando en ese momento del parto?

¿Ha hecho algún plan?
Indague: ¿cuál es el plan? ¿Quién la ayudó a hacerlo? ¿Cuándo comenzó a pensar en esto?

¿A quién le gustaría tener con usted en la habitación cuando está dando a luz?
Indague: ¿Qué la preocupa?, ¿Qué la emociona?

Preguntas de cierre

¿Cuál es la mayor esperanza que tiene para su hijo? ¿Que esta emocionada de compartir con su hijo?

¿Qué consejo tiene para otras mujeres embarazadas?.

Unstructured Interview Outline

Modified life history approach: Life history of the pregnancy

Note: this is an unstructured, life history interview. The participant will lead the narrative and the interviewer will simply use the touch points to map the participant's narrative to specific time periods before and during pregnancy. Probes may or may not be used as appropriate and relevant to the participant's narrative.

Hello. Thank you again for agreeing to talk to me. I'd like to talk to you about your pregnancy and your life before this pregnancy. There aren't any right answers to the questions I'm asking. I want to learn about your life and hear what's important to you.

Opening Questions:

How are you feeling?

Tell me a little bit about your family.

Before pregnancy

Tell me about your life before this pregnancy.

What was your daily routine like?

Probes: working? Fun? Family time? When was this (apprx.)?

Who did you spend most of your time with?

Were you looking forward to having a baby?

Probes (primipara): When do you first know you wanted to be a mother?

What were some of the challenges you faced in day to day life before you were pregnant?

What was difficult about that time?

What were you worried about?

Tell me about a time when you had a really tough day.

How did you handle it? What made you feel better? Who did you talk to about it?

Suspecting and finding out about pregnancy

Tell me about when you first suspected you might be pregnant.

Probes: when was this? How did you feel? What made you think you might be pregnant? How did you confirm your pregnancy?

Who did you first tell? Why?

When did you tell the baby's father? How did you tell him?

Who did you go to for advice?

What were some of the things you were worried about?

What were some of the things you were excited about?

Has your pregnancy changed any of your personal relationships?

What about your relationship with the baby's father?

Friends?

Family?

Neighbors/Community?

During pregnancy

What's it like to be pregnant?

How is your life different than it was before you were pregnant?

What do you like about being pregnant?

What's hard about being pregnant?

How do you deal with this?

Who helps you?

Did you expect this?

What are you doing to prepare for the baby?

What do you worry about? What is stressful about being pregnant?

Who do you ask for advice about your pregnancy or your baby?

Probes: why? What's some advice they have given you? What is the best advice you've received?

This section for women not born in the US.

How would it be different to be pregnant in the country you're from?

How would it be different going to the doctor? How would your family treat you? Would it feel differently?

How is it difficult to be pregnant in the US?

First prenatal visit/entry into prenatal

How did you decide which doctor to go to during your pregnancy?

Who did you ask for advice? What did they tell you?
What was most important for you when you were thinking about where to go to the doctor?

Did you go alone to your first visit or did someone go with you? Who went with you? Why?

Tell me about your first prenatal care visit.

Probes: what questions did you ask? What did you like? What didn't you like? How did you feel after the visit?

What type of advice has the doctor given you?

Have you ever felt like the doctors give you different advice than other important people in your life?

How well does the doctor listen to your concerns?

Probe: Tell me about a time when the doctor did not listen to your worries or concerns.

Delivery (anticipation)

Now I'd like you to think ahead to when you'll deliver your baby.

Have you been thinking about when you'll deliver your baby?

Have you made a plan?

Probe: what's the plan? Who helped you make it? When did you start thinking about this?

Who would you like to have with you in the room when you are giving birth?

What are you worried about?

What are you excited about?

Closing Questions

What is your biggest hope for your child? What are you excited to share with your child?

What advice do you have for other pregnant women?

Appendix D: *Codebook*

CODE	SUB CODE	DEFINITION	EXAMPLE	NOTES
Access to prenatal care Timely access and use to prenatal care services to achieve the best health outcomes for the mother and unborn child. Access to health care has three dimensions: physical accessibility, financial affordability and acceptability. (WHO, 2013)	Facilitators	Anything that eases women to seek and receive adequate prenatal care. This includes affordability, physical accessibility and acceptability of services.	(C87) I: ¿Para ti hay algo que sea muy importante en tu control prenatal, como que seamos latinos, o que se hable español o que? P: Aja, eso es muy importante que hablan español y este, sobre todo eso que hablen español siempre me ha gustado eso ahi en CIMA y pues si que siempre han sido latinos. Si porque a veces ahi personas por ejemplo de aquí las morenas o también las güeras, este a veces medio racistas pero creo que han tratado…(inaudible)	P: ¿Como me entere de esta clínica? I: Esa vez, en el segundo embarazo P: ¿En el segundo? Oh, fue lo que me preguntaste, ¿verdad? I:Si, si. P: Este, (...) me acuerdo que antes salía mucho un comercial en la tele creo. Creo que por eso decidí venir para aca y aparte las demás clínicas yo las miraba para allá lejos y por allá, aparte yo decía esa clínica esta bien cerquita y por eso decidí venir, dije ah voy a ir a probar alli, y por eso vine. I: ¿Siempre has vivido aquí cerquita? P: Si, siempre he vivido ahi no me he cambiado, ahi llevo como 10 anos viviendo.
	Barriers	Anything that limits or prevents women from		

		seeking and receiving adequate prenatal care.		
Quality of prenatal care The extent to which prenatal care services provided to women improve desired health outcomes (WHO,2018)				
	Relationship with providers	Description of characteristics of providers, both positive and negative, includes both providers for prenatal care and other care (e.g., mental health providers)	(C15): So, what was the visit like? Tell me about it. P: Coming here for the first time? I really liked it actually because I never remember her name, but she was the one to gave me the prenatal vitamins and she explained me everything. She also gave me like a little booklet for the first second and third trimester with what they were going to do to me. And I really liked everything. I like how they're so nice to me also. The ladies in the front also. They're so nice but so far I've liked everything here.	
	Good quality	Description of safe, effective, timely, efficient, equitable and woman-centered health care. (WHO,2018)	(C38) P: Someone told me it was a really good clinic, so. And ever since then, yeah, it's uh. I love how they work here. I love how they attend to you	

			and everything. It's been a good clinic.	
	Poor quality	Description of ineffective, unsafe, unequal prental care.		
Cultural norms	Community support	Description of structures, systems or processes in place that help women with day-to-day life or bigger problems.	(C87): I: Si, ¿has hecho algún plan para ese dia? P: Este, pues ya estábamos platicando con mi esposo, como siempre que me voy al hospital, a veces me toca cuando el esta en el trabajo, entonces me dice vete y le dejo los niños a mi vecina y me voy solita al hospital, ya cuando regresa del trabajo se va para el hospital pero ahora como dicen que me tengo que ir a las 3.	
	Family support	Description of any type of support or help received by a family member during pregnancy.	(C15) That's why all my family they're also happy they're like oh-- because I've done so many favors to my family. I've been like with some of my aunts had to stay in the hospital for a week with their babies because they've had them like two months earlier and I had to stay over there because	

			I speak English and Spanish and they don't speak English. That's what they're afraid of. So I just go and stay with them. I help them interpret. And then that's why they're like oh we're so happy you're pregnant. Now we owe you the favor. We're all going to stay with you in the hospital.	
	Partner support	Description of how partners help shoulder worries or handle problems; could also be tangible support (e.g., money or rides).	I: ¿Y ahí contó a su esposo primero? ¿O a quién le contó primero? P: Sí, a mí esposo, pero él no estaba en el momento porque ya se había ido al trabajo I: Ah, ya P: Ya le dije después I: ¿Estabas como con ansias para decirle? P: Sí I: Me imagino P: Le iba a decir en el teléfono, pero decidí que mejor no, mejor en persona I: En persona para ver su cara. ¿Y cómo reaccionó? P: Bueno, dice: ¿De verdad? Bueno, él también reaccionó bien, pero igual que como con duda. A veces dice que	

			“Es increíble”. A veces, “No puedo creerlo”. No sé si lo tienes, dice	
	Financial support	Description of tangible financial support from friends, partner or family.	(C7) I: Esta bien que te apoya. P: Si, me dijo que si necesitas algo me dijo yo te voy a ayudar de todo. A veces el me da 200 - 300 y yo le dije al muchacho al papa de mi bebe para que me estas molestando le dije. Tu no pones nada y el me dijo tu vas por el interés de dinero me dijo. Y yo por mi pues tengo que comprar la cuna de mi bebe, tengo que comprar este para traerlo tengo que comprar su ropa, tengo que, tengo muchas cosas en mi mente antes que nazca mi bebe.	
	Pregnancy advice	Recommendations received during or before pregnancy related to participant’s pregnancy, including where to go for PNC.	(C21): That's good advice. So how did you decided where to go to the doctor? P**:** Mmmm so many people had told me you should go to Norcross. Wow, that's far. Like was still debating like people told me to go all the way	

			to Marietta where my mom works, I was like that's really far, no I don't think so. Until a friend, the friend that just picked up my husband his wife told me, why don't you go to CIMA? Ok, I guess how far is it? She is like it's in Doraville, I'm like ok, that's not bad. She told me the ratings and everything. Sounds good, yeah, I'll go.	
	Meaning of motherhood	Description of experiences related to maternity including pregnancy, childbirth, and child raise.	(C31) I: ¿Y en ese tiempo antes de que salió embarazada estaba pensando en tener un bebé? P: No. I: ¿Entonces era una sorpresa? P: Si. Porque en esa misma semana yo me había inyectado con la DEPO, y fue cuando vine acá y era como un caso que ni sabía si yo lo quería tener o no lo	Delivery and Pregnancy intention are sub codes of Meaning of motherhood.
	- Delivery (Meaning of motherhood)	Participants hopes, fears and expectations around delivery for this child.		
	- Pregnancy intention (Meaning of motherhood)	Description of when or whether someone thought about becoming pregnant or discussed it with their partner		

			quería tener porque yo no sabía que estaba embarazada.	
Migratory challenges Description of why life in the US is challenging, mostly likely compared to how life was/would be in the participant's home country, could include language difficulties	Immigration status	Descriptions of whether a woman or her family possess documents to reside legally in the US.	(C81) I: Hablando del clima político de aca, hay algo del clima político que afecte tus esperanzas para el futuro. P: Si, es que dicen que están deportando mucha gente otra vez, eso si, si me preocupa, no preocupación, pero asi me… I: ¿Te causa inquietud? P: Aja, por que te digo, este, a veces me pongo a pensar y siempre digo ah ojala que nunca agarren a mi esposo porque entonces ahi si seria mas de preocuparme pienso porque imagínate chiquitos y tenerlos que dejar para irme a trabajar y saber si el dinero va a alcanzar, eso si me preocuparía, que en una de esas que siempre andan agarrando las (inaudible) de trabajo le tocara a el.	

	Discrimination	Descriptions of disadvantageous treatment or consideration based on ethnicity, nationality, or other specific characteristics of the patient.	(C87) I: ¿Para ti hay algo que sea muy importante en tu control prenatal, como que seamos latinos, o que se hable español o que? P: Aja, eso es muy importante que hablan español y este, sobre todo eso que hablen español siempre me ha gustado eso ahi en CIMA y pues si que siempre han sido latinos. Si porque a veces ahi personas por ejemplo de aquí las morenas o también las güeras, este a veces medio racistas pero creo que han tratado…(inaudible)	