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***Methodology and Methods for Studying Pregnant Black Women***

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**Abstract**

The study of black women's childbirth preparation is largely absent from the literature. Blacks are often represented by small numbers, poor women, and problem pregnancies. This study involved listening to American born urban black women's voices to identify social processes used in childbirth preparation. Grounded theory (GT) was the appropriate method as it allows researchers to avoid preconceived ideas, immerse in the data, and inductively explain what is

important to a particular population. GT is also useful in studying little known phenomena. Recruitment occurred through ads and the snowballing technique. Five focus groups and two individual interviews were used for data collection which took place at a local community clinic. Dialogue and storytelling were useful in gathering rich data. Continuous data analysis allowed interrelated concepts to emerge as part of a framework explaining and predicting the phenomenon. The prescribed procedures resulted in a theory which explicates the social processes of childbirth preparation used by black women under a variety of conditions. This article addresses only methodology and methods used and not the theory that emerged. Study design, data collection procedures, recruitment, analysis procedures, bias, and the researcher's experience with using GT are also addressed.

**Keywords:** qualitative research, grounded theory, focus groups, childbirth preparation, black women, vulnerable population

## ***Methodology and Methods for Studying Pregnant Black Women***

### **Background**

The study of black women's childbirth preparation is largely absent from the literature. Blacks are often represented by small numbers, poor women, and problem pregnancies. For example, Stamler<sup>1</sup> interviewed 7 married, Caucasian, employed pregnant women, and Maestas<sup>2</sup> interviewed 42 Caucasian women who had attended childbirth classes. In other studies, birthing knowledge was explored by Davis-Floyd<sup>3</sup> in 100 well-educated, middle class, white, first time mothers, and by Svensson, Barclay, and Cooke<sup>4</sup> in a study of 205 couples of Anglo descent, who were educated and employed. Lothian<sup>5</sup> interviewed 19 white women regarding their experience home birthing.

In the only report of its kind, engaged mothering was a process identified by Sawyer<sup>6</sup> in her grounded theory study of 17 first time mostly married, employed, college-educated middle class black women. Armstrong<sup>7</sup> assessed usefulness of childbirth classes in eight urban women who were mostly poor, black, unmarried, and under age 24, with first time high risk pregnancies. Similarly, preparation for motherhood was investigated in an ethnographic study of 15 poor, urban, black women.<sup>8</sup> Schaffer<sup>9</sup> described a childbirth program for women who were teens, drug abusers, victims of domestic violence, or contemplating adoption whose race was unknown. In a large study ( $n=1,583$ ) with 9% black women,<sup>10</sup> and a follow up study<sup>11</sup> childbirth preparation was one of the items investigated.

Prenatal topics were studied by Vonderheid, Montgomery, and Norr<sup>12</sup> in 157 low income multiparous women of whom 70% were black. Hulsey<sup>13</sup> investigated use of a pregnancy support web site for low income black women. Savage<sup>14</sup> explored first pregnancy labor and birth preparation, of two blacks and seven Caucasians while Berman<sup>15</sup> explored the prenatal education needs of minority women, who were mostly Latin American immigrants. Recently, Novick et al.<sup>16</sup> interviewed 21 women of whom 18 were low income blacks about their group prenatal care. These studies indicate that many works investigating childbirth preparation often do not include adequate numbers of black women or do not include mainstream black women's experiences.

Because blacks are poorly represented in the childbirth literature, this study aimed to listen to US born urban black women's voices to determine social processes used in childbirth preparation. A qualitative approach using grounded theory (GT) was deemed appropriate. This article only addresses methodology and methods used and not the emergent theory. Study design, data collection procedures, recruitment, analysis procedures, bias, and the researcher's experience with using GT are also included. Findings from the grounded theory study will be reported elsewhere.

### *Reasons for Selecting Grounded Theory*

Qualitative research transmits valuable information about human interaction.<sup>17</sup> Each method, methodology, or mix thereof is justified in light of each study's context.<sup>18,19</sup> Qualitative studies of pregnancy, childbirth, or parenting experiences are common in maternity nursing. Grounded theory, in particular, has been used to study pregnant women.<sup>20</sup>

Researchers who use GT methodology attempt to discern theories related to a particular phenomenon or process by suspending a priori ideas. Theory emanates from data, a term referred to by Glaser and Strauss as grounded.<sup>20,21</sup> Areas about which little is known lend themselves to GT. Strauss in particular believed that GT could uncover the complexity and variability of phenomena. A phenomenon might be a process, an occurrence, an event, or a happening that is significant to a group of people. Strauss realized that people act based on the meaning an action holds for them and that there are interrelationships between context and action. Corbin added that the goal is to relate structure, or the circumstances in which phenomena occur, with process. Process is defined as the actions and interactions of people in response to the phenomena.

Preparation for childbirth is an experience that has been well studied. Various aspects of childbirth preparation, such as sources of knowledge, social support, and factors impacting preparation have been examined. What has not been

adequately addressed in the childbirth literature is preparation of minority women, in particular black women. While black women's birth preparation may be similar to other groups of women, the social context in which black women live may be very different than that for others. This suggests the need for a GT study to examine the process of childbirth preparation of black women living in a context of racism and discrimination. Of interest are the actions and interactions of black women with their environment and their subsequent influence on ways in which these women prepare for the birthing experience. Results from other qualitative methods may be equally valuable but are not designed to identify conditions, actions or interactions, and consequences associated with this phenomenon. Furthermore, interrelated concepts which are part of a framework to explain and predict the phenomenon of childbirth preparation in black women can only come through the use of GT. Clinically, understanding the phenomenon of childbirth preparation allows for better communication and understanding between clients and providers. It also can result in the development of appropriate care strategies.

### *Historical overview*

In the past, some black research participants have been victims of unethical experimentation. The most quoted examples include the Tuskegee Syphilis Study<sup>22,23</sup> and gynecologic experimentation on black women by Marion Sims. This led some blacks to distrust researchers. In addition, blacks may have experienced racial bias in healthcare further dissuading them from health research participation.<sup>24-26</sup> Thus, past abuses and perceived discrimination are the two main barriers to enrollment in clinical research.<sup>24,27</sup> Researchers should be sensitive and consider racism as may influence the lives of black women.<sup>28,29</sup>

In general, blacks recognize the usefulness of research and indicate willingness to participate especially when complete information is presented in clearly understood terms.<sup>30,31</sup> Other factors which affect research participation are: assurance of privacy and confidentiality, perception of low risk, trust in the researcher,<sup>31,32</sup> incentives such as free gifts or monetary reimbursement, and flexible scheduling.<sup>22,31</sup> Individuals are most willing to participate if the research is non-invasive, or involves group discussion or completion of a survey. Finally, researchers must be proactive in addressing scientific misconduct. Concerns and fears by participants around racism and mistrust in the healthcare systems and larger society must be addressed as legitimate.<sup>31</sup> Thus, it was important in this study to mirror these concerns as noted in the data collection procedures.

## **Study Design**

This study used qualitative methods to explore black women's preparation for birthing. Techniques and procedures for data collection and analysis followed the guidelines set forth by Strauss and Corbin.<sup>20</sup> Data collection occurred through individual and focus group interviews until theoretical saturation had occurred and nothing more could be learned. Analysis occurred concurrently with data collection, using an inductive process to interpret participants' meanings, organize them into like properties and reassemble them into a theory.

### *Methods*

Data collection began with participant recruitment through radio, internet, and newspaper ads, as well as flyers at local churches and hair salons. Those who met inclusion criteria and who volunteered to participate were mailed a research packet. A date was set for their participation in a focus group with five to seven other women. While it was estimated that three to five focus groups would be needed to gather enough data, sampling was dictated in part by the emerging theory. Theoretical sampling and theoretical saturation determined the actual number of focus groups. Thus when a variety of individuals had participated and no new themes emerged following the fifth focus group and two individual interviews, sampling was deemed adequate and no new focus groups were scheduled. Focus groups were led by a black moderator who asked semi-structured interview questions while the researcher recorded field notes. Each focus group session was audio taped lasting 90 minutes. The total time for all study activities was two hours. Because sitting for two hours takes a physical and emotional toll on third trimester pregnant women, and because some of the participants traveled some distance to attend the research session, each participant was compensated \$60.

Prior to the focus group discussion, the researcher introduced herself, explained her interest in this topic, and gave a review of the research purpose and procedure. She told the participants about the study and the importance of results in helping providers better meet the needs of pregnant black women. Participants were then told that the purpose of the research was to elicit responses to a group of semi-structured questions around the process of preparation for birthing. Their participation and responses were encouraged, but they were told not to feel pressured to respond in any particular way. Any answer they gave would be viewed as a valued response. The interviewer would ask further probes to elicit better understanding, clarify a response, or validate a perception. Furthermore, each participant was reminded that she had the right to participate as little or as much as she desired and could elect to terminate the session at any time. Remuneration was offered even if a participant elected to withdraw before the session ended.

Participants were reminded that each session was being audio taped, but that pseudonyms would be used in reporting the research results. Participants were also asked to use their chosen pseudonym during the focus group discussion in order to further guard privacy. Furthermore, audio tapes would be erased once the research was concluded. Any hand written notes taken during the sessions would be shredded and destroyed at the completion of the project. All research materials would be kept in a locked cabinet in the researcher's office for the duration of the study. Participants were then asked to sign the consent form.

Once the focus group discussion had ended, participants were asked to complete a demographic questionnaire. They were asked if they preferred to fill out the form independently or have the interviewer write the responses. Once the demographic form was completed, the participants were thanked for their time, reminded that they could elect to receive the written research results and give written feedback on the proposed theory. The women were then thanked and paid \$60 for their participation.

Collection of data was accomplished primarily through focus groups. The women were told during recruitment that the session would be led by a black moderator with experience conducting focus groups who herself has given birth several times. The researcher was likewise to be present to answer questions about the research and to take field notes. Field notes were described to the participants as recordings of nonverbal behavior, the setting in which the research occurred, and the researcher's thoughts and observations. Individual interviews were conducted when women signed up for focus groups but were the only ones who showed up at the research site for the scheduled focus group. These women, by mutual agreement with the researcher, were individually interviewed, on an agreed upon date and time by the primary investigator.

Focus groups and individual interviews for this study were conducted in a conference room at a neighborhood clinic with ample parking. A snack was provided to promote a casual atmosphere, allow for informal discussion prior to the focus group session, provide an opportunity for group nurturance<sup>28</sup> and as a way to meet the moderator and researcher.

### *Advantages*

Focus groups represent a research tool that offers a fast, inexpensive, and expedient way of data collection simultaneously from several people.<sup>33</sup> Examination can be made of not only what people think but of the dynamic interactions of the group.<sup>34</sup> Focus groups work best when the topic is narrowly focused and when it is of interest to both

the researcher and the research participants.<sup>35</sup> Advantages of focus groups are that they do not discriminate against people who cannot read or write and can encourage participation from those less comfortable with face-to-face interviewing. The disadvantage of having a group process is that it may silence or reduce alternative points of view and compromise confidentiality.<sup>36</sup>

For the focus group sessions and individual interviews, a guide composed of semi-structured questions was used. These questions were developed based on a review of the literature and input from six content experts regarding appropriateness of wording, content and scope.

The demographic form that was administered was developed to describe socio-demographic characteristics of participants. Demographic data included: age, parity, number of prenatal care visits, marital/partner status, educational level, self-described socioeconomic status, and employment status.

#### *Inclusion/Exclusion Criteria*

As with theoretical sampling, Strauss and Corbin<sup>4</sup> noted that inclusion criteria for a study cannot be decided a priori, except for initial participants. Rather, who should be included in a study is guided by the constant comparative method of data analysis. The only inclusion criteria for initial participants in this study were self-identification as an indigenous black woman, first pregnancy in the last four months, uncomplicated pregnancy (defined as requiring routine surveillance only), currently receiving prenatal care, and age 21 years or older. Teenagers were excluded as they are often in school, face their own developmental issues, have special childbirth and parenting classes provided through schools, and thus may not be representative of the average preparation for childbirth experience. While preparation for childbirth may occur throughout pregnancy, the third trimester is often when women with uncomplicated pregnancies intensify their preparation for childbirth and may even participate in childbirth classes.<sup>21</sup> The final sample included participants representing the diversity found among African Americans in terms of age, marital/partner status, education, and socioeconomic status.

Participants who responded to the advertisements and flyers and who contacted the researcher by phone were invited to participate in the research after further explanation about the study, determination that inclusion criteria had been met, and the researcher had identified herself as a faculty member and doctoral student at a university in the community. Additional questions and concerns were also addressed. For those women who agreed to participate, they were given a choice of times to meet. A cover letter and postcard were mailed giving details about the research and about the agreed

time and place where the research was to be conducted. They were also mailed a consent form for them to read with instructions that it be discussed and signed after arrival for the scheduled research session. Copies of the consent form were likewise made available at the meeting site.

### *Recruitment/Retention*

Access to research participants was sought through several avenues. Strauss and Corbin<sup>20</sup> noted that sites chosen for sampling should be directed by the research question. Thus, sites chosen for this study were ones frequented by pregnant black women. While recruitment at prenatal healthcare facilities such as private practices, and community clinics, would have been ideal, more effective was the use of public media and other sites frequented by potential participants. Newspapers and radio stations serving the black community as well as churches and hair salons were targeted. These sites were contacted, appraised of the research, and asked to carry an advertisement or flyer inviting participation in the study. Once the ads had been aired and flyers disseminated, the snowball technique became helpful in recruiting participants. As women learned of the study through one another, they contacted the researcher to participate in the research.

### *Data Analysis*

Following completion of the focus group sessions, the moderator and researcher met to compare observations and impressions of the group dynamics and group process. The digitalized audio tapes were then sent to a professional transcription service for word processing. The moderator helped to clarify unclear dialogue or language unfamiliar to the researcher. A synopsis and feedback form was then mailed to the focus group participants who had volunteered to review them. These synopses were also reviewed by the moderator for accuracy. Two participants out of ten returned the feedback form about the synopsis of the session each had attended. Both commented that the synopses were accurate and nothing should be added.

As the written transcripts became available, they were reviewed by the researcher for accuracy. This was followed by data analysis. Based on recommendations by Strauss and Corbin<sup>20</sup> the three types of coding procedures used in developing the GT were: open coding, axial coding, and selective coding. In axial coding a key word is found which describes the meaning of each sentence. These are then grouped into initial categories. For example, there were many references by participants to physical and emotional changes in pregnancy which lead to the category of managing pregnancy

symptoms. The sentence “It’s frustrating moving and some days I’m fine or one minute I’m fine to be sitting there and then I look depressed face” was coded as “emotional lability.”

Open coding was followed by axial coding during which the properties and dimensions of an identified category were detailed. Both open coding and axial coding occurred simultaneously as new data was compared to the old in substantiating the categories. An example of this process was the identification of “recognizing the need to know” as a category. This category was further subdivided into: finding role models/mentors; talking with mothers; and taking questions to healthcare providers.

During the final process of selective coding, previously identified categories were incorporated into the GT. The interrelationships among the different categories were identified and constructed to fit into a theory. The data was continuously compared with previous data and categories refined until what emerged was a GT of urban black women’s preparation for childbirth. Memos and diagrams were also used to assist the researcher during this phase of data analysis.

Finally, an examination of the theory was made for internal consistency and logic. The question asked was, does the theory represent an abstraction of the data? Validation of this emerging theory occurred by comparing it to the data collected and being reassured that it explained most if not all of the variations. The focus group moderator functioned as an objective consultant and reviewed the data analysis and theory development for inconsistencies and errors. She agreed with the categories that had emerged and the labels attached to them and did not offer any changes. She also approved of the overall theory of “*weighing the impact on me.*”

### *Bias*

Participants as well as researchers bring biases and predetermined beliefs to the research process. Therefore, researchers must be constantly alert to their own bias in the research process, especially with the analysis of data. This is especially important when working with vulnerable populations.<sup>37</sup> Researchers must acknowledge their personal biases and invite reviewers to identify lapses in objectivity.<sup>21,37</sup>

The investigator is a nurse with more than three decades experience working with childbearing families. During some of that time, she was employed as a nurse practitioner for a black obstetrician who provided services to a mostly black

pregnant population. What she learned to understand from working with this population was the range of life experiences these women had. There was no assumption that pregnancy was necessarily different from that of other ethnic groups. The researcher is a Scottish/Irish American who has been socialized by the larger white middle class society and as such is aware of several instances in which her behavior was racist, however inadvertent. The investigator, also a childbirth educator, believes that childbirth preparation classes can help women prepare for a hospital birth. Thus, during this study, it was important for her to be alert to how her background and belief systems might influence the research and participants.

In addition to identifying ways the investigator might influence the research, potential bias can also be managed by inviting independent outside experts to examine the research process. This involves a review of all aspects of the study for potential bias. Especially important is inspection of written transcripts, field notes, memos, and steps taken in data coding and data analysis.<sup>20,21</sup> For the purposes of this study, a panel of expert reviewers each with in depth knowledge of some facet of the study provided critical feedback. A nurse consultant also reviewed the theory for consistency and accuracy.

## **Findings**

The methodology of grounded theory was challenging but useful in discovering the phenomena of American born urban black women's childbirth preparation. The use of GT and the constant comparison method provided reassurances that a systematic method of analysis was being followed. In addition, with GT afforded a pursuit of depth to the delineated categories which may not have occurred with a different methodology. Validation of findings by the focus group leader, participants, panel of experts, and consultant further reaffirmed GT's usefulness in this study.

### *Recruitment*

Recruitment of eligible women was challenging. Radio advertising was successful, although many women who contacted the researcher did not meet the study's criteria. Advertisement through two internet sites yielded a large response, but only one mother met the study's criteria. Church staff posted flyers, but this did not appear to be a successful strategy. Many church officials stated that they did not have pregnant women in their congregations or that there were few such women. A member of one large church reported many pregnant women, however, in repeated visits to that campus, it was determined that most of the women were not first time mothers. Likewise, recruitment through hair salons and nail parlors was unsuccessful.

The means that yielded the most participants was radio ads and snowball sampling. As they learned about the study, women contacted others to participate. Snowball sampling was used to recruit several women from physician's offices and at least three women were recruited through childbirth education classes. One woman volunteered to participate after hearing about the study through the postpartum group Mocha Moms.

Other recruitment barriers included using sites that may not have been convenient and attractive to participants. The ethnicity of the investigator may have been a factor. Several participants asked the primary investigator if the purpose of the study was to discover differences between blacks and whites. The investigator reassured some individuals that living in an environment of racism was of some interest. The question of comparison between black and white emerged in two focus groups. The PI addressed this issue prior to beginning each focus group session which may have contaminated the results. Of note, however, is that during the recruitment process, the PI had many long discussions with individuals in the black community about experiences of racism and in particular racism in healthcare. This may validate that racism and healthcare is an issue for some individuals in this black urban population.

During recruitment, the principal investigator learned that for some in the black community, there was a perception that university had a poor reputation. While the exact reasons for this were unclear, it seemed to be related to the lack of responsiveness to the black community's needs. This may also have hindered recruitment and study participation.

An additional problem with recruitment was the restrictive criteria for participation. Not only was it difficult to find first time mothers, but it was even more difficult to find mothers in the last trimester of pregnancy who had not experienced problems during pregnancy. It is unclear whether the pool of urban pregnant black women is small or whether the recruitment techniques needed to be revised. Perhaps the benefits of participation in this research were not communicated to potential recruits. Several individuals in the black community who were connected through churches were also unsuccessful in helping to find research participants. The study design should have included contacting and using of more individuals within the black community to assist with recruitment.

The net result of problems with recruitment was that the number of women recruited was less than anticipated. Furthermore, the researcher had hoped to have a large sample of middle class mothers reflecting the national demographics. Instead, 55% of the women stated that their income was adequate for their daily needs. Research results might have been different had the sample represented a larger number of middle class mothers. The term used for

income on the demographic form was “adequacy.” A range of incomes to identify participants’ socio economic status would have been better.

### *Collecting Data*

The use of focus groups was successful in many ways. While initially reticent to participate in discussion, with the moderator’s probing, the participants quickly began to share experiences. They were eager to discuss their experience with pregnancy and the moderator had to redirect the focus onto birth preparation. Sometimes, the participants were so enthusiastic in their discussions that they seemed reluctant to leave and stayed more than the two hours allocated for each group. In one instance, the group reluctantly left the meeting room after the conclusion of the focus group, but continued discussion in the parking lot.

While the intent was to have three to five focus groups with six to eight women in each group, recruiting participants was a challenge. Only one of the focus groups had seven women and the remaining had between two and five participants. When adequate numbers were scheduled for a focus group, some women did not appear. While some of the focus groups were held with small numbers of women, the discussion might have been more robust had the groups been larger. Further, several women participated very little in the discussion. As a result of these limitations, the findings of this research apply only to those who participated.

### *Presence of Primary Investigator*

Two individual interviews were conducted by the researcher without the moderator present. The presence of the white researcher may have inhibited the participants from full disclosure. For example, in one individual interview, the participant seemed reluctant to discuss issues around race. After much probing, she admitted to experiences of racism but did not have any specific stories of such encounters. This discussion might have been more forthcoming in the presence of a black interviewer. Conversely, the PI may have been biased in looking for racism where there was none or approaching the topic of bias in a manner that made participants uncomfortable.

During the focus groups, the researcher was present. The moderator and researcher discussed whether or not the presence of the researcher would inhibit dialogue around issues of race. Though the researcher did not sit at the oval table where the discussions took place, her presence alone may have restrained discussion. Participants did not volunteer

information about whether or not the researcher seemed biased or inattentive to their stories. However, it would have been helpful to gather this information through anonymous means.

Finally, one multiparous research participant who accompanied her sister was inadvertently included in the study. The woman spoke at length about her first pregnancy, and her presence may have contaminated the results. In addition, she brought her preschooler with her and was somewhat distracted by his behavior. When the researcher removed the child from the room, the mother seemed unsure about this arrangement and came to check on him twice before she was satisfied. The impact of these disruptions on the group discussion is unknown.

### *The Moderator*

The moderator's presence was valuable in probing participant's responses, redirecting the discussion, and summarizing the dialogue's major points. She seemed well received by the participants, however, at times the moderator recounted stories of her own experiences and occasionally gave advice. Whether this was helpful in giving her validity in the eyes of the participants or contaminated the results is not known.

## **Summary**

Grounded theory is an appropriate research methodology for studying the childbirth preparation process black women use in interacting with their environment. While certain issues may present themselves during the research process, most challenging are data collection and data analysis. Not only must the researcher adhere to prescribed procedures, but must also use creativity in arriving at a theory which explicates the process of birth preparation used by black women, under a variety of conditions.

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