Black Low-Income Mothers' Experiences with a Local Peer Support Group: A Qualitative Exploration

Christina Castellano, University of Missouri – St. Louis

Abstract

Maternal empowerment, particularly by enhancing resourcefulness and support systems, has emerged as a promising approach to address inequities. The aim of this study was to explore the lived experiences of Black low-income women during the postpartum period and the interplay between cultural context, resourcefulness, and motherhood. The study employed a novel methodological approach that combined focused ethnography with grounded theory analysis. Six focus groups (n=35) were conducted with Black mothers who had given birth within five years and were self-identified as low-income. Data analysis followed grounded theory principles of constant comparison and theoretical sampling. A grounded theory emerged, "the journey to empowered motherhood includes both navigation and transformation." Three categories, (1) individual context (2) strength alongside relationships, and (3) transition to motherhood, developed this theory which describes a dynamic process whereby mothers navigate sociocultural landscapes, leading to a transformed sense of self. This study offers insights into the complex nature of maternal empowerment among Black low-income mothers. The findings underscore the need for interventions that focus on fostering mothers' existing strengths and abilities within their specific sociocultural contexts, culturally sensitive maternal care that acknowledges and

addresses the unique contextual challenges faced by Black low-income mothers, and a shift in perspective from deficit-to-strength-based approaches in maternal health.

Introduction

A widely acknowledged indicator of the standing of women in society, the functioning of the healthcare system and the overall well-being of a population is maternal mortality. The maternal mortality ratio (MMR), calculated as the number of maternal deaths per 100,000 live births, has been used worldwide. In 2021, the MMR for the United States was 32.9, which is more than twice that of other high-income countries (Tikkanen et al. 2020). More equitable healthcare access and outcomes can be achieved by addressing maternal mortality in under-served communities.

Based on the Missouri Pregnancy Risk Assessment Monitoring System, Black and younger mothers face the highest maternal mortality rates in parts of Missouri while experiencing social and emotional distress (Missouri Department of Health and Senior Services 2023). Specifically, mothers aged 20–24 years, those residing in neighborhoods with moderate to elevated levels of poverty, and those living in the Inner North and Outer North regions of St. Louis County experienced higher rates of pregnancy-associated deaths than the overall county did. Among Black women, there were 176.2 pregnancy-associated deaths per 100,000 live births, which is 2.4 times the rate for white women and 1.7 times the rate for the county overall (St. Louis County Public Health, 2023).

A contributing factor is continuous exposure and adaptation to chronic stressors, including racism and discrimination, which results in accelerated biological deterioration known as 'weathering.' This process increases susceptibility to stress-related illnesses, exacerbates existing health conditions, and contributes to adverse birth outcomes, particularly among Black women who are already at an elevated risk of severe maternal health complications (Geronimus, 1992; Howell, 2018; Wallace & Harville, 2013). Another significant barrier is the mutual recognition by healthcare providers and patients of the health disparities experienced by Black pregnant individuals in comparison to their non-Hispanic white counterparts, which is attributed to racism, discrimination, and insufficient resources (Alhalel et al., 2022). For example, although family planning initiatives are intended to promote maternal autonomy (Manzer & Bell, 2021; Nandagiri, 2021), evidence suggests that clinics may target young, unmarried, Black women to prevent “unwanted” pregnancies (Manzer et al., 2022). Discrimination in health care undermines Black women’s quality of care (Taylor, 2020). Consequently, simply experiencing pregnancy as a Black woman poses a higher risk of maternal death (Howell, 2018).

From to 2018-2020, the ratio of pregnancy-related deaths was 2.5 times higher for those who had a Medicaid-covered pregnancy than for those with private insurance. Additionally, the ratio of pregnancy-associated deaths for women with Medicaid coverage is more than 10 times greater than that for women with private insurance (Missouri Department of Health and Senior Services, 2023). A notable correlation exists between maternal socioeconomic status (including health insurance and income) and the use of postpartum healthcare services (Wouk et al., 2021). Mothers with private insurance are significantly more likely to attend postpartum visits than those with public insurance or no insurance (Wouk et al., 2021). Barriers to treatment include transportation, childcare, costs, stigma, and distrust (DeCou & Vidair, 2017). Low-income mothers also have higher rates of depression, while very few receive care, as mothers may identify themselves as self-sufficient, which deters their intentions to receive care, as asking for help is inconsistent with their self-image (DeCou & Vidair 2017).

One way to battle Black maternal mortality is to increase mothers' empowerment. Mollard et al. (2024) found that Black mothers recognize the power of pregnancy and motherhood and identified community support as the foundation of Black motherhood. Furthermore, the researchers found that focus group discussions emphasized that, in the context of Black maternity, seeking care and support from one another is not only a demonstration of strength, but also an exercise of dynamic agency. Studies have also demonstrated that increased empowerment and empowerment interventions, such as mental health interventions, are associated with a reduction in perinatal depression, preterm birth, low birth weight, stress, and inequalities in postpartum care (Garcia et al., 2017; Lagendijk et al., 2020). Finally, there is a significant association between antenatal care and empowerment interventions (Suh et al., 2023).

Conversely, low empowerment is linked to negative economic and health outcomes among women (Baranov et al., 2020; Richardson, 2017). For example, women with untreated mental health conditions are more likely to fail to manage their own well-being, have inadequate nutrition, abuse substances, experience abuse, be less responsive to their babies' needs, have fewer positive interactions with their babies, experience difficulties breastfeeding, and question their mothering abilities (Sriraman, 2017). Improving maternal health empowers women, giving them greater control over both their bodies and future.

Enhancing resourcefulness is of paramount importance for empowering mothers. Resourcefulness involves the use of external and internal resources to achieve well-being (Kabeer 1999). External skills included social and peer support. Social support is available to mothers through their relationships with individuals, groups, and communities. Peer support is guidance from people with similar experiences who are not rooted in the mother's network and have experiential knowledge of the targeted behavior (for example, perinatal depression) (Dennis, 2003). Peer support is aimed at individuals or groups with the goal of fostering hope, emotional support, information exchange, companionship, reassurance, and appraisal (Ahmed 2015; Dennis, 2003; Dennis, 2005; Ibrahim, 2020; Mahlke et al., 2017; Oborn et al., 2019; Yeung et al., 2020). Interpersonal sharing, modeling, and encouragement effectively combat hopelessness and negative behaviors (Chien et al., 2019).

To gain a better understanding of the distinct experiences of Black low-income mothers with postpartum outreach and empowerment within the context of their communities, I conducted a qualitative study using a focused ethnography methodology and grounded theory analysis. The frameworks of Empowerment Theory (Kabeer, 1999) and Zauszniewski's Mid-range Theory of Resourcefulness and Quality of Life (Zauszniewski, 2016) guided this study, particularly the interview guide, through the concepts of support, cultural context, and empowerment. The theoretical frameworks allowed for the organization of new knowledge while expressing my philosophies and providing soundness and depth to the study (Collins and Stockton, 2018). Three functions of theory exist: theory of research models and techniques, theory construction from data, and theory as a guide (Glesne, 2011). I did not attempt to confirm or deny these theories but instead used them to guide the interview questions to fully capture the experiences of Black low-income mothers in the context of their communities.

The aim of this study was to explore the lived experiences of Black low-income women during the postpartum period and the interplay between cultural context, resourcefulness, particularly peer support, and motherhood. The research question was as follows: How do Black low-income mothers, within the context of their communities, describe their experiences with their support systems in the first two years of motherhood regarding (1) cultural context, (2) resourcefulness, and (3) empowerment?

Research Approach and Methodology: Design

Grounded theory methodology enhances ethnographic research by facilitating the transition from descriptive accounts to more abstract theoretical interpretations. This approach addresses a historical limitation of ethnography, in which data collection and analysis are often artificially separated. By integrating grounded theory methods, I was able to maintain the flexible and exploratory nature of ethnography while simultaneously introducing a more structured approach to data gathering and interpretation. This integration allowed for an ongoing, iterative analysis throughout the research process, enabling me to systematically refine my understanding and develop theoretical insights grounded in empirical observations. Consequently, the combination of grounded theory with ethnography has resulted in a more robust and theoretically informed research process, bridging the gap between rich descriptive data and meaningful theoretical contributions. Due to the complex and multifaceted social dynamics Black of low-income mothers, marrying grounded theory with ethnography seemed to be a logical approach, allowing me to go deep into experience to construct an analytical portrayal of experiences (Charmaz & Mitchell, 2001).

Focused ethnography, a type of qualitative research, provides a comprehensive and detailed account of cultural phenomena, enabling the researcher to gain a nuanced understanding of how participants make sense of their world. Ethnography is the science and art of elucidating the characteristics of a given population or culture (Fetterman 1998). It is defined as a written account of how a selected group of people conducts their lives within their environment and the beliefs and customs that shape their worldview (Muecke, 1994). The concept of focused ethnography is predicated on the assumption that cultures and subcultures are pervasive and may be limited in scope (Mayan, 2009). It typically encompasses a clearly delineated issue within a particular context and is conducted within a subcultural group that is entirely distinct from that of the researcher (Wall, 2015). Furthermore, the design included an investigation into the cultural impact of underserved communities on mothering. In conclusion, the objective was to utilize focused ethnography in the context of Black low-income mothers to describe the holistic perspective of postpartum mothers with support and empowerment, as well as to identify cultural beliefs and practices that govern behavior.

Participants, Setting, and Procedures

The population for this study included Black low-income women, aged 18 years or older, English speaking, residing in Missouri, who had a live birth within the

past five years. Low-income was defined as qualifying and utilizing services for Women, Infants, and Children (WIC) or mothers not making over $26,973/year per mother-infant dyad. Participants were recruited using a purposeful sampling strategy from SSM MOMS Line, a local peer-support telephone line that caters specifically to mothers experiencing complex postpartum feelings to help them heal. SSM MOMS Line connects mothers to peer coaches, counselors, behavior health specialists, and physicians. The number of participants used for this sample was 35, which allowed data saturation in this cohort. Saturation was defined as the absence of added information or insights discovered or hearing the same information during each focus group (Merriam & Tisdell, 2016). Institutional Review Board approval (404428) was obtained from the University of Missouri, St. Louis. Data were collected over a two-month period and obtained from field observations and focus groups. Field observations were conducted to gain a deeper understanding of the communities in which participants resided. The field notes included the date, location, duration of the observation period, concrete sensory details of the scene, conversations, descriptions of people and structures, and reflections (Emerson et al., 2011). A semi-structured interview guide was developed based on theoretical frameworks to elicit the participants' unique experiences and included questions pertaining to their experiences, sources of support, and perceptions of empowerment. Additional data were obtained from the memos, field notes, and direct observations. Distinguishing between memos and field notes is important. Memos were produced after the interviews, were of greater length than the field notes, and included more detailed reflections. Moreover, during each interview, I documented my preliminary observations and reactions in field notes. The field notes included information deemed pertinent to recall when analyzing the data (Corbin & Strauss, 2014).

Prior to the interviews, field observations were conducted to provide contextual information regarding the communities in which the mothers resided. The observations served to inform the interviews in a manner analogous to how theory informs the concepts. The objective of fieldwork in ethnography is to obtain a comprehensive understanding of the community, identify specific details, and integrate these insights into a broader perspective (Fetterman, 2020). This process was repeated throughout the fieldwork period to present a comprehensive portrayal of the cultural landscape (Fetterman, 2020). After the field observations, I conducted in-person focus groups at the local county library ranging from 50 to 60 minutes, which were audio-recorded as specified in the participants’ verbal consent. Participants were provided childcare, lunch, and gift cards for transportation. All participants were provided with the opportunity

to decline the audio recording, although none of them did. The electronic data collected were kept confidential, and passwords were protected on my personal computer. At the start of the focus group, I reviewed the consent form with the participants and provided verbal consent before beginning the study. After the audio recordings were transcribed, they were destroyed to protect participants' identities. In conclusion of the focus group, the participants were given a thirty-five-dollar gift card.

Data Analysis

The data were then analyzed using grounded theory. Grounded theory involves a systematic yet flexible engagement with the data, which leads to a better understanding of the social processes studied. This method seeks to identify specific linkages between conditions, actions, and consequences and aims to yield changes through the process. The meticulous process of comprehensive coding yields a network of interrelated concepts that can be employed to construct substantial theories or facilitate the formation of clearly delineated categories (Corbin & Strauss, 1990). A distinctive feature of grounded theory is that the concepts are derived from the data collected during the research process itself rather than being predetermined prior to data collection. The data analysis and collection processes are interrelated and ongoing throughout the research process (Corbin & Strauss, 2014). As the data analysis commenced immediately following the initial interview, it was possible to refine the interview questions in a more concise manner. The initial step, open coding, entailed the analysis of preliminary data for patterns, similarities, and differences within and across datasets with the objective of developing concepts and patterns. Open coding is an explanatory process in which data are methodically disaggregated (Corbin & Strauss, 1990). In this process, words or short phrases are assigned to various parts of the data for convenient retrieval (Merriam & Tisdell, 2016). A line-by-line review of the transcript was conducted, during which important words were grouped and labeled with as many codes as possible in accordance with the procedures outlined by Corbin and Strauss (1990). Analytic memos were employed to document the coding process and preliminary concept development.

The next phase of grounded theory analysis entails the implementation of intermediate or axial coding. Axial coding is an examination of the interrelationships between categories and their subcategories, which are then subjected to testing against the dataset (Corbin & Strauss, 1990). The codes were grouped together to form preliminary concepts, which were then

converted into more abstract concepts and categories. The naming of categories, subcategories, properties, and dimensions differentiates concepts according to their relative importance. Properties are the characteristics of categories and subcategories. Dimensions are the ways in which data are discerned along a continuum (Merriam & Tisdell, 2016). A constant comparison of the data was performed. While concepts were placed into categories, not all concepts became categories. During this step, I used previous experience to interact with the data (Corbin & Strauss, 1990; Merriam & Tisdell, 2016). Next, categories were defined. Descriptive terminology provided rich details of the connections between categories. Once again, the data were compared against the categories to add further clarification (Corbin and Strauss 1990). The results of the analysis were organized into a codebook that was used to build a report of the findings.

Reflexivity and Rigor

Rigor and reflexivity were maintained through a systematic and iterative approach to data collection and analysis, while employing a reflexive methodology. Reflexivity was maintained through documentation of thoughts, impressions, and challenges that emerged during the study. This comprehensive record of narrative information enables external reviewers to independently assess methodological processes and data (Merriam, 2002). Reflexivity was ensured through participant checks. During the interviews, I clarified and reflected on my understanding of the participants' answers by repeating back to them my understanding of what they said. Additionally, the codebook was shared with the participants to facilitate critical reflection on acquired knowledge. Critical reflection allowed us to analyze, reconsider, and question our own experiences regarding Black maternal support in the St. Louis area. This process took place with the participants in hopes of recognizing and evaluating the deeply rooted assumptions we held about our knowledge, perceptions, beliefs, emotions, and behaviors. It built bridges between personal reflection and firsthand experiences, revealed new perspectives, raised new questions, and provided a link between thinking and doing, which allowed for contextualization and future actions. In addition, peer reviews were used throughout data collection to provide feedback and suggestions (Merriam, 2002).

Results

The results of the study explored how Black low-income mothers, within the

context of their communities, described their experiences with their support systems in the first two years of motherhood in terms of (1) cultural context, (2) resourcefulness, and (3) empowerment. Participants revealed the significant impact of their cultural context, including unsafe and inequitable communities and histories of relational trauma, which influenced their distrust of systems and relationships. Nonetheless, participants exhibited remarkable *resourcefulness*, using community programs such as SSM MOMS Line for emotional and material support, while strategically navigating government systems such as WIC and Medicaid to address their children's needs. Strength alongside relationships, has emerged as a dynamic process that encompasses both collective and individual autonomy. Social support networks facilitate a sense of belonging and practical assistance, while personal agency and adaptability enable mothers to develop and flourish despite the obstacles they encounter. This journey, characterized by navigating systemic barriers and evolving into confident, resilient mothers, underscores the significance of culturally sensitive, strength-based interventions to support empowered motherhood. From the analysis, the following grounded theory emerged: The journey to empowered motherhood includes both navigation and transformation. Three categories informed the theory: (1) individual context, (2) strength alongside relationships, and (3) transition to a motherhood.

Category 1: Individual Context

The individual context of each participant pertains to the lived experiences of the participants or the past and present circumstances and contexts that shape the self as a mother. While each participant's story was inherently distinct, notable commonalities emerged within the group, creating a shared backdrop against which individual narratives unfolded, such as the local environments where the participants lived, distrust and manipulation, and trauma. These shared elements include the physical communities in which the participants reside, which influence access to resources, social support networks, and the cultural norms surrounding motherhood. Additionally, themes of distrust and manipulation surfaced across multiple narratives, suggesting that these experiences played a significant role in shaping participants' worldviews and interpersonal relationships. Relational trauma, another prevalent subcategory, influenced participants' emotional states and coping strategies (See Table 1). Despite these shared experiences, the individual narrative remains paramount, as each participant's unique internalization of motherhood reflects their personal journey, resilience, and adaptation to the complex role of being a mother. The individual context lays the foundation for the transition to the role

of the mother and how participants experienced strength and relationships.

Table 1
Category 1: Individual Context

Subcategories	Properties	Dimensions
Geographical influence	Incidence of violence	Low to high degree of violent acts
	Food dessert	Accessible versus inaccessible Healthy versus unhealthy options
	Walkability	Degree of usable sidewalks
Distrust in government programs	Faith that the government holds the best interest	Degree of distrust in government programs
Relational trauma	Adverse experiences impacting worldview	Degree of influence Level of adverse experience

Geographical Influence

Participants were selected from three area codes in the northern parts of Missouri. Like other parts of Missouri, parts of these areas were initially in the middle to upper middle class, hosting coffee shops, well-known restaurants, and high-end local grocery stores. Cars were abundant, and a high school stood on display of the main drag. The high schoolers laughed enthusiastically about the various school events they were looking forward to this year, the main event being graduation while indulging in a sandwich shop. Nothing was outside the norm. Getting in my car, I ventured north. Within seconds, a rundown strip mall and two homeless men carried grocery bags from a lesser-known store. Cars started to slim out, and bustling positive energy started to fade. The populous inviting area became more industrial and eventually led to the overgrowth of grasses and weeds. High fences guarded desolate areas. More rundown buildings were abandoned, and industrial parks began to take over. No stores or gas stations have appeared for a couple of miles. Then, like before, unexpectedly, residents began walking the sidewalks with pets on leashes, and a library and local hospital made itself present. The stark variances are a snapshot of parts of Missouri highlighting its history, segregation, and inequities within a radius of a couple of miles.

Participants echoed this sentiment, not staying in any one place or area for too long and describing their dwellings as "where I stay" or "where I live." Participants described the places where they kept their beds, often referencing the moves they made to keep their families safe. One mother talked about moving from the city to the county to maintain her family's safety, yet her new home had two murders per week. "Dangerous" and "horrible" were words often used by participants to describe their communities. One participant stated,

> I used to worry about going to the parks and seeing needles and crack pipes and everything. Nowadays, when you go to the park, you worry about if you go to make it home safe. Or walkin' in the bathroom and see somebody strung out or dead or something like that.

Participants recalled the corner store charged $1.75 for a cup of ice and did not take food stamps or WIC vouchers. They felt taken advantage of within their own community. They also recalled how, depending on where they lived, WIC would cover food that was not accessible, for example fruits or vegetables. However, their friends in a neighborhood over had fruits and vegetables available to them but did not have as many food stamps to access them. "Okay, so where I live, whenever you have a good amount of WIC and stuff, the stores have nothing. But when the stores got our profit with WIC supplies, your WIC is crappy." Other participants discussed having to wait in somebody's yard for a bus. There are no proper bus stops. There was no sidewalk to wait on; it was a yard or street. This forced the participants to call Lyft or Uber, an expensive and inefficient use of resources. Even then, participants referenced rides with no air conditioning, drivers smoking, animals in cars, and being left blocks before their houses "just because."

Distrust in Government Programs (Medicaid, WIC)

Participants recalled feeling consistently underwhelmed by the support of the government, "feeling like they make the systems where they – so they fail…I don't feel like they make it to help us." Participants cited their lack of faith in the systemic programs in which they were able to partake. Due to the lack of support and reliance, participants learned how to take advantage of government programs, "you must play the card – the role. You must really take on a role to make yourself look like you're in a much worse situation than what you are." Participants went on to describe that little pertained to them, but rather the well-being of their family unit, "How do you want me to survive and

feed my child? I am not worried about myself. I'm worried about feeding my child." Other participants went on to tell how they must breastfeed to get formula for their children otherwise they would get "less cans for not breastfeeding." One participant noted how the pediatrician "knew."

> If you want to make sure you've got enough food, milk, and formula for your child from WIC, you must tell them I'm breastfeeding. Cause mothers who are breastfeeding get more then mothers who do not breastfeed.

All the participants took part in Medicaid and WIC, and all recounted varying degrees of being in situations where they manipulated the program for the health and safety of their children.

Relational Trauma

Participants stated that relational trauma was a primary factor in forming their sense of self. They recalled varying degrees of abuse by their loved and trusted caregivers. One participant stated,

> For me, this is my first child, and I really don't know how to be a mother. I wasn't raised by my mama. I came back to my mama when I was seventeen. I was in foster care since I was four… had trauma from my adoptive family. I couldn't learn like how the other kids learned, so when I couldn't get stuff and would come home, it was, 'No, you're not getting up to that table. No, you're not eating.' And I would cry and cry for hours. So, it's like I'm a lot of messed up from some of the stuff that happened to me from my childhood…

Despite hardships and struggles, the participants wanted to learn from other mothers and from their past. Furthermore, not a single participant mentioned a stable and loving partner with whom to raise their children; each stated distrust and fear of leaving their children with male caregivers based on past traumatic experiences.

Category 2: Strength Alongside Relationships

Participants' feelings of maternal empowerment were affected by both external and internal factors. One participant described it as, "empowerment is also like your strength and how you deal with people, or even relationships." Participants

described relationships as social support networks that provide emotional, practical, and informational help. These networks consist of family members, friends, professionals, and community resources that offer guidance, encouragement, and a sense of belonging. Internal forces are equally important in shaping empowered mothering experiences. Participants noted that these included personal beliefs, values, and attitudes towards motherhood as well as individual coping mechanisms and resilience. The interplay between external support systems and internal strength influenced the participants' confidence, decision-making abilities, and overall sense of empowerment as mothers (Table 2).

Table 2

Category 2: Strength Alongside Relationships

Subcategories	Properties	Dimensions
Collective autonomy	Advocative roles of adults	Degree of advocative role
	Mentorship	Low to high degree of mentorship
	Program involvement (WIC, SSM MomsLine, Arch, Bridge to Hope, Annie Malone, Lutheran Family Services, Nurses for Newborns, Crisis Nursery, Vision for Children, Mission St. Louis)	Degree of perceived benefit Degree of involvement Degree of use Degree of trust
Individual autonomy	Power to make decisions	Degree of choice

Collective Autonomy

Participants described social support networks as varying degrees of people around them that provided resources either monetary or societal. For example, one participant described it as,

> This one church where when we really did not have food or anything, and we went there, and they would buy us food and they would buy clothes. So, I feel like that's a very good community.

Another participant took it upon herself to change the narrative, stating "let me

help you help yourself to get yourself together. Because it takes a village to, you know, raise your kids and, you know, just be a community." Another participant described social support networks as,

> I feel when you get pregnant you find out like who genuinely cares for you and who does not. I don't know, but you really find out like who's just playing around and who really cares for you… I had so many friends, but I can count on one hand how many I got now.

Participants referenced local supportive programs (See Table 2), yet they specifically noted how SSM MOMS Line stood out in comparison. They stated SSM MOMS Line was a "breath away and a place where we can vent and learn." They noted that SSM MOMS Line was the only place where they felt safe and unjudged, where they could bring their children and still escape for a couple of hours. They stated that the coordinator was "always there for us." They described her as welcoming, reassuring, accepting, eliciting a feeling of "I got you, and we can do this together." Participants explained how it was not the program itself but the person who created the program. They stated that they already feel a baseline level of chronic stress and are overwhelmed, and when they encounter someone radiating calmness, positivity, and trustworthiness, they are drawn in and more inclined to trust them. Participants valued social support networks in all forms and were grateful for the part support played in the wellbeing of their lives and the lives of their children.

Individual Autonomy

Participants referenced their degrees of choice or autonomy. One participant stated, "You've always got a choice. I mean, you don't have to continue being a mom. You choose to." Another participant stated, "Um, I guess I have – I was stuck in the position that I was weak …I just do what I gotta do. Like you have a choice." Each participant faced a choice, but no one acknowledged the explicit decisions they made, which actively impacted their children and families. Passively, the participants recalled finding themselves in situations where they chose to be strong, acting on their innate power, and "doing what they needed to do" for their children's welfare.

Category 3: Transition to Motherhood

Participants noted that the transition to motherhood brought about profound emotional and psychological changes (See Table 3). Participants highlighted the

intense fatigue and sleep deprivation that accompanied caring for a newborn, which often left them feeling mentally foggy and struggling to maintain their sense of identity beyond the all-encompassing role of "mother." One participant described it as “I mean, [I am] extremely overwhelmed sometimes…we’ll [participant and infant] be crying together because I’m overwhelmed…I’m like way more emotional…” Another participant described her emotional state after becoming a mother as, “I’m a roller coaster of every possible emotion out there.”

Despite these challenges, participants emphasized that becoming a mother had a transformative effect on their lives, fostering personal growth and a newfound sense of purpose. The presence of their children served as a powerful motivator, inspiring them to persevere through difficulties and strive for self-improvement. Moreover, the experience of motherhood cultivated remarkable adaptability among the participants. For example, one participant described how her outlook had changed after her second child.

> Like my anxiety has got a lot worse and my like confidence and belief in myself got lower [after first child]. But with my second baby, I was just like I am going to do this. I’m gonna go to school…I was just up at night typing papers…sleep when your baby is sleeping is for people that have a lot of help.

In addition, participants developed the ability to transition seamlessly between various roles - from nurturing mother to student, to supportive friend to dutiful daughter - often within moments. This constant shift of personas not only demonstrated their versatility but also instilled deep-seated confidence in their capabilities. The realization that they could effectively juggle multiple responsibilities and maintain different relationships simultaneously bolstered their self-esteem and reinforced their sense of competence in navigating the complex demands of modern motherhood. This newfound internal strength became the cornerstone of their identity as mothers, empowering them to face the myriad challenges of parenting with resilience and determination.

Table 3

Category 3: Transition to Motherhood

Property	Dimensions
Emotional state	Low to high degree of severity Positive to negative Expected versus unexpected
Sources of motivation	Low to high degree of wellbeing of children Low to high degree of trust in other mothers

Discussion

The aim of this study was to explore the lived experiences of Black low-income women during the postpartum period and the interplay between cultural context, resourcefulness, particularly peer support, and motherhood. Through an exploration of individual contexts, this study examined the physical, cultural, and personal factors that shape postpartum experiences, fulfilling the objective of understanding how cultural context influences motherhood. The category of strength alongside relationships reflects the collective and individual aspects of autonomy that participants navigate during the postpartum period, which explains how resourcefulness, particularly peer support, interacts with motherhood. Finally, the transition to motherhood captures how participants transition and accept their identity as mothers and find meaning in this identity. The following grounded theory emerged through the analysis of these categories: The journey to empowered motherhood includes both navigation and transformation. When a birthing person becomes a mother, they not only transform physically and emotionally, but must also learn how to successfully navigate their internal and external sources of strength and power.

The study emphasizes that the mere existence of resources is insufficient; they must also be accessible to mothers in their immediate environments. The power of community resources is supported by Bernet et al. (2020) who found that local pregnancy-related public health programs in Florida led to statistically significant reductions in Black maternal mortality. Specifically, a 10% increase in program spending resulted in a 13.5% decrease in the MMR among Black mothers. This outcome was observed after accounting for various potential confounding factors that are typically associated with race, including income, unemployment, and access to care. This is further exemplified by the National Heart, Lung, and Blood Institute (NHLBI) which launched the Maternal-Health

Community Implementation Program (MH-CIP) in 2021. In 2023, the National Institutes of Health's Implementing a Maternal Health and Pregnancy Outcomes Vision for Everyone (IMPROVE) initiative partnered with the NHLBI to launch the IMPROVE Community Implementation Program (IMPROVE-CIP; Plevock et al., 2024). Plevock et al. (2024) observed that programs such as MH-CIP and IMPROVE-CIP leverage the existing and newly established relationships between local academic institutions and community organizations to address the challenges and opportunities associated with the successful implementation of maternal health interventions in underserved communities. However, these federal programs are currently operational eight states, excluding Missouri.

Community-based supportive interventions, such as peer support programs, align with the findings on collective and individual autonomy. Mollard et al. (2024) found that participants emphasized the significance of the community in enhancing the positive experience of Black motherhood. They noted that participants frequently discussed the efficacy of Black doula programs, maternal support groups, and breastfeeding support groups established through grassroots initiatives in their communities. They articulated how shared advocacy of the community alleviates individual burdens and fosters collective resilience. These findings align with those of McLeish and Redshaw (2017), who found that organized peer support mitigated emotional distress and enhanced self-esteem among mothers, particularly those from ethnic minority backgrounds.

While this study aligned with a substantial portion of the current research surrounding community support and Black mothers, the investigation provides critical insights into the development and implementation of effective peer support interventions for Black mothers in Missouri and across the United States. Current strengths-based initiatives such as Breastfeeding Awareness and Empowerment Café (BAE; Duncan et al., 2022) and Avondale Moms Empowered to Nurse (AMEN; Ware et al., 2021) exemplify collective autonomy while promoting individual autonomy in Black mothers within the context of breastfeeding support. Like the participants in the breastfeeding support programs, the participants in this study emphasized that within each Black mother's individual narrative, collective strength and empowerment could be observed. However, the importance of acknowledging and holding space for the unique individual within their historical and cultural context, amid the promotion of collective and individual autonomy, should not be undermined. Leath et al. (2022) conducted a qualitative investigation that highlighted the significance of recognizing the distinct personal and cultural maternal

experiences faced by Black women, as well as the potent interplay between collective and individual autonomy. Their research revealed that the strength of Black motherhood manifests through encouragement from others, self-determination, personal agency, and self-advocacy. In conclusion, when designing and implementing community-based peer support programs for Black mothers, it is imperative to emphasize the significance of the unique individual context of each mother in conjunction with the interrelated aspects of collective and individual autonomy.

Implications for Research and Practice

The findings of this study highlight the need for interventions that prioritize the cultivation of maternal strengths and capabilities within their unique sociocultural contexts, and for a significant paradigm shift from deficit-based to strength-based approaches in maternal healthcare and programming. Strength-based care uses strengths to minimize the deleterious effects of problems. It includes knowing the individuals and their situations, placing their problems in context, and knowing their strengths to understand how to capitalize and mobilize them to support health, alleviate suffering, help in recovery, and restore wholeness through acts of healing (Gottlieb, 2013). Therefore, efforts should be made to investigate how an individualized strength-based approach to maternal healthcare can increase obstetric partnerships, build trust, and foster the use of resources, such as promoting and facilitating access to local Black peer support programs. In addition, future research should examine the factors that influence the level of disclosure within peer support groups and the need and use of resources outside the group's capacity. These additional insights will enable the healthcare system to provide holistic and individualized care.

Limitations

The findings of this study should be considered in the context of its limitations. The recruitment strategy included participants who had already participated in a peer-led support group, which may have skewed our findings. It is possible that those who responded to our recruitment flyers differed in their experiences with others in those area codes, particularly those mothers not partaking in peer support groups. Another limitation may include memory bias related to various events. Additionally, the study was conducted at a local library in an underserved community. Consequently, further research is necessary to comprehensively capture how other Black low-income mothers experience

support in various communities in the United States. While measures were taken to mitigate personal biases, such as engaging in critical reflection and participant checks during data analysis and collection, it is important to acknowledge that my involvement in the entirety of the research design, interview process, and writing may have influenced the study due to the selection of participants as well as decisions regarding the inclusion of information.

Conclusion

The United States has the highest maternal mortality rate of any high-resource country, with Black women being three times more likely to die in childbirth than white women, and this rate is increasing. One low-cost, low-barrier intervention to fight maternal mortality is strength-based community peer support programs. Peer support during the postpartum experience increases the intentionality and resilience of mothers, promoting both individual (personal autonomy) and collective autonomy (social support networks), two aspects of empowerment. After holding six focus groups, the journey for this cohort of mothers included a unique lens through which each mother perceived experiences (individual context), strength alongside relationships (collective and individual autonomy), and their transition to motherhood (coping with emotional challenges and sources of motivation). The journey to empowered motherhood includes both navigation and transformation. Becoming a mother is a significant life event that can affect mental, physical, and emotional health. To address the disproportionate rates of Black maternal mortality, strategies beginning with direct community outreach and advancing to collaboration with influential political figures for long-lasting, localized improvements must occur.

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