Background/Significance: Milwaukee has one of the highest racial disparities in birth outcomes in the nation. African American infants die at a rate nearly three times higher than White infants. Early, consistent prenatal care has been identified as a factor that can improve infant mortality. Despite this benefit, African American women tend to use prenatal care less than Whites. Numerous studies have attempted to identify both barriers and facilitators to obtaining prenatal care. However, there is little knowledge on the barriers and facilitators of African American women.

Purpose of the study: While the overall purpose of our project was to examine experiences of prenatal care in a sample of low income African American women, many of them shared in detail the barriers and facilitators to obtaining prenatal care in Milwaukee.

Sample Description: African American women 18 years and older that had given birth in Milwaukee in the prior year. 99% of participants received medical assistance, 90% lived in poverty and 100% of women were unemployed.

Setting: Women were recruited from the YWCA of Greater Milwaukee. The YWCA is a community based organization that is focused on eliminating racism and empowering women. Focus groups and interviews were conducted at the YWCA.

Methods: We conducted six focus groups with twenty-nine women and two individual structured interviews. Transcripts were coded to identify barriers and facilitators to obtaining prenatal care. These codes were then reviewed to identify emergent themes. Validity and relevance were maintained using an audit trail, peer debriefing and two individual member validation sessions.

Results: Thematic analysis revealed several barriers to obtaining prenatal care in Milwaukee including structural barriers such as transportation and insurance, attitudes towards prenatal care, perceptions of poor quality of care and intendedness of pregnancy. Facilitators included positive experiences such as genuine and trusting relationships with care providers, polite staff and providers and psychological support.

Implications: The women in this study recognized barriers and facilitators in obtaining prenatal care. These findings suggest an ideal prenatal care model for low income African American women. This model could help providers, clinics and hospitals understand unintentional barriers and develop innovative practices that promote the use of prenatal care.