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Lived Experiences of Black Women with a History of Hypertensive Disorders of Pregnancy Regarding Self-Care Practices

Cecile Alberta West
Walden University

Walden University

College of Nursing

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Cecile West

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Dr. Carolyn Sipes, Committee Chairperson, Nursing Faculty
Dr. Rachel Pitman, Committee Member, Nursing Faculty
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Walden University
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Abstract

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Pregnancy Regarding Self-Care Practices

by

Cecile West

MA, Grand Canyon University, January 2018

BS, Grand Canyon University, February 2015

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

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April 2022

Abstract

Hypertensive disorder of pregnancy (HDP) is the leading cause of maternal deaths in the US and Black women are at significantly greater risk than other ethnicities. The purpose of this study was to develop a deeper understanding of what the Black pregnant women with HDP experience that may have contributed to their illness. The self-care nursing theory (SCNT) and the health belief model (HBM) were used as this study's conceptual framework. This research used a hermeneutic phenomenological qualitative approach. The research question is; "What are the experiences of Black women with a history of HDP regarding self-care practices. A purposive sampling strategy was used to recruit 10 participants who are Black and have experience with HDP. Semi-structured interviews were used to collect data. Data analysis took the form of an interpretative phenomenological analysis (IPA). A transcription service was used to transcribe the interviews verbatim. Hand coding was used to identify the following themes; (a) education, (b) self-care, (c) severity, (d) predisposition, (e) awareness, and (f) support and treatment. The study revealed that women were not effectively engaging in self-care practices. This study has revealed challenges that have led to Black women being affected significantly by HDP. The study recommendation is for women to be educated more about their self-care before and during pregnancy. This study results revealed implications for social change that includes, if Black women are more knowledgeable regarding their self-care, they will engage in health promotion behaviors that will improve their pregnancy outcomes.

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Dedication

I dedicate this study to my husband Devon West Sr. who stood by me every step of the way. He has been my cheerleader, when the workload seemed too heavy to carry, he was there reminding me that I can do it by the grace of God. To my mother, who got the vision from early that I was destined to become a nurse. She gave when there was nothing to give, so I could become a successful professional nurse. I also dedicate this study to my two sons Devon Jr. and Daniel, who reminded me constantly that I am stronger than I think.

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I would like to take this opportunity to thank everyone who assisted me in making this dream of mine a reality. I must first give gratitude to my Lord and Savior, Jesus Christ. He empowered me with the ability and the strength to complete this dissertation. Thanks to the women who volunteer their time to share their experiences with me. Those 10 women who decided that they wanted to contribute to social change. To all the nursing faculty and staff of Herzing University Atlanta Campus who assisted me in posting my invitation flyer on their Facebook pages. I am grateful for your help. I would also like to acknowledge Dr. Brenda Fontaine, a colleague, and friend who encouraged me to pursue this highest university degree even before I started it and coached me throughout this entire process.

Lastly, to the faculty and staff of Walden University. Special thanks to my dissertation chair Dr. Carolyn Sipes who was a driving force on this journey of mine. Always ready to assist and guide me through this process. Dr. Rachel Pitman, you have given me helpful feedback that aided in making this dissertation journey a success.

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Chapter 1: Introduction to the Study

Maternal morbidity has impacted the United States (US) negatively for many years and has increased by 34% in the last decade (Centers for Disease Control and Prevention [CDC], 2020). Pregnancy-related hypertension is the leading cause of maternal death in the US (D'Alton et al., 2019; Singh et al., 2018). This study explored possible contributing factors to maternal morbidity specific to hypertensive disorder. I focused on Black mothers because the Black ethnic group is affected by HDP more than other races (Webster et al., 2018). I collected data on the self-care practices of the population of interest and their belief and knowledge about the disease. Collecting this data allowed me to identify some contributing factors to why HDP affects the Black ethnic group at sure intensity (Miller et al., 2020). The potential positive social change implications are related to the self-care practices of this ethnic group. Knowing the contributing factor to this condition could lead to lifestyle changes among this group and improve healthcare best practices for the patients with HDP.

This chapter will explain the background, purpose, nature, and significance of the study. I will also be defining the problem statement and conceptual framework.

Background of the Study

This study's interest came about due to the ongoing concern about maternal morbidity in the US (CDC, 2020). HDP is considered the most severe of all maternal illnesses (Singh et al., 2018). Several studies have researched the ongoing concern of HDP. Authors such as D'Alton et al. (2019) addressed the impact of maternal morbidity and mortality on the United States. D'Alton et al. collected a report card on pregnant

women to identify adverse maternal outcomes in their research. This investigation lasted a total of five years. For the 1st year, there were training and certification of obstetric nurses and physicians to improve the care given to the patients and reduce the maternal morbidity rates. By the 5th year of intervention, there was a reduction in maternal morbidity rates. The researchers concluded that the numbers for maternal morbidity could be reduced with the right interventions, creating positive outcomes for pregnancies.

A few authors established a relationship between ethnicity and the severity of HDP (Fernandes et al., 2019; Singh et al., 2018). The Fernandes et al. study demonstrated that hypertension (HTN) was the leading cause of maternal complications. HTN affected 64.3% of non-White women compared to 35.7% of White women. Miller et al. (2020) explored whether racial disparities had a relationship with the severe outcome of HDP. Miller et al. used a sample of three hypertensive groups retrieved from admission delivery records for women aged 15 to 54 years. The findings from the study revealed that black pregnant women with hypertension had a two times higher risk for stroke than non-Hispanic White women. Among normotensive women, only Black women had an increased risk for stroke.

Webster et al. (2019) conducted their study to assess the impact of ethnicity on delivery outcomes for hypertensive women. The researchers collected demographic and delivery data for the women. Based on the criteria used for delivery outcomes, black women had the highest risk of all adverse delivery outcomes. This result justifies the need to explore Black women's experience with HDP.

Hinton et al. (2017) conducted a study to describe women's experiences of self-monitoring of their blood pressure (BP) during pregnancy. The authors selected women having the most significant risk of developing hypertension and pre-eclampsia. The women who participated in the study felt self-monitoring of their BP made them more aware of the risk of HDP. Hinton et al. study resulted in findings that pregnant women who understand their self-care can better manage HDP. Lee and Park (2017) examine patients' self-care behavior and self-efficacy with hypertension (HTN) in a study. Self-efficacy was the most significant element affecting self-care behavior among the participants.

This study addresses a gap in research as to why Black women are affected by HDP at this intensity. A study on the experiences of Black women with a history of HDP is needed to bring about a better understanding of the circumstances of the severity of HDP among Black women.

Problem Statement

HDP is the leading cause of maternal deaths in the United States (US) (Centers for Disease Control and Prevention, 2020). Black pregnant women with HD are at a significantly greater risk of having adverse maternal and perinatal outcomes than other ethnicities (Petersen et al., 2019; Singh et al., 2018; Webster et al., 2018). Using the CDC national Pregnancy Mortality Surveillance System (PMSS), Petersen et al. captured evidence that Non-Hispanic Black women are affected by HDP, 3.3 times higher than non-Hispanic white women. The Webster et al. study demonstrated that Black pregnant women with HD are more likely to have adverse perinatal outcomes than their White

counterparts. Webster et al. (2018) conducted a study where 47% of white pregnant women with HDP and 36% of Black pregnant women with HDP were studied to see how they are affected by this disease. The authors concluded that Black ethnicity, compared with White ethnicity, is associated with the greatest risk of adverse perinatal outcomes. The significant gap in the literature is the circumstances of why Black women are affected by HDP at this intensity. I addressed positive social change by establishing self-care habits, knowledge, beliefs, and practices among this population.

Purpose of the Study

The purpose of this phenomenological hermeneutic study was to explore the lived experiences of Black women with a history of HDP. There is a growing concern regarding HDP and its adverse outcomes on the Black ethnic group. Black women with HDP are more likely to have adverse perinatal outcomes than any other ethnicities (Webster et al., 2018). Greenburg et al. (2019) also shared insight on the dangers of HDP and pregnancy outcomes in women with elevated BP. Self-care and health beliefs are said to be contributing factors to the disease (Hinton et al., (2017).

This study allowed me to explore self-care practices and health beliefs of Black women with a history of HDP. I intended to develop a deeper understanding of the Black pregnant women with HDP experience that may contribute to their condition. I addressed self-care habits and health beliefs for Black women who experience HDP. In return, it can identify factors that could lead to lifestyle changes that will improve the health status of this ethnic group.

Research Questions

The research question, I addressed in this study is:

RQ: What are the lived experiences of Black women with a history of hypertensive disorders of pregnancy regarding self-care practice?

Theoretical Framework

I used the self-care nursing theory (SCNT) and the health belief model (HBM) as the theoretical framework for my study. The SCNT by Dorothea Orem was first published in 1971 to help individuals improve their quality of life (currentnursing.com, 2020). Orem's theory of self-care consists of three parts, namely: (1) The theory of self-care, (2) the theory of self-care deficit, and (3) the theory of nursing systems (McEwen & Wills, 2017). One primary assumption of the SCDT is that everyone is responsible for taking care of themselves. Another primary assumption is that a person must have the knowledge of how to promote self-care behaviors to avoid health problems (McEwen & Wills, 2017). Based on these assumptions, the SCNT was effectively used in my study to explain how this ethnic group engages in communication with themselves and the environment to stay healthy.

The HBM was first developed in the 1950s (LaMorte, 2019). It was later used in healthcare to evaluate patients' responses to symptoms and compliance with their medical treatment to promote a better quality of life. The HBM focuses on the attitude and beliefs of individuals regarding illness. It has been used to predict the health behaviors of individuals in order to improve their use of preventive services. The six major constructs as applied to the HBM are (1) perceived susceptibility, (2) perceived severity, (3)

perceived benefits, (4) perceived barriers, (5) cues to action, and (6) self-efficacy (McEwen & Wills, 2017). According to McEwen and Wills (2017), the HBM defines a person's perceptions regarding contracting a disease, their feelings of the seriousness of the illness, and their belief in the effectiveness of implementing health-promoting behavior. The use of the HBM postulates that a person's perception regarding health and illness can contribute to them getting ill. The HBM was used in this study to bring light to the health behavior of Black women with HDP (McEwen & Wills, 2017).

The HBM and the SCNT were used in my study to understand the health behavior among these women. These theories helped me understand the problem and gap in research regarding possible reasons why Black pregnant women experience issues with hypertension during pregnancy. Participants in this study expressed their experiences about their knowledge, beliefs, and attitudes related to their illness, which aligned with the theoretical framework identified.

Nature of the Study

I used a hermeneutic phenomenological approach to address the research question in this qualitative study. A qualitative research method describes the experiences of an individual's life, culture, and social processes (Rudestam & Newton, 2015). This method is appropriate when the researcher needs to understand individuals' subjective experiences. A phenomenological qualitative design aims to uncover the meaning of the participants' lived experiences (Creswell & Creswell, 2018). A Hermeneutics qualitative methodology focuses on the context in which a person operates and how that person interprets the meaning of their actions (Patton, 2015). Using a phenomenological

hermeneutics design, I explored Black women's knowledge, attitudes, beliefs, and self-care practices relating to HDP.

The sample was selected from social media using invitation flyers. The flyers had the inclusion criteria for the study and my contact information. Participants who fit the criteria responded to me via email, stating their interest in participating in the study. The participants were then sent a consent letter through an email to which they would respond by saying, I consent. I collected their consent before I started the data collection process. Informed consent is required for all participants agreeing to provide data for a study (Creswell & Creswell, 2018).

I use data saturation to determine the population size. My inclusion criteria for interviewing were; (a) black ethnicity, (b) age 18 to 39 years, (c) a history of hypertension in pregnancy, and (d) non-Hispanic. Each participant was assigned a coded identification to maintain anonymity. All data are stored in a secured file that I plan to keep for five years or as per Walden IRB requirements.

I conducted the interviews using open-ended semi-structured questionnaires that I constructed using the theories. I used Zoom virtual conferencing to conduct the interviews. I audio recorded and journaled my data during the interviews. I utilized the Otter transcription service to transcribe my interview. I coded each participant with pseudo names to maintain anonymity. Data analysis took the form of interpretative phenomenological analysis (IPA). An IPA is a qualitative thematic approach focusing on the lived experiences of individuals (Love et al., 2020). Step one of the thematic analysis involves immersion of the data by first transcribing verbatim the interviews and

journaling (Love et al., 2020). I used a transcription service to transcribe verbatim my audiotaped interview during this step.

In step two, I reviewed the verbatim transcription with my journal, ensuring they both had the same information. I read the transcript twice to identify significant life experiences capturing the themes and meaning of the participants' stories (Love et al., 2020). In step three, I identify emerging themes and subthemes from my transcript and code them. In step four, I group and categorize the themes that were identified from the data collected. I used Microsoft Word Document and Microsoft Excel to arrange and store the data. Following the final coding, I used the constant comparative method to revise the themes, ensuring accuracy and then interpreting them. I was able to complete a discussion and recommendation based on the interpretation of my findings from the identified themes.

Definitions

Hypertension: Elevated blood pressure (BP) above the normal, typically 120/80 or greater. The American Heart Association guideline for hypertension (HTN) is BP at or above 130/80 mm Hg (CDC, 2020). *Hypertensive disorders of pregnancy (HDP):* Diseases that entail elevated BP when a woman is pregnant. According to Wilkerson and Ogunbodede (2019), there are five categories of hypertensive disorders of pregnancy: (1) chronic hypertension, (2) gestational hypertension, (5) pre-eclampsia, (4) eclampsia, and (5) superimposed pre-eclampsia (Wilkerson & Ogunbodede, 2019).

Chronic hypertension: HTN before becoming pregnant or before 20 weeks of pregnancy (CDC, 2020). *Gestational hypertension:* HTN typically after 20 weeks of

pregnancy without proteinuria or signs of other heart or kidney problems (CDC, 2020). It usually goes away after delivery or 6 to 8 weeks after delivery. *Pre-eclampsia:* HTN during pregnancy with proteinuria and other signs of heart and kidney problems (CDC, 2020). Persons with chronic and gestational hypertension can develop pre-eclampsia. *Eclampsia:* A condition in which persons with pre-eclampsia develop seizures (CDC, 2020). *Superimposed pre-eclampsia*: A condition seen in persons with chronic hypertension who have developed symptoms of pre-eclampsia (Wilkerson & Ogunbodede, 2019).

Assumptions

The phenomenological hermeneutic qualitative design requires the interviewer and the interviewee to spend time in a setting where there is sufficient time to collect data (Creswell & Creswell, 2018). Ample time is required because the nature of the study is to explore the individuals lived experiences with the phenomenon. An estimated 69.5% of all Medicaid Advantage beneficiaries are White, and 9.9% are Black individuals (Centers for Medicare & Medicaid Services [CMS] (2019). My assumption about this study is related to the CDC reports. Black individuals find it challenging to employ proper self-care measures due to the lack of healthcare services. Therefore, it is assumed that they lack good self-care practices.

Black persons are less likely to have access to healthcare in the US due to unemployment and under-representation in their jobs; therefore, their ability to receive proper health insurance is limited (CMS, 2019). Thus, some of the women participating in this study may not have adequate health care, which would be a contributing factor to

their illness. Another assumption is that individuals of color, particularly those of Southern heritage, have eating habits that may include high sodium and fat intake. This type of lifestyle has been a causative factor in diseases such as hypertension (Henry, 2018).

Scope and Delimitations

The scope of the study was to target women of black ethnicity. It included individuals born in other countries, for example, the Caribbean and other foreign countries. Once they had permanent residence in the US and fit the other criteria for the study, they could participate. The women participating in the study were all residents of the US. The participants' age group was specific to 18 to 39 years old.

I did not include teenagers in my study because they are part of a vulnerable group. Women over 40 years are at high risk for pregnancy and are sometimes impacted by age-related chronic illnesses. Therefore, I did not use that age group in my study as well. I use women in my research who understood English and could express themselves fluently in English. Women who speak different languages may encounter language barriers that could impede the data collection process. The main delimitation was making sure I included women from all social classes in the study to prevent bias in data collection. An educated women or upper-class women may experience illnesses differently from the uneducated woman or those women in a lower class.

Limitations

The limitation was the anticipated challenge that was perceived to recruit participants. Women who have a history of HDP may not feel motivated to participate in

a study on HDP. This lack of motivation may be because the outcome of their pregnancy was not favorable. Women who had HDP may have had complications such as; (a) miscarriage, (b) preterm delivery, and (c) fetal death (CDC, 2020). To overcome this potential issue, I needed to interview women who were not affected severely by this disease. My participants had different outcomes of pregnancies. One participant had several neonatal losses before she had a live birth due to HDP. Another individual had a stillbirth, but she too had successful pregnancies. Due to quick medical interventions, all other participants did not experience neonatal loss.

As with most convenient samples, there was a potential for bias in recruiting participants who did not represent a sample from each social group. Educated participants may have a different experiences from uneducated ones, and their perception and knowledge about the illness may differ. As a result, I recruited participants from other social classes and educational backgrounds.

Significance of the Study

Significance to Practice

Pregnancy-related hypertension is the leading cause of maternal death in the US (Singh et al., 2018). Non-Hispanic Blacks between 18 and 49 years have the highest prevalence rates of hypertension in the US (Singh et al., 2018). Therefore, reducing the prevalence of HDP can improve the maternal morbidity rate in the US and decrease the rate of HDP among Black women. Understanding the experiences of Black women with HDP can assist in terms of careful and effective management of the disease. Healthcare

workers will better understand how to intervene for these patients and help them achieve and maintain a state of well-being during pregnancy.

The study can lead to policy changes or update existing policies and procedures. For instance, healthcare workers would educate those populations in cases where there are knowledge deficits regarding the disease. If women express an inability to access healthcare due to distance, assigning visiting nurses to their homes or telehealth services could be implemented.

Significance to Theory

The SCNT focuses on the belief that individuals must employ expression of actions to remain alive and function in a healthy domain (McEwen & Wills, 2017). The SCNT has been used to help individuals improve their quality of life (Currentnursing.com, 2020). The HBM focuses on individuals' attitudes and beliefs that are required to have a healthy life (McEwen & Wills, 2017). The HBM has been used to guide and evaluate patients' responses to symptoms and compliance with their medical treatment to promote a better quality of life (LaMorte, 2019). Using these two theories, I identified participants' beliefs related to knowledge about HDP and participants' ability to perform self-care measures.

Significance to Social Change

This study will lead to positive social change among the affected population of women using a preventative approach. Women of child-bearing age can change or improve how they live and adapt necessary behaviors to sustain a healthy life.

Chronic HTN is seen before pregnancy and sometimes complicates pregnancy at a greater magnitude than other types of HDP that occur during pregnancy (Webster et al., 2018). Therefore, women of child-bearing age can change or improve how they live and adapt necessary behaviors to sustain a healthy life and ward off having HTN. In the case of social habits such as smoking and consuming sodium, Black women could make necessary lifestyle adaptations.

Health illiteracy is a determinant of health for Black individuals. It can result from not understanding the benefits of early and regular medical appointments when they are pregnant. This study will inform women of the benefits of keeping antenatal appointments to ensure safe and successful pregnancies and necessary actions.

Summary and Transition

This phenomenological hermeneutic study involved exploring the lived experiences of black pregnant women with HDP. The SCNT and the HBM were used as conceptual frameworks for my research to allow for the exploration of this phenomenon. In my review, I found many reasons why HDP is a significant concern. However, no study found that could lead to an understanding of why HDP affects Black pregnant women to this extent. Therefore, this study is designed to explore Black women's self-care practices, knowledge, and beliefs to understand the phenomenon better.

In the next chapter, I will provide a literature review based on the research topic and describe further the theoretical framework used in my study.

Chapter 2: Literature Review

Introduction

According to the CDC (2020), 54% of Black adults have HTN, versus non-Hispanic White adults at 46%. Pregnancy-related hypertension is the leading cause of maternal death in the US (Singh et al., 2018). HDP affects Black women significantly more than other ethnicities. They have a greater risk of developing adverse maternal and perinatal outcomes (Webster et al., 2018; Petersen et al., 2019). The purpose of this phenomenological hermeneutic qualitative study is to explore lived experiences of Black women with a history of HDP. I conducted individual interviews with participants recruited from the Southern part of the United States. This study allowed me to understand how Black pregnant women with hypertensive disorder employ self-care measures to ensure safe and successful delivery for themselves and their newborn infants. It also allowed me to understand their attitudes and beliefs regarding their illness. I developed a deeper understanding of what Black pregnant women with HDP experience that could have contributed to their illnesses.

Chapter 2 provide the strategy I used to search for the relevant pieces of literature used in my study, the literature review, and the theoretical framework used in my research.

Literature Search Strategy

For this study, I used the Walden University Library to search for articles. In this study, I used the following databases: CINAHL, Medline, ProQuest Nursing and Allied Health, PsycInfo, and ScienceDirect. Search terms were: *(1) hypertension, (2)*

hypertensive, (3) pregnant, (4) pregnancy, (5) prenatal, (6) African American, (7) Black,

(8) self-care, and (9) health beliefs. All sources were published between 2016 and 2021. I

also used Google as well as Google Scholar.

Theoretical Framework

The SCDT and HBM were used as conceptual frameworks for my study. The

SCDT includes three nesting theories: (1) the theories of self-care, (2) self-care deficit,

and (3) the nursing systems. One primary assumption of the SCDT is that each individual

is responsible for taking care of themselves. Another primary assumption is that a person

must have knowledge of how to promote self-care behaviors to avoid health problems

(McEwen & Wills, 2017). The SCDT involves how humans communicate with

themselves and the environment to keep healthy. Khademian et al. (2020) stated in a

literature that self-care training based on the SCDT could enhance the quality of life for

patients diagnosed with HTN.

The HBM has been used to predict individuals' health behaviors to improve their

use of preventive services. The six major constructs of the HBM are (1) perceived

susceptibility, (2) perceived severity, (3) perceived benefits, (4) perceived barriers, (5)

cues to action, and (6) self-efficacy (McEwen & Wills, 2017). The HBM explains

individuals' health behaviors by focusing on their attitudes and beliefs. One researcher

used the health belief model (HBM) in a study to describe self-care practices among

diabetic patients. This researcher was able to conclude the research with a better

understanding of the self-care practices of diabetic patients (Melkamu et al., 2021).

My intentions were to use the HBM in my study to better understand the associations between self-care practices and HDP. In this study, I addressed why Black pregnant women experience issues with maintaining good health during pregnancy.

Literature Review

Studies related to the methodology

I used a hermeneutical phenomenological methodology approach for my research. Shahbazzadegan and Pishvaei (2019) explained how they used a hermeneutical phenomenological study to understand the experiences of pregnancy in women who have a high body mass index. In the study, women shared their unique experiences, which gave these researchers an understanding of the women's lived experience with the phenomena. Blakeley et al. (2019) conducted a phenomenological qualitative study to understand women's lived experiences with fetal growth restriction in pregnancy. Using this design, these authors were able to develop a clear understanding of their participants' phenomena. My study aimed to explore women's lived experiences with this HDP and using this method made it possible.

Vestering et al. (2019) studied the views and preferences of health care providers and pregnant women about treatment for women with HDP using semi-structured interviews. I used a qualitative design with semi-structured interviews in my study. This method allowed the participants in my research to share their stories about their experiences with the HDP. Phelan (2020) used a hermeneutic phenomenological approach to understand the experiences of pregnancy following stillbirth. The author used

an interpretative phenomenological analysis (IPA) for their final report. I followed this author's guide and implemented the use of an IPA approach in my study.

I investigated the benefits of using Qualitative Data Analysis Software (QDAS) when conducting qualitative analysis. Shahbazzadegan and Pishvaei (2019) used the Qualitative Data Analysis Software (QDAS) when they were in the analytic phase of their study. They recorded and transcribed their data and used QDAS to help identify and avoid missing any themes (Shahbazzadegan & Pishvaei, 2019). I had planned on using QDAS in my data analysis process, but I ended up using only hand-coding.

Studies related to the selected concepts

Melkamu et al. (2021) used the HBM in a study to describe self-care practices among diabetic patients. Using this model, these writers were able to understand better the association between self-care practices and the determinant of health. The HBM is one of the theories that I used in my study to explore the association between self-care practices and HDP by asking the participants to share their experiences with the disease. Lee and Park (2017) conducted a study to examine patients' self-care behavior and self-efficacy with hypertension. The conclusion was that self-care practices among the population group were deficient, and health care workers need to strengthen their education on the benefits of self-care practices.

Hinton et al. (2017) conducted a study to describe women's experiences of self-monitoring of their blood pressure during pregnancy using a qualitative approach. These authors provided information that pregnant women who understand their self-care can better manage their disease. Jokhio et al. (2021) conducted a grounded theory study to

explore the experiences of diabetic patients with diabetes mellitus using the HBM as their theoretical framework and snowball sampling technique. In my research, I utilize a snowball sampling technique to select participants. This technique gave me a better chance to find participants based on my inclusion criteria. I also used the HBM in my study to explore the participants' experience with the phenomenon.

Some researchers refer to Orem's self-care nursing theory (SCNT) as a theoretical framework for their study. The SCNT is one of the theories I used in my research study. Fotokian et al. (2021) utilized this theory in a study on the effect of self-care education based on the quality of life and self-efficacy in patients diagnosed with hypertension. Evidence from their research study confirmed that self-care deficit theory effectively promotes self-care behaviors among hypertensive women. Khademian et al. (2020) also used Orem's self-care theory constructs to establish self-care behaviors among a hypertensive group of patients. Their study results demonstrated that training about self-care based on SCNT could enhance the quality of life of patients diagnosed with HTN. These authors identified a relationship between self-care practices and a person's ability to maintain good health. This theory also helped me understand self-care practices among Black women with HDP.

Studies related to the phenomena

In the literature review on this phenomenon, I found several articles stating the dangers and incidence of HDP. Webster et al. (2018) investigated pregnant women with chronic hypertension and how it affected their pregnancies. They aimed to see if increased vascular measures contribute to adversity in maternal and perinatal outcomes.

The authors concluded that adverse maternal and perinatal effects increased for women with chronic HTN. D'Alton et al. (2019) addressed maternal morbidity and mortality in the US. The researchers collected a report card on pregnant women to identify adverse maternal outcomes over five years. The research concluded that maternal care models must be implemented to manage cardiovascular risk and decrease maternal mortality. This research supports the purpose of my study by showing that HDP is a significant concern for the outcome of delivery.

Wang et al. (2021) studied the epidemiological trends of HDP covering populations from 204 countries and territories at the global, regional, and national levels from the year 1990 to 2019. The authors concluded their study with evidence showing that the incidence and prevalence of HDP continue to be a global burden. Akbar et al. (2019) conducted a research study to investigate the maternal and perinatal outcomes of HDP. The researchers revealed that HDP increases the risk for maternal death and complication and unfavorable perinatal outcomes such as low Apgar score, low birth weight, and prematurity. Greenburg et al. (2019) shared insight on the dangers of HDP on pregnancy outcomes in women with elevated BP and those diagnosed with HTN. The result revealed that an increase in maternal BP caused a rise in maternal and neonatal risk.

Some studies show unfavorable outcomes for newborns born from a mother who had HDP. Maher (2021) studied the behavioral outcomes in the offspring of women who had HDP. The data was collected on the infants when they were nine months of age. The researchers observed the children for developmental issues at ages 3, 5, 7, 11, and 14.

The evidence indicated that behavioral difficulties exist at ages 5 and 14, but the other age groups were not well differentiated. Sabol et al. (2021) conducted a study to define the risk outcomes of women with stage 1 hypertension (HTN). Stage 1 HTN is a blood pressure of 130-139/80-89 mmHg, and stage 2 HTN ≥140/90mmHg. The study's conclusion revealed an increased risk for stage 1 HTN to develop into stage 2 HTN early in the pregnancy. The risk profile increases as the stage of HTN increases. These studies all identified the importance of managing and preventing HDP.

Studies related to the research questions

My research question is related to black women with a history of HDP. Miller et al. (2020) explored whether racial disparities impacted hypertension severity. Miller et al. used a sample of women from admission delivery records with three categories of hypertensive groups. They are; normotensive, chronic hypertensive, and pregnancy-induced hypertensive. The authors reported that black pregnant women with hypertension had two times higher risk for stroke than non-Hispanic White women. Among normotensive women, only Black women had an increased risk for stroke. Singh et al. (2018) examined ethnicity related to maternal HTN using a sample collected from patient records from three obstetric hospitals. They investigated maternal outcomes and found that non-Hispanic Black was affected with HTN four times greater than the non-Hispanic White women.

Webster et al. (2019) conducted a study to assess the impact of ethnicity on perinatal outcomes for hypertensive women using demographic and delivery data. Black women had the highest risk of adverse perinatal effects based on the criteria and delivery

outcome. Fernandes et al. (2019) investigated whether skin color was a predictor of severe maternal outcomes. They conducted their study using data retrieved from surveillance data records. The study results indicated that HTN was the leading cause of maternal complications affecting 64.3% of non-White women compared to 35.7% of White women. These studies identified a disparity between non-White and White pregnant women with HDP.

<div align="center">**Summary and Conclusions**</div>

In this chapter, I have done an extensive literature review about HDP. I have found several articles that support the idea that elevated BP or HTN causes adverse maternal and perinatal pregnancy outcomes. Some researchers highlight the severe effects of HDP; others associate the incidences of HDP with race and ethnicity. This disease is a worldwide issue deemed avoidable (Hinton et al., 2017). However, there is not enough research on the possible explanation as to why HDP affects Black women at such intensity. My study gave a better understanding of pregnant women's knowledge and beliefs about HDP by asking them to share their experiences with the disease. Self-care practices, education about the condition, and a person's beliefs are some of the measures identified as contributing factors to the severity of HDP. I reviewed articles on self-care practices, the self-care nursing theory, and the health belief model relating to health and illness. Those authors supported the belief that a person's attitude, values, beliefs, and practices can improve an individual's health status. By doing this study, I am better able to identify possible preventative measures that will; extend my knowledge in

nursing. My study addresses the gap by exploring the self-care practices and knowledge of HDP for Black women.

The next chapter will explain the research method, design, instrumentation, and analytic process I used to conduct my research study. I will also expand on the role of the researcher in a research study.

Chapter 3: Research Method

Introduction

The purpose of this phenomenological hermeneutic qualitative study was to explore the lived experiences of Black women with a history of HDP. Participants were recruited through social media using convenient sample and snowballing techniques. All participants were selected from the US. This study's findings will improve knowledge and understanding of how Black women with HDP employ self-care measures to ensure a safe and successful delivery for themselves and their newborn infants. It also gave a deeper insight into why this disease affects some women more than others.

This chapter gives an overview of; (a) the purpose of the study, (b) research design and rationale, (c) the role of the researcher, (d) methodology, (e) instrumentation, (f) data collection, (g) data analysis plan, (h) issues of trustworthiness and (i) ethical procedures.

Research Design and Rationale

I conducted this research using a phenomenological hermeneutic approach to address the research question in this qualitative study. The research question is; "What are the lived experiences of Black women with a history of hypertensive disorders of pregnancy regarding self-care practice?" A qualitative research methodology provides a description of the experiences of an individual's life, culture, and social processes (Rudestam & Newton, 2015). This method is appropriate when the researcher needs to understand individuals' subjective experiences.

A phenomenological qualitative study method is used to uncover the meanings of participants' lived experiences (Creswell & Creswell, 2018). The qualitative hermeneutic methodology focuses on the context in which a person operates and how the person interprets the meaning of their actions (Patton, 2017). Therefore, the design was appropriate to explore the lived experiences of Black women with a history of HDP. I was able to explore the knowledge, attitudes, and beliefs involving self-care practices relating to HTN and pregnancy within this population.

Research Question

RQ: What are the lived experiences of Black women with a history of hypertensive disorder of pregnancy regarding self-care practices?

Role of the Researcher

In this study, I assumed the role of the interviewer and researcher. I collected the data by interviewing the participants. I then transcribed the data verbatim and interpreted the result of my findings. As a qualitative researcher, I could access my target population's thoughts and feelings through interviewing (Rudestam & Newton, 2015). I listened carefully to what the participants were saying and used probing questions to help them express their thoughts and ideas. I received in-depth information from my interviewees regarding their lived experiences with the studied phenomenon. I did not have much experience as a qualitative researcher, so I relied on my interviewing skills as a nurse leader in my area of work. The researcher must always remain non-judgmental and unbiased when conducting an interview (Ravitch & Carl, 2019; Rudestam & Newton, 2015).

I used reflexivity to be vigilant and assess and reassess my positionality and subjectivity frequently. I avoided using my social media account to control bias. My social media account may attract friends or persons I know. I issued flyers in public places and on social media. A few colleagues volunteer to post my participatory flyer on their social media pages. My participatory flyer outlines all the recruiting criteria (see Appendix A). I used pseudonyms to identify my participants to protect their privacy and confidentiality and maintain anonymity. This was to ensure ethical considerations were maintained concerning the participants (Rudestam & Newton, 2015).

Methodology

Participant Selection Logic

According to Patton (2017), there are no rules for sample size in qualitative research. However, other researchers may recommend at least 10 to 20 participants for phenomenological research (Patton, 2017). A qualitative study aims to achieve data saturation, which is a point where there is no new information being generated from your interview (Ravitch & Carl, 2019). For my study, I achieved data saturation after interviewing six participants. I continued and interviewed four other participants to verify data saturation and see if I would generate new information. I incorporated the use of a purposive sampling strategy to allow me to recruit those individuals who have experience with HDP and was Black. I also included snowball sampling, which allowed me to access the necessary participant needed for me to reach data saturation. The Snowball technique is a method where participants give other individuals meeting the inclusion criteria for a

study the researcher's information for them to volunteer (Ravitch & Carl, 2019). I used

the snowball technique because the participants were somewhat challenging to access.

When selecting participants for a study, you must clearly define and establish

inclusion and exclusion criteria (Ravitch & Carl, 2019). Therefore, I identified inclusion

and exclusion criteria for my participant selection that was related to the study. Inclusion

and exclusion criteria are the elements that will decide who will be selected to participate

in a research study (Patton, 2017). The inclusion criteria for my selected participants are:

(a) females, (b) not pregnant or delivered a child within the past 14 days, (c) classified as

Black or of African descent (d) between 18 and 39 years old (e) they should have

experienced a classification of hypertensive illness during pregnancy and (f) fluency in

English. I used my invitation flyer and posted it on Facebook social media to recruit

participants for my study. This gave me a more convenient access to reach women with a

history of HDP.

Instrumentation

It is essential to use in-depth qualitative interviewing when you need insights on a

problem of interest (Rubin & Rubin, 2012). Interviews provide rich, individualized

experiences from the participants allowing the interviewer to understand their lived

experiences (Ravitch & Carl, 2019). I used a phenomenological hermeneutic qualitative

study design with face-to-face interviews as my data collection instrument. Jacob and

Furgerson (2015) articulated the importance of using an interview protocol to guide their

interview in a qualitative report article. As a result, I used an interview protocol to start

the interview process (see appendix B). The women were also allowed to share their

stories however they could, and then I incorporated probing questions to receive clarity on what was shared by the participants.

An interview protocol is a set of questions and a procedural guide that includes a script directing the researcher on what to say before, during, and concluding the interview (Jacob & Furgerson, 2015). In the qualitative report article, emphasis is placed on using open-ended semi-structured questions for interviewing because they are expansive in nature. This will give the participant better opportunities to share their story (Jacob & Furgerson, 2012). Therefore, I included open-ended semi-structured questions about the participants' essential backgrounds to start the interview and build rapport. Creswell and Creswell (2018) mentioned that the total number of questions for a qualitative interview protocol should be between five and 10 questions (Creswell & Creswell, 2018). I have created five open-ended questions for my interview guide based on this information.

I added an opening question about the participants' backgrounds and a final question concluding question to end the interview. I utilized the theory of self-care and the health belief model to design the open-ending questions used in the interview. One of the hallmarks of qualitative research is emergent design (Creswell & Creswell, 2018). The emergent design of qualitative research is not to follow your interview guide exactly but to allow it to emerge naturally as you begin to collect the data (Creswell & Creswell, 2018). In conducting the interviews, there were times when I had to omit a question because the participant had already explained it while they were answering another question.

Procedures for Recruitment, Participation, and Data Collection

Before a researcher can conduct any research, they must receive permission from their college's Institutional Review Board (IRB) (Rudestam & Newton, 2015). This permission is required to ensure no harm will come to the participants due to a research study (Creswell & Creswell, 2018). Therefore, I waited until I received permission from the Walden University Institutional Review Board (IRB) before I started conducting my study. This was to ensure that all the criteria for the study were met and that the research would not cause harm to any participant during the study.

Before starting each interview, I explained the purpose, format, structure, and process of the interview, reviewed the consent form, and addressed confidentiality with the participants (Ravitch & Carl, 2015). I then received consent from the participants to do an audio recording before proceeding with the interview. Rudestam and Newton (2015) stated that consent for recording voices and images in research is required from the participants before starting a recording. Each interview was done via Zoom conferencing as planned with the participants at a location that the participants chose to ensure privacy and confidentiality. I took notes in a journal using a pen during the interview and audio recorded on the zoom feature. I used a digital recorder as a backup recording device as well. I transcribed my audio recordings verbatim using the Otter transcription service. My interview each lasted approximately 30 -60 minutes. Participants safely exited the interview with an Amazon gift card sent to the email addresses that they used to give consent to the study. This gift was a token of gratitude as promised for their time.

Data Analysis Plan

Data analysis took the form of an interpretative phenomenological analysis (IPA). An IPA is a qualitative thematic approach focusing on the lived experiences of individuals (Love et al., 2020). Step one of the thematic analysis involves immersion of the data by first transcribing verbatim the interviews and journaling (Love et al., 2020). During this step, I used a transcription service to transcribe my audiotaped interview. In step two, I reviewed the transcript to ensure that the verbatim transcription and my field notes had the same information. I read the transcript twice to identify significant life experiences capturing the meaning of the participants' stories (Love et al., 2020). I then identified emerging themes and subthemes from my transcript and coded them.

I hand-coded all my data and recorded and organized them using Excel files and word documents. I then interpreted the results based on the themes identified. I completed the final coding using the constant comparative method. I revised the themes to ensure accuracy and then interpreted the coded data. I conclude the analytic process with a form of analytical writing. A graphic display of the data is recorded in charts and tables, and a final interpretative phenomenological analysis (IPA) report was completed. In this final report, I discussed the themes that emerged from the analysis, made recommendations, and gave my conclusions based on the findings from this study. All data and interview documents will be kept in a locked file cabinet to provide security of the documents for five years before destroying them.

Issues of Trustworthiness

Trustworthiness refers to the quality and rigor of a qualitative study (Ravitch & Carl, 2019). Qualitative researchers use it to affirm that their research findings are accurate to the participants' experiences. In order to assess issues of trustworthiness, qualitative researchers should adhere to credibility, transferability, dependability, and confirmability (Ravitch & Carl, 2019). I used this method to establish the methodological rigor of my study.

Credibility

When establishing credibility, I relied on data saturation. Data saturation is where you will see recurring patterns and concepts in your data (Ravitch & Carl, 2019). I interviewed 10 participants, but I observed data saturation after interviewing six participants. I noticed that no new data was generated after completing the sixth interview. Still, I continued to the 10th participant to see if I would identify any new data, but none was found. I also used theoretical triangulation to establish credibility. Theoretical triangulation is achieved by using more than one theory to frame the study (Ravitch & Carl, 2019). I used the SCNT and the HBM.

Transferability

Transferability refers to the way in which a study can be applied or transferred to another context while keeping its context-specific richness (Ravitch & Carl, 2019). Ravitch and Carl (2019) identified thick description as a measure to ensure transferability. I incorporated this method by providing clear descriptions of contexts, allowing readers to understand the participants' thoughts and feelings from the data

provided. This will enable other readers to transfer or utilize aspects of the study based on their interpretation without replicating the design and findings.

Dependability

Dependability refers to the measure of the stability of the data (Ravitch & Carl, 2019). This will be achieved if my research question is answered effectively. Therefore, I compared my field notes with the verbatim transcription from my audio recording, which confirmed the data's accuracy. I also used data triangulation to ensure dependability. Data triangulation is when the researcher gathers data sources at different times, spaces, and persons (Ravitch & Carl, 2019). I conducted interviews in the mornings, afternoon, and late evenings. Interviews were also conducted on weekdays and weekends. I also collected data from individuals from different social groups' educational levels and have varied character traits.

Confirmability

Confirmability is an approach used to corroborate results from a study by another researcher (Ravitch & Carl, 2019). To address confirmability, I was vigilant in checking and rechecking my data to ensure I was interpreting it accurately as the participants shared it. I used a method of peer debriefing and asked a peer to review my study findings as a verification process. I constantly checked and rechecked the data to ensure I interpreted the participants' interviews accurately.

Ethical Procedures

I address ethical issues in research to ensure participants who participated in a study were not harmed. My study entails human subjects as opposed to retrieving

secondary data. Therefore, it requires a higher level of review by the IRB (Houser, 2018). The main ethical concern with this population of interest was that these women shared sensitive information about their pregnancy. Because pregnant women fall in the vulnerable category for a research study, I avoid using them. I decided to use women with a history of HDP. This allowed me to get the required information about HDP without having to interview the women in their vulnerable states. A vulnerable population is persons with diminished or limited autonomy, for example, children, pregnant women, prisoners, or those individuals with mental impairment (Houser, 2018).

The study population was selected by issuing an invitation flyer on Facebook and through the snowball technique. Consent was given to me by the participants by replying to my invitation email with the words "I consent." Information about the study was sent out on the invitation flyer. Interested persons responded to me in an email stating their interest in participating in the study after reading the invitation flyer on Facebook. Information such as the risk and benefits of the study was outlined to them. All data collected is kept in a confidential file with unique identifiers assigned to each participant. The data will be held in a locked file cabinet to provide security of the document for at least five years before destroying them.

Summary

In this chapter, I have expanded on the methodology and the purpose of the study. I identified the research design along with the rationale for selecting the design. I was the only researcher in this study and the interviewer as well. As a result, I identified my role as the researcher and interviewer. I also explained in Chapter 3 the instrumentation and

the data collection method I used to collect data sources for my study. The data analysis

process entails the thematic analysis, issues of trustworthiness, and ethical procedures,

which were also described in this chapter.

The next chapter will share an explanation of the research setting, demographics

of the participants, data analysis process, and the result of the study.

Chapter 4: Results

Introduction

This phenomenological hermeneutic study aims to explore the lived experiences of Black women with a history of HDP. I conducted individual interviews with participants I recruited from Facebook and through a snowball sample. I conducted this study to explore self-care practices and health beliefs of Black women with a history of HDP. The purpose of researching this phenomenon was to understand what the Black pregnant women with HDP experience during their illness. This study has unfolded factors that may have triggered or intensified HDP. This information can be used in healthcare so that healthcare providers can improve the outcome for women facing this phenomenon. This chapter provides information on the study results, including the research setting, data collection, the identification of themes, and evidence of trustworthiness.

Research Setting

I conducted the interviews for this study with the participants in their desired location using Zoom conferencing. Participants were in a location of their choice while I was in my home office. Individuals were chosen to participate in this study based on the inclusion criteria outlined in previous chapters. Individuals who participated in this study were selected based on the inclusion criteria outlined in previous chapters. Participants emailed me their interest based on flyers that were placed in public locations. Most participants said they saw the flyer on social media, while others stated that a participant referred them.

Demographics

I conducted interviews with 10 women between the ages of 20 and 39 years old. Another individual emailed me her interest in participating in the study, but she did not respond to me to give consent to participate; therefore, she was not included in the study. All other participants responded by giving consent via their emails. My study contains women from Black racial groups. Five of these women verbalized that they were born outside the United States (US) but came to the US either as teenagers or young adults. These women have been living in the US for more than 20 years, and all were from different parts of the Caribbean. The other participants were born and raised in the US. Two of the women born in the US have parents who are immigrants. All 10 participants are living in the state of Georgia but in different cities. The 10 participants reported having a classification of HDP (see Table 1). Table 2 outlines the demographic data for the participants in this study.

Table 1

Hypertensive disorder of pregnancy (HDP)

HDP	Data
Pre-eclampsia	8
Gestational hypertension	2

Table 2

Participant Demographics

Demographic Information	Data
Age 20-29	4
Age 30-39	6
College degree	4
Some college	3
High school diploma	3
African American	5
Caribbean American	5

Data Collection

I started data collection in December 2021 and ended in February 2022. These interviews were conducted over eight weeks on weekdays and weekends and at different times of the day. Data for this study was collected using journaling and recording made on the Zoom meeting mode. I also used a digital voice recorder that I bought on Amazon.com. This was used as a backup plan when my Wi-Fi signal was low, and the Zoom feature was not performing at its best. When I was conducting my first interview, I could not hear my interviewee well because she had internet issues. Still, I successfully collected the data a couple of minutes into the interview. The other interviews went well, except there were times I had to reschedule because the participants reported having COVID-19. I followed through with my plan, as was specified in chapter 3, to use Zoom conferencing to record my interviews and journaling with pen and paper. Journaling was tedious because some participants spoke faster than I could write. While for others, their accents caused me to ask for clarification on the spoken words occasionally.

Each interview lasted approximately 30 to 60 minutes. I started the interview with a script to start the interview process to allow participants to feel comfortable (see appendix B). This way, they were able to express their experience with HDP freely. I then asked them to share their experience when they had the HDP. HTN is a well-known condition to most participants; however, many did not understand how this disease affected them. As a result, I used probing to elicit a more in-depth response about their experience with the illness. All interviews went well without any disturbances. One

individual had a dog barking in the background, but I was able to go through with the interview.

Data Analysis

During the data collection process, I discovered that saturation was reached after the sixth participant. However, I decided to continue with a couple more interviews and do some additional probing to see if I would receive any new data. I interviewed four other participants who wanted to share their experiences. That gave a total of 10 participants in my study. It was evident by the 10th participant that I had enough data to provide better understanding of the experiences of Black pregnant women with HDP.

I transcribed my recording using the Otter transcription service. It was not as accurate as I wanted, so I had to listen to the recording and make edits to the transcription that was produced by Otter services. I also went back and listened to the recording to confirm accuracy. I used my journaling to fill in the missing data in the transcription. I then used the text highlighting feature on Microsoft Word to identify similarities in what the participants said and developed my codes. I reviewed each individual transcription to identify categories and themes then I added the data to Microsoft Excel files for organizing. Each participant's verbiage was added based on the categories into the Excel file. The themes I identified were; (a) education, (b) self-care, (c) severity, (d) predisposition, (e) awareness, and (f) support and treatment (see Table 3 to 8).

Evidence of Trustworthiness

Credibility

Credibility is the ability to analyze all the reports received from the study and discover the relatedness between the data (Ravitch & Carl, 2019). During the interviews, while participants were sharing their stories, I was able to identify the similarities between each story. They all had an experience where they thought their condition was not explained to them, and they did not understand how to take care of themselves during their illness. I relied on data saturation for credibility. Saturation was noted early in the interview, but I continued to interview other participants using probing to discover new insights. No new insights were achieved from the interviews, so I ended the interview process with the 10th participant. I also used theoretical triangulation, using more than one theory to frame the study as a method to demonstrate credibility (Ravitch & Carl, 2019). The theories I used were the SCNT and the HBM.

Transferability

Thick description is a measure used to ensure transferability (Ravitch and Carl 2019). I have implemented the use of transferability in my data analysis. I provided clear descriptions of contexts allowing readers to be able to understand the participants' thoughts and feelings from the data I have provided. This will allow other readers to transfer or utilize aspects of the study based on their interpretation without having to replicate the design and findings.

Dependability

Dependability is the degree to which the data is reliable (Ravitch & Carl, 2019).

Data is dependable when it answers the research question. I compared my field notes

with the verbatim transcription from my audio recording to ensure the accuracy of the

data collected as a dependability strategy. Research can achieve dependability through

the use of data triangulation. Data triangulation is where data sources are collected based

on time, space, and person (Ravitch & Carl, 2019). My interviews were conducted at

various locations, times of the day, and with individuals who are from different social

groups and have different character traits. I conducted interviews in the mornings,

afternoon, and late evenings. Interviews were conducted on weekdays and weekends with

individuals from different social groups and educational levels.

Confirmability

Confirmability is an approach to ensure interpretations of the findings were

derived from the data and not from the researcher's thoughts (Ravitch & Carl, 2019). To

address confirmability, I sent data to my chair for guidance during the data collection and

analysis stage of my study. This was to ensure the interpretative results could be

corroborated by her (Ravitch & Carl, 2019). I also verify confirmability through my audit

trail. I recorded and journaled all my interviews and transcribed my interview using both

my raw audio recording and the notes I recorded in my journal. I was also vigilant in

checking and rechecking my data to ensure I was interpreting it accurately as the

participants shared it.

Study Results

I used one research question to explore the lived experiences of Black pregnant women with a history of HDP.

RQ 1: What are the lived experiences of Black women with a history of hypertensive disorder of pregnancy regarding self-care practice?

The themes are expanded upon and outlined in the tables below.

Theme 1 Education

All participants shared concerns about not having the necessary information and education to cope with this illness. Eight of the participants thought the healthcare providers did not explain anything to them about their condition. In contrast, the other two thought their healthcare provider explained somewhat, but it was not enough (see Table 3).

Table 3

Response: Education

Theme	Description	Participant	Responses
Education	Participants stated they were not educated about their illness.	P1	All I got from my healthcare provider is that I have the illness, and it can affect the baby.
		P2	It was a dictatorship experience for me. I was told that I have the illness and will be induced at 37 weeks.
		P3	The doctors did not explain the dangers of what was really happening to me, and I felt like I was not heard enough.
		P4	Most of what I learned about my illness was from a caseworker friend of mine.
		P5	I remembered getting a lecture from my healthcare provider that I have this condition. No explanation of what was going on with me.

	P6		I do not remember any healthcare prover educating me about my illness.
	P7		When I was diagnosed, I recall being told to avoid sodium intake and nothing more.
	P8		My doctor did not go into detail about anything. Lucky for me, I had experience with the illness and knew a little about what to do.
	P9		I was going for a regular follow-up, and all I remembered hearing was that everything was fine with you and your baby. Not much more than that was given to me.
	P10		I did not get any information about my illness. I was diagnosed, and the next thing I knew, I was in the ICU.

Theme 2 Self-Care

All participants acknowledged that they were not doing what was required to be healthy. They were doing what was convenient to them and the things that they liked to do instead of what was best for their health. During their pregnancy, they mentioned eating favorite foods and foods they were craving. These foods were mainly not the preferred foods for them to consume with a condition of HDP (see Table 4).

Table 4

Response: Self-Care

Theme	Description of theme	Participant	Participant responses
Self-care	Participants activities of daily living.	P1	I eat vegetables and fish, but I would indulge on cookies and cream, which was my favorite snack. I would hardly exercise due to my job.
		P2	I eat food that we grew at home in our backyard. I cook and eat at home most of the time. I would eat fast food on rare occasions. I am overweight, but it is because I work night shifts and would eat late at night.

P3	I do not watch what I eat because I am very skinny. I do work out sometimes because of my military background.
P4	I do not like fruits or vegetables so, I do not eat them a lot. I eat mostly chicken and lots of fish. My mother, who is hypertensive and diabetic, lives with me, so I cook a certain way. I would not say I exercise much.
P5	If I tell you I eat well, I would be lying. I eat the wrong food at times because I love wings and will gravitate towards them as I get the opportunity. I will eat a salad, of course. My favorite meal is chicken wings and salad. I never had much time to exercise.
P6	I was nonchalant in taking care of myself. I would eat anything which included fast foods, especially since I was so skinny and would not gain any weight. I love McDonald's French fries and would eat a lot of it when I get the chance. I never exercised because I did not have any weight to lose.
P7	I ate a lot of junk foods I think because I am young, I did not care too much. I always say I would go to the gym, but I never really need to because I had a normal weight.
P8	I was not eating right. I had on a lot of weight and have been trying to lose it. Anyway, in my culture, we eat a lot of protein and starch but not many vegetables. I hardly exercise because of my work. I am always on the road and eat conveniently.
P9	I eat southern foods, consisting mainly of fried chicken, mac and cheese, and mashed potatoes. I do not exercise frequently, but I would exercise and eat the right foods if I wanted to lose weight.
P10	I eat at many fast food places because I love to eat out. Exercise is not part of my daily routine right now, because I have to balance school, work, and family with no time to do anything else.

Theme 3 Severity

The participants all gave a good description of when they were diagnosed with the

condition. They reported that they were either in their first, second, or third trimester.

Two individuals said they were not diagnosed with HDP until they delivered their babies

(see Table 5).

Table 5

Response: Severity

Theme	Description of theme	Participant	Participant responses
Severity	Participants description of the severity of their illness.	P1	I was diagnosed with preeclampsia early in my pregnancy. I even had three miscarriages because of the same issue, so the doctors found out early.
		P2	My blood pressures were normal until my second trimester, when I had two spikes and protein in my urine. The doctors diagnosed me as having preeclampsia.
		P3	I had a few elevated blood pressures, but I was not diagnosed with preeclampsia until I delivered my baby. I was not feeling well and had shortness of breath, headache, and dizziness.
		P4	I had high blood pressure in the early stage of my pregnancy. Then I had protein in my urine, so my doctor told me that I had preeclampsia.
		P5	In the last trimester of my pregnancy, my blood pressure became abnormally elevated and would not go back to normal. That is when the doctors diagnosed me as having preeclampsia.
		P6	I was diagnosed with preeclampsia early in pregnancy. I had hypertension in my first pregnancy and then again in the second pregnancy.
		P7	When my doctor told me I had preeclampsia, I was in my second trimester of pregnancy. I had elevated blood

| | P8 | My doctor diagnosed me with preeclampsia in my third trimester. I had blood pressure that would go up and down, so the doctor was closely monitoring it. It was made official when I became swollen all over my body, and my blood pressure remained constantly elevated. |

pressure and was swollen, so I went to the doctor. They did my blood pressure, and it was 200/120. They did more tests and told me I had preeclampsia.

P8 — My doctor diagnosed me with preeclampsia in my third trimester. I had blood pressure that would go up and down, so the doctor was closely monitoring it. It was made official when I became swollen all over my body, and my blood pressure remained constantly elevated.

P9 — I had a few elevated blood pressures but nothing significant until I delivered my baby. I had shortness of breath and dizziness, and my blood pressure was severely elevated, so they diagnosed me with preeclampsia.

P10 — In my second trimester, I was not feeling well, so I decided to see my doctor. When I went in, they checked my blood pressure, and it was 240/162. That's when I was diagnosed with preeclampsia.

Theme 4 Predisposition

The participants referred to why they must have had the illness. All participants stated that biological factor was the reason they had the condition. Most thought it was because they inherited the illness from their family members. While a few thought it was because they had some form of underlining issue they were born with (see Table 6).

Table 6

Response: Predisposition

Theme	Description of theme	Participant	Participant responses
Predisposition	Participant explanation of the causes of their illness.	P1	I believe my illness pass down from my parents. Both have hypertension, so it was inevitable. Also, my history of heart disease as a child triggers it and my race.

P2	My parents do not have high blood pressure, but my grandparents on both sides do have it. I believe that might be where I got it from.
P3	I know hypertension is in my family. Many of my close family members have high blood pressure and taking medication to treat it.
P4	I believe my illness comes from my mother because she has hypertension, high cholesterol, and diabetes and is on medication for them.
P5	I know genetics play a role in my issue with high blood pressure. This is because my mother has it. Also, my race because black has a higher incidence of hypertension.
P6	My father was hypertensive and diabetic. He died many years ago. My mother did not discuss having any issues with blood pressure, so I am not sure.
P7	I can say that my issues with high blood pressure in pregnancy may be due to my dad. He has been a hypertensive patient on medication for a very long time.
P8	My mother and father both have hypertension, and my maternal grandmother. They are all on medication for their blood pressure. So, I believe that was the cause why I may have gotten it.
P9	My mother had heart disease and died at age 40 because of it. I believe that is why I got the preeclampsia. Being black may also be a reason.
P10	Both my parents had hypertension. They are now both deceased. My mother had preeclampsia during both of her pregnancies. That is why I got the same issue.

Theme 5 Awareness

I got several similar descriptions from these participants of their beliefs, about why individuals get sick and what is required to be healthy. Some participants thought health and illness are related to genetic factors. Others thought people get sick because they do not regularly eat healthy foods or exercise. Participants mention the abuse of drugs and alcohol. They also stated that when persons lack knowledge about health and illness, it can cause poor lifestyle behaviors that could lead to different illnesses (see Table 7).

Table 7

Response: Awareness

Theme	Description of theme	Participant	Participant responses
Awareness	Participants knowledge of health and illness.	P1	I believe people get sick when they are from a particular ethnic group or race. When people take care of themselves, like eating and exercising, they can remain healthy.
		P2	What your lifestyle is determined your health. What you eat and do is the main factor. There are genetic factors that can cause some illnesses.
		P3	People get sick because of the things they do. If they have healthy habits, by exercising daily and watching what they put in their bodies, they will be healthy. Stress can cause illness.
		P4	Genetics can cause people to get sick and eating the proper diet and exercising can keep them healthy.
		P5	If people exercise at least 20 minutes a day and have a good diet intake, they would not have many of the diseases they have today. I also believe that eating canned foods and sodas can make you develop illnesses.

P6	Health and illness are individualized. I believe it all has to do with how the individual lives. I also am aware that genetics contribute to illness, and stress can play a role in diseases.
P7	People's lifestyle and their knowledge about health cause them to get sick. People often do not know what to do to stay healthy; they are unaware of the health details. Family background and genetic factors can also cause major illnesses.
P8	People can get sick without doing anything sometimes. Still, most of the time, it is because they may not sleep at night because of partying a lot. Some persons work long hours or face stressful situations regularly.
P9	I honestly believe that most illness is caused by lifestyle factors. If people eat nutritious foods and exercise, they will be healthy. Sometimes your family or race can cause illness but not all the time.
P10	To be healthy, you must adopt healthy habits. People who exercise regularly avoid stress and eat a well-balanced diet. Ethic background plays a part in illness.

Theme 6 Support and treatment

Participants mentioned that they had to be on bed rest during their pregnancy to prevent seizures and protect their unborn child. Eight of the ten women verbalized that they were treated with medications to prevent a worsening in their condition. The other two individuals stated that they were not on any medication, but they were being monitored closely by their health care provider. Eight out of the ten participants had an induction of labor (IOL) done before they reached full-term and had their baby. The

provider did the IOL to lessen the effects of HDP and preserve the mother and their

baby's lives. The other two participants stated that their pregnancy went to full-term (see

Table 8).

Table 8
Response: Support and Treatment

Theme	Description of theme	Participant	Participant responses
Support and treatment	Participants described treatment measures they receive during illness.	P1	I was placed on bedrest for 6 weeks. I had to keep a food diary and a daily record of my blood pressure. I was delivered via cesarean at 36 weeks. I was in the ICU for six days after my cesarean.
		P2	I was induced at 37 weeks because my condition was not improving. I was monitoring my blood pressure daily and visiting the doctor frequently.
		P3	I was admitted after I had the baby for a week. I was on medication to prevent seizures and to reduce my blood pressure.
		P4	I had to stop working at 4 months of pregnancy. I was vomiting and having headaches and was given medication to treat the symptoms. The doctors delivered the baby via cesarean at 34 weeks because my condition was not improving.
		P5	I went through the pregnancy by monitoring my blood pressure and frequent doctors visit. I was on a low sodium diet and had to go in every week to get checked. I was swollen all over, especially in my legs, but I was able to go to full term.
		P6	My blood pressure would be elevated each time I went for my prenatal visits and the doctors would keep watching it. But at 35 weeks, they performed a

	cesarean and delivered the baby because my blood pressure would not go down regardless of the treatment.
P7	I was on seizure precaution, and intravenous fluid with medication to prevent seizures. I was also on medication to reduce my blood pressure. They started to induce me by giving me medication, but it did not work. So, they performed a cesarean section. I remained in the hospital for two weeks and went home on blood pressure medication.
P8	I was getting medication to reduce my blood pressure down. After three days, I was discharged and went home. At one of my doctor's visit, my blood pressure was severely elevated again, so they admitted me and delivered the baby via cesarean section. I was 36 weeks.
P9	I was admitted for five days in the hospital after I had my baby. I went home and had to return frequently for blood pressure checks. I was on medication from that time until now.
P10	I came in with symptoms and the doctor delivered me immediately because of the severity of my condition. I had twins at 34 weeks gestation. I was immediately sent to the ICU. There I remained for four months.

Summary

I explored the experiences of Black women with a history of HDP. There were 10 women who participated in this study. All participants were recruited using social media and snowball sampling. Upon receiving consent from the participants, I conducted semi-structured interviews using Zoom conferencing. All interviews were held at locations that

were convenient to the participants. These interview recordings were transcribed prior to analyzing the data.

Six themes emerged from the data that was collected. These women shared their beliefs regarding health and illness. They explained why they may have been predisposed to this illness and how their healthcare providers treated them during their diagnosis. These women also explained the severity of their illnesses. Based on the information received from these participants, education, self-care, knowledge, and beliefs played a major role in the exacerbation of the illness. Participants expressed not having the proper education to cope with their illnesses. Biological factors such as ethnicity and race were observed to be the primary predisposing factor for this disease.

The six themes that described the experiences of black women with a history of HDP are: (1) education, (2) self-care, (3) severity, (4) predisposition, (5) awareness, (6) support and treatment.

In Chapter 5, I will discuss the themes that emerged from the analysis, make recommendations, and include final conclusions based on the findings from this study.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

This phenomenological hermeneutic qualitative study was designed to explore the experiences of Black pregnant women with a history of HDP. I used the following research question to complete my research.

RQ 1: What are the lived experiences of Black women with a history of hypertensive disorder of pregnancy regarding self-care practices?

I used the self-care nursing theory (SCNT) and the health belief model (HBM) as the conceptual framework for my study. I also used the self-care and health belief model to design my research question. I used ten participants who had a history of HDP in this study. The women's ages range between 20 and 39 years old. The result of this study gave an understanding of the women's experiences with the illness. It provided information about the participants' self-care practices and their beliefs and knowledge of the disease. The study revealed six themes which I will discuss in this chapter. I will also discuss the result of this study and recommendations for further studies, and the potential for social change.

Interpretation of Findings

Self-care practices and a person's beliefs are some of the measures that can alleviate the issues with HDP. I reviewed articles on the self-care nursing theory and the health belief model as it relates to health and illness. The authors supported the belief that a person's attitude, values, beliefs, and practices can improve a person's health status. In chapter 2, I identified several articles demonstrating the dangers and incidence of HDP

(D'Alton et al., 2019; Hinton et al., 2017; Wang et al., 2021; Webster et al., 2018). In this study, 80% of the participants stated that they were admitted to hospital or home on bedrest before delivery their baby. Approximately 50% of them reported that they were immediately sent to the intensive care unit (ICU), where they stayed for several weeks or months. Fifth percent of these women shared that they were on bed rest for several weeks and months before they had their babies. This was to minimize the severity of their illnesses. Eighty percent of the participants reported that they were induced or had a cesarean section done several weeks or months before their expected delivery date. Their healthcare provider completed this intervention to lessen the effect of the illness.

Education

All participants shared concerns about not having the necessary information and education to cope with this illness. Eight of the participants thought their healthcare provider did not explain anything to them about their illness, while the other two participants thought their healthcare provider explained somewhat, but it may not have been enough. P2 stated that she had a dictatorship experience, and P3 thought she was not heard enough. P5 said no explanation of what was going on with her was given (see Table 3).

Fotokian et al. (2021) presented evidence from their research study confirming that education effectively promotes self-care behaviors among hypertensive women. This is an interpretation that if these women in my study got adequate information about their health, then their experience with the disease would have been more positive.

Self-Care

These participants acknowledged that they were not doing what was required to be healthy (see Table 4). They were doing what was convenient to them and the things that they liked instead of what was best for them. They shared their favorite foods to eat, such as cookie and cream flavored ice cream, fry chicken, and lots of fast foods with no form of exercise. Hinton et al. (2017) provided information that pregnant women who understand their self-care can better manage their disease. Khademian et al. (2020) confirmed based on their study that training about self-care based on Orem's self-care theory could enhance the quality of life of patients diagnosed with hypertension. As a result, self-care plays a role in these women's illnesses.

Severity

The participants all gave a good description of when they were diagnosed with the condition. They reported that they were either in their first or second trimester. Two individuals said they were diagnosed at the delivery of their babies (see Table 5). Most of the women had premature babies due to being induced at 34 weeks gestation to lessen the effect of the illness on the mother and baby.

Akbar et al. (2019) also found a relationship between HDP and unfavorable outcomes. Akbar et al. presented evidence that HTN contributes to unfavorable perinatal outcomes such as low birth weight and prematurity. Eight out of the ten participants I interviewed reported that their labor was induced before they reached full-term. The remaining two participants stated that their pregnancy went to full-term, but they were being monitored for complications of HDP up to several weeks after delivery.

Predisposition

The participants referred to why they must have had the illness. All ten participants stated that biological factors and ethnicity were why they had their illnesses. Most thought it was because they inherited the illness from their family members. While a few thought it was because they had an underlining issue which they were born with or their race. P1 stated that she believed she had HDP because she has a congenital heart defect and HTN that was passed down from her parents. P9 reported that her mother had heart disease and died at age 40. P10 reported that her mother had HDP twice in her pregnancies, so that is why she had it in her pregnancy (see Table 6).

Singh et al. (2018) examined ethnicity as it relates to maternal HTN, and the study revealed that the non-Hispanic Black ethnic group was third place in ethnic groups for maternal HTN prevalence, with non-Hispanic White women seventh among all ethnic groups measured. Therefore, there is a relationship between HDP and ethnicity.

Awareness

I received from participants several similar descriptions about their knowledge and perception of why individuals get sick and what is required to be healthy. They told me that people get sick because they do not eat healthy foods or exercise (see Table 7). Participants mentioned the abuse of drugs and alcohol. They also explained that being in a racial or ethnic group can cause disease. Miller et al. (2020) explored whether racial disparities impacted HTN severity and found that black pregnant women with HTN had two times higher risk for stroke than non-Hispanic White women.

Care and Treatment

Participants mentioned that they were on bed rest during their pregnancy for their treatment. They were also on seizure precautions to prevent them from having eclampsia. Participants noted that they were admitted to the hospital for treatment to reduce their BP and prevent eclampsia. Eight of the ten participants verbalized that they were treated with medications to prevent worsening in their condition (see Table 8).

Medications received for treatment include; magnesium sulfate, low-dose aspirin, and antihypertensive medicines. The remaining two participants stated that they were not on any medication but were on a hypertensive diet and BP monitoring. They were also being monitored closely by their health care provider for signs of worsening in their condition. Overall, it was dependent on their health care provider and their preference. Previous research has indicated that the care and treatment for women with HDP are many. It could be a means of using poly pills, including low-dose aspirin and calcium (Vestering et al. 2019).

Tables 9 and 10 summarize the alignment of the SCNT and the HBM used as the theoretical framework in my study.

Table 9

HBM

HBM construct	Definition	Theme
Perceived susceptibility	One's belief of the chances of getting ill	Predisposition
Perceived severity	One's belief of the seriousness of the illness	Severity
Perceived benefits	One's belief of the guided action to reduce the risk or the seriousness of the illness	Support and treatment
Perceived barriers	One's belief of the physical and psychological cost of the guided action	Education
Cues to action	One's readiness to act	Awareness

Self-efficacy	One's confidence in their ability to perform an action successfully	Self-care

Table 10

SCNT

SCNT construct	Definition	Theme
Self-care	Individual self-care capabilities	Awareness, self-care
Self-care deficit	Clients cannot meet their individual need and require healthcare intervention	Predisposition, severity
The nursing system	Providing for individuals who cannot provide for themselves.	Education, support and treatment

Limitations of the Study

Potential limitations were recruiting the participants who had the phenomena being studied. Women who have a history of HDP may not feel motivated to participate in a study about it. This is because they may be relating experiences that they may not want to re-live due to the possibility that the outcome of that pregnancy was not favorable. Women who had HDP may have complications such as; (a) miscarriage, (b) preterm delivery, and (c) fetal death (CDC, 2020). I recruited the required number of participants for my study using social media and snowball sampling. The participants were not recruited as quickly as I wanted to due to the COVID-19 pandemic. However, I did receive 10 individuals who shared their experiences with me so that I could reach data saturation. There was a potential for bias in recruiting black pregnant women from one social group. This was because I used a convenient sampling technique due to the inclusion and exclusion criteria. However, I recruited women from different educational levels, different social backgrounds, and different age groups. I interviewed women who

were all educated but at various levels. These participants had high school diplomas, some college education, and college degrees.

Recommendations

Participants in this study had a good knowledge of what hypertension is. However, they did not know how to implement measures to lessen the effect of the disease. They also did not know how to take care of themselves during their pregnancy. This study revealed a need to educate women on the preventative factor of HDP. Healthcare providers need to look closely at the predisposing factors affecting each pregnancy to help these women better. These participants had a strong family background of the disease, but they were not closely monitored until they got sick. Therefore, a form of preventative measure must be put in place for women at high risk for HDP.

The study revealed that women were not effectively engaging in self-care practices. They were not making good dietary choices or lifestyle practices. Some participants were aware of what is needed to be healthy but were not doing it. They mentioned that some reasons why they were not engaging in a healthy lifestyle were due to the types of jobs they were doing. Some mentioned that it was uncommon in their cultures to have regular exercise or to eat fruits and vegetables regularly.

Previous studies revealed that education effectively promotes self-care behaviors among hypertensive women. These women verbalized that education was a factor that was missing from their condition. This indicated that if these women with HDP got adequate information about their health, their experience with the disease could have been more positive.

This study showed that HDP could be very critical to the affected individuals. Studies have expanded on the severity of HDP, which can be as severe as death to both mother and baby or severe maternal and infant illnesses. This study also revealed that a few participants found out that they had HDP right at delivery or a few days after they had their baby. This resulted in them having severe symptomatic results. I recommend that there should be early intervention for pregnant women who are at high risk for HDP. Pregnant women must seek healthcare early in their pregnancies. This will allow the healthcare providers to get a baseline BP. Some individuals will typically have low BP, so when it seems normal, it is truly elevated.

Further study is needed to understand healthcare providers' experience caring for women with HDP. Participants shared their experiences with the illness, but the healthcare provider may need to share their stories to bring more light to this illness.

Implications

This study will impact positive social change upon the affected population of women using a preventative approach. Women of child-bearing age will understand better the self-care practices required for them to adopt in preparation for pregnancy. They will also know what methods are expected during pregnancy to ensure a successful outcome. The study revealed that women did not have the appropriate health belief to promote a healthy pregnancy. HDP is seen at any trimester of pregnancy or right after delivery. It complicates pregnancy many times at a great magnitude and can cause long-term effects. Therefore, women of child-bearing age can change or improve how they live and adapt necessary behaviors to sustain a healthy life. If it is a case of social habits,

for example, lack of activity and the consumption of high sodium intake, these black women can make the necessary lifestyle adaptations. This will promote healthy behaviors, and as a result, women will enter their pregnancy as healthy beings and be able to manage any disease they might acquire.

Health illiteracy is a determinant of health for Black ethnic groups and may lead to poor health choices. It can result from a lack of knowledge or understanding of the benefits of early intervention when they are pregnant. It can also be a lack of knowledge on adapting and modifying daily habits to overcome an illness or early intervention in times of illness. This study will inform health care providers of the necessary action to take toward their obstetric patients with HDP to ensure a safe and successful pregnancy. The patient and their family members are a part of the health care team and require the necessary education to play their role in preventing or reducing the effect of this disease.

Conclusions

This hermeneutic phenomenological qualitative study was done to explore the lived experiences of black pregnant women with a history of HDP. I collected data on the phenomena and analyzed the data using a thematic approach. This study can bring positive social change to the individual, family, and organization. Participants acknowledged that their illness stems from their family background. They thought that their self-care habits, especially diet and exercise, were deficient in their lives and a contributing factor to their illness. All participants believe that their outcome would have been better if they had been given proper education about self-care and about their condition. They experience a lack of proper education during their pregnancy to help

them cope and adapt to HDP. Therefore, education is the critical factor that is missing from this scenario.

In conclusion, a study on the experiences of the healthcare provider who takes care of women with HDP can shed more light on this illness. This is because this illness continues to complicate pregnancies nationally, and there is an ongoing need to reduce the rates of those affected. Overall, this study explored the experiences of black pregnant women with a history of HDP.

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Appendix A: Invitation Flyer

Study seeks participants who have a history of hypertensive disorder of pregnancy

There is a new study called *"The Experiences of Black women with a history of hypertensive disorders of pregnancy"* that could help healthcare providers like nurses and doctors better understand and help their patients. For this study, you are invited to describe your experiences when you were pregnant and had high blood pressure.
This study is part of the doctoral study for Cecile West, a Ph.D. student at Walden University.

<u>About the study:</u>
- A 30-60-minute virtual interview using zoom audio feature.
- No video recording will be done during the interview.
- You will be presented a $10 gift card for your participation in this study.

<u>Volunteers must meet these requirements:</u>
- Black/African American
- Speak and understand English
- Not pregnant, but experienced a type of hypertensive illness when they were pregnant
- Age 18-39 years at time of illness

> **To confidentially volunteer, respond by emailing me at**
> cecile.west@waldenu.edu **or text me at 678-650-0808**

Appendix B: Interview Protocol

Introductory Statement

Thank you for taking the time to speak to me today. I am very thankful for your corporation and willingness to participate in this study. I know time is valuable to you, so I will begin the interview shortly. Before I do so, do you have any questions or concerns you need me to address?

Interview Questions

Questions	Notes
1. Tell me a little about your family background? For example, where your family originates from?	
2. Tell me what you understand about hypertension?	
3. Share a few of your beliefs about health and illness?	
4. Share with me some information that your healthcare provider explained to you about having hypertension in pregnancy?	
5. Explain the special things you have done to ensure you maintain good health during pregnancy?	
6. What was the most challenging aspect of managing your high blood pressure when you were pregnant?	
7. Tell me about a typical day in your everyday life before you became pregnant? For example, what would you do throughout the day on a regular basis to take care of yourself?	
8. What resources do you think could have helped you better during your pregnancy with high blood pressure that you did not receive from your healthcare provider and/or family and friends?	
9. Is there any additional information you would like to share about when you were pregnant and was diagnosed with hypertension that we did not cover in the interview?	

Concluding/closing statement

Thank you for taking this time to share your experience with me. If you have any concerns or questions, please do not hesitate to contact me. My cell phone number 678-650-0808. You can also email me at cecile.west@waldenu.edu I can be reached Mondays to Fridays between the hours of 10 am and 2 pm EST.