Understanding Gestational Hypertension among Black Immigrant Women of Washington State



Presenters:

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SCHOOL OF PUBLIC HEALTH

UNIVERSITY of WASHINGTON

SCHOOL OF NURSING

UNIVERSITY of WASHINGTON

Presentation Outline

1. Introduction to Gestational Hypertension
2. Epidemiology of Gestational HTN
3. Methodology: Community Health Assesment, Community based Participatory Research
4. Challenges & Lessons
5. Preliminary Findings
6. Recommendations
7. Future Plans
8. Future Recommendations:Guiding Frameworks: Intersectionality, Cultural Wealth Framework, Intersectionality
9. Acknowledgements

Introduction to Gestational Hypertension

What is Gestational Hypertension, GHTN?

Hypertension during pregnancy is defined as having blood pressure measurements equal to or greater than 140/90, observed twice with at least 4 hours between each measurement[1]. Hypertension after 20 weeks gestation is known as Gestational hypertension[1].

GHTN affect 5-16% of all pregnancies and contribute to maternal and perinatal morbidity and mortality. 16% of all global maternal deaths are attributed to Hypertensive disorders of pregnancy[2-4].

[1] Khedagi, A. M., & Bello, N. A. (2021). Hypertensive Disorders of Pregnancy. Cardiology Clinics, 39(1), 77–90. https://doi.org/10.1016/j.ccl.2020.09.005

[2]World health Organization. (2025). Pre-eclampsia. https://www.who.int/news-room/fact-sheets/detail/pre-eclampsia

[3] Cresswell JA, et al. Global and regional causes of maternal deaths 2009–20: a WHO systematic analysis. Lancet Glob Health. 2025;13(4):e626–e634. doi:10.1016/S2214-109X(24)00560-6.

[4]Trends in maternal mortality estimates 2000 to 2023: estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division. Geneva: World Health Organization; 2025.

Pathophysiology of Gestational Hypertension

Clinical Risk Factors

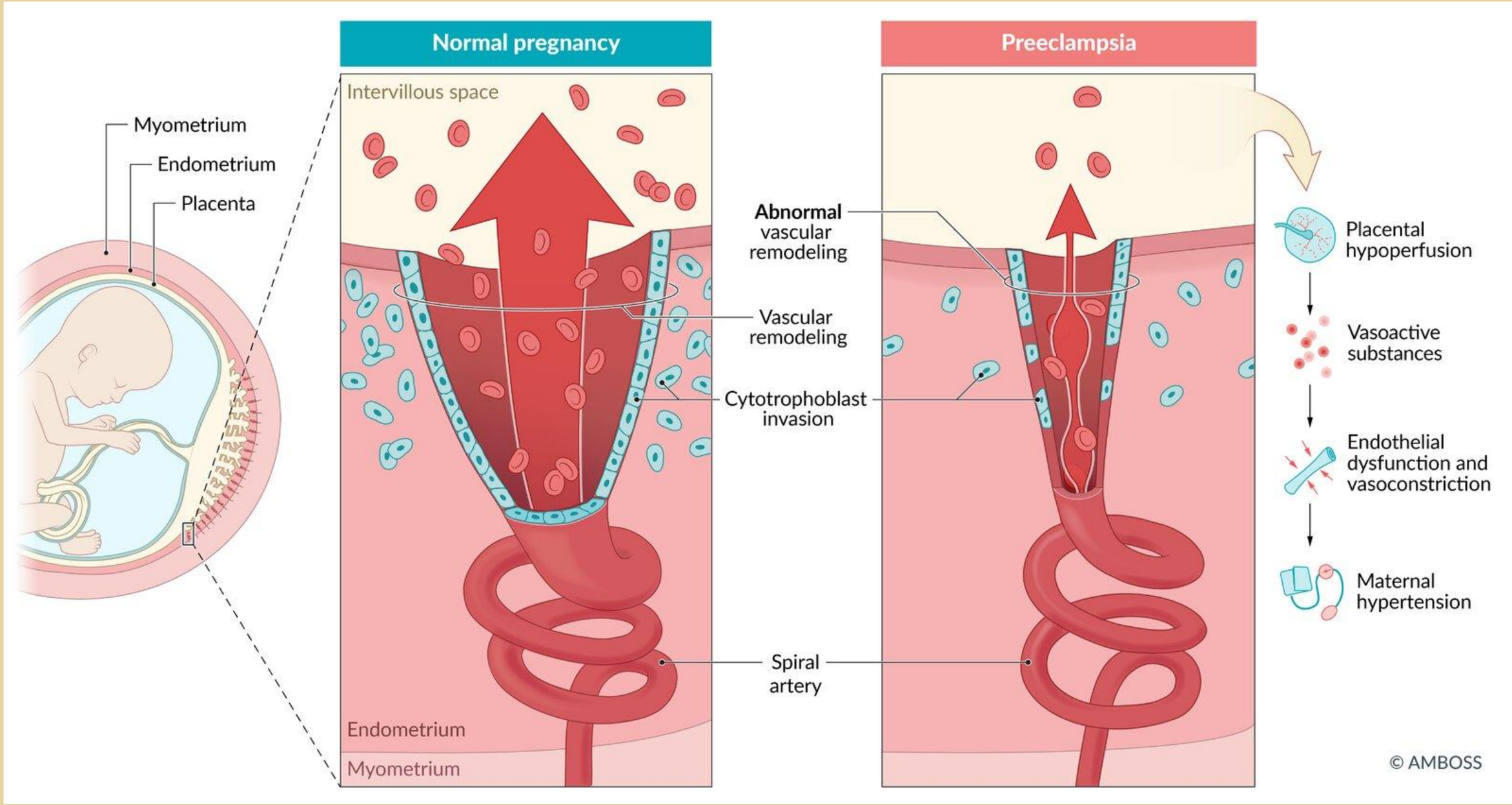
- Gestational diabetes mellitus, type 2 diabetes, high BMI, use of alcohol while pregnant, higher age, family history, first pregnancy, genetics, history of hypertensive disorders of pregnancy, anemia, UTIs, etc.[1,2,3]

Outcomes/Consequences

- Increased risk of having C-section, developing postpartum preeclampsia, and developing hypertension in the year after the child is born[3]
- One study found that 28.8% of women who had gestational hypertension later developed preeclampsia[3]
- Increased risk of adverse perinatal outcomes, including respiratory distress syndrome[3]

[1] Bastola, K., Koponen, P., Skogberg, N., Gissler, M., & Kinnunen, T. I. (2021). Hypertensive disorders of pregnancy among women of migrant origin in Finland: A population-based study. Acta Obstetricia et Gynecologica Scandinavica, 101(1), 127–134. https://doi.org/https://doi.org/10.1111/aogs.14291
[2]Gregory ECW. Trends and characteristics in gestational hypertension: United States, 2016– 2024. Natl Vital Stat Rep. 2026 Jul;75(4):1–14. DOI: https://dx.doi.org/10.15620/cdc/252456.
Gregory ECW. Trends and characteristics in gestational hypertension: United States, 2016– 2024. Natl Vital Stat Rep. 2026 Jul;75(4):1–14. DOI: https://dx.doi.org/10.15620/cdc/252456
[3] Bromfield, S. G., Ma, Q., DeVries, A., Inglis, T., & Gordon, A. S. (2023). The association between hypertensive disorders during pregnancy and maternal and neonatal outcomes: a retrospective claims analysis. BMC Pregnancy and Childbirth, 23. https://doi.org/https://doi.org/10.1186/s12884-023-05818-9

Pathophysiology of GHTN & Sequelae



[1] Bastola, K., Koponen, P., Skogberg, N., Gissler, M., & Kinnunen, T. I. (2021). Hypertensive disorders of pregnancy among women of migrant origin in Finland: A population-based study. Acta Obstetricia et Gynecologica Scandinavica, 101(1), 127–134. https://doi.org/https://doi.org/10.1111/aogs.14291
[2] Bromfield, S. G., Ma, Q., DeVries, A., Inglis, T., & Gordon, A. S. (2023). The association between hypertensive disorders during pregnancy and maternal and neonatal outcomes: a retrospective claims analysis. BMC Pregnancy and Childbirth, 23. https://doi.org/https://doi.org/10.1186/s12884-023-05818-9

Epidemiology of Gestational Hypertension

Epidemiology: Prevalence

Worldwide: 8-10%[1]

United States: 10.4%[2]

Washington: 11.8%[2]

The Prevalence of Gestational Hypertension in the US has been Increasing Over Time:

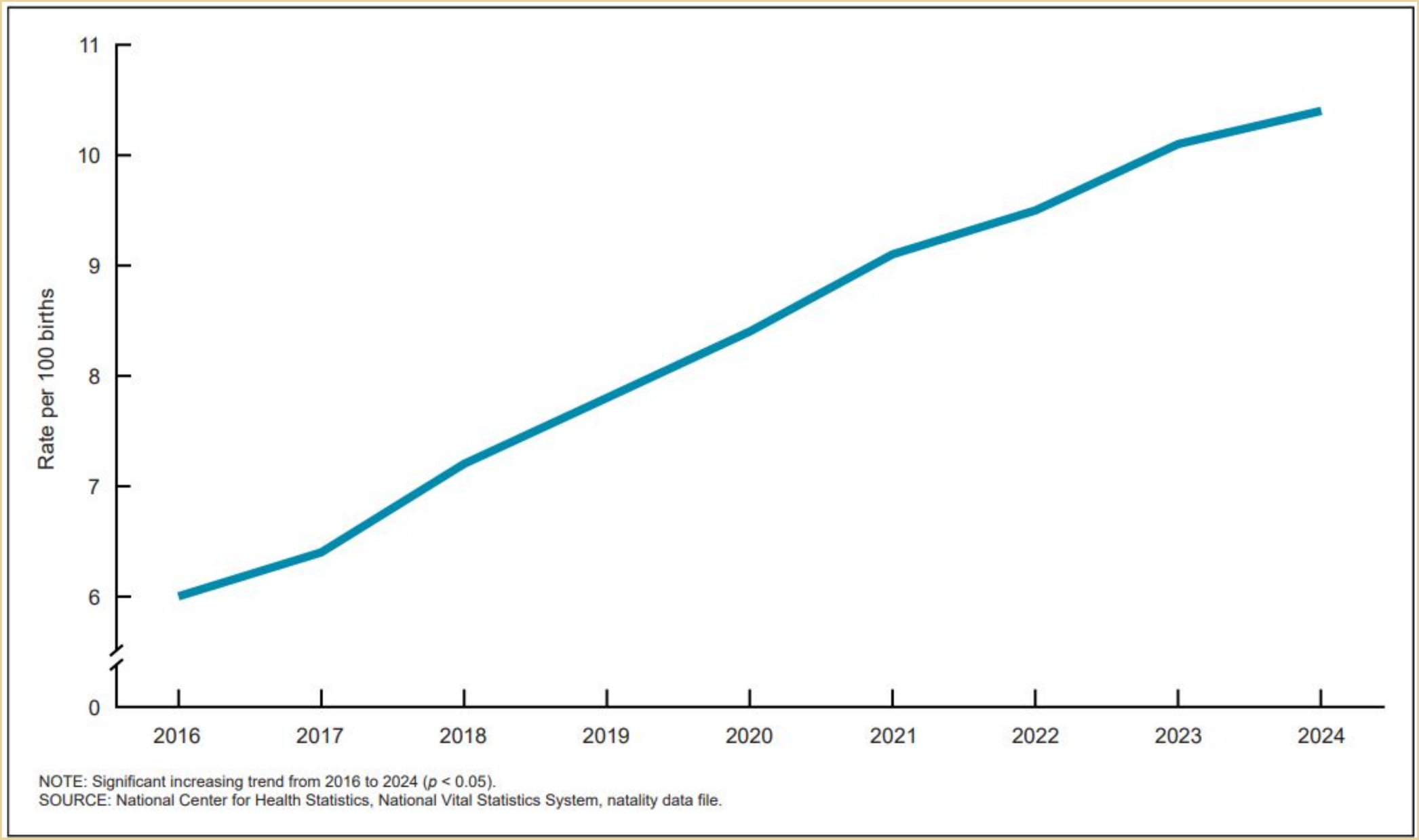
Tripled between 1987 and 2004[3]

Doubled between 2007 and 2019[3]

The prevalence of Gestational Hypertension in the US increased by 73% between 2016 and 2024[2].

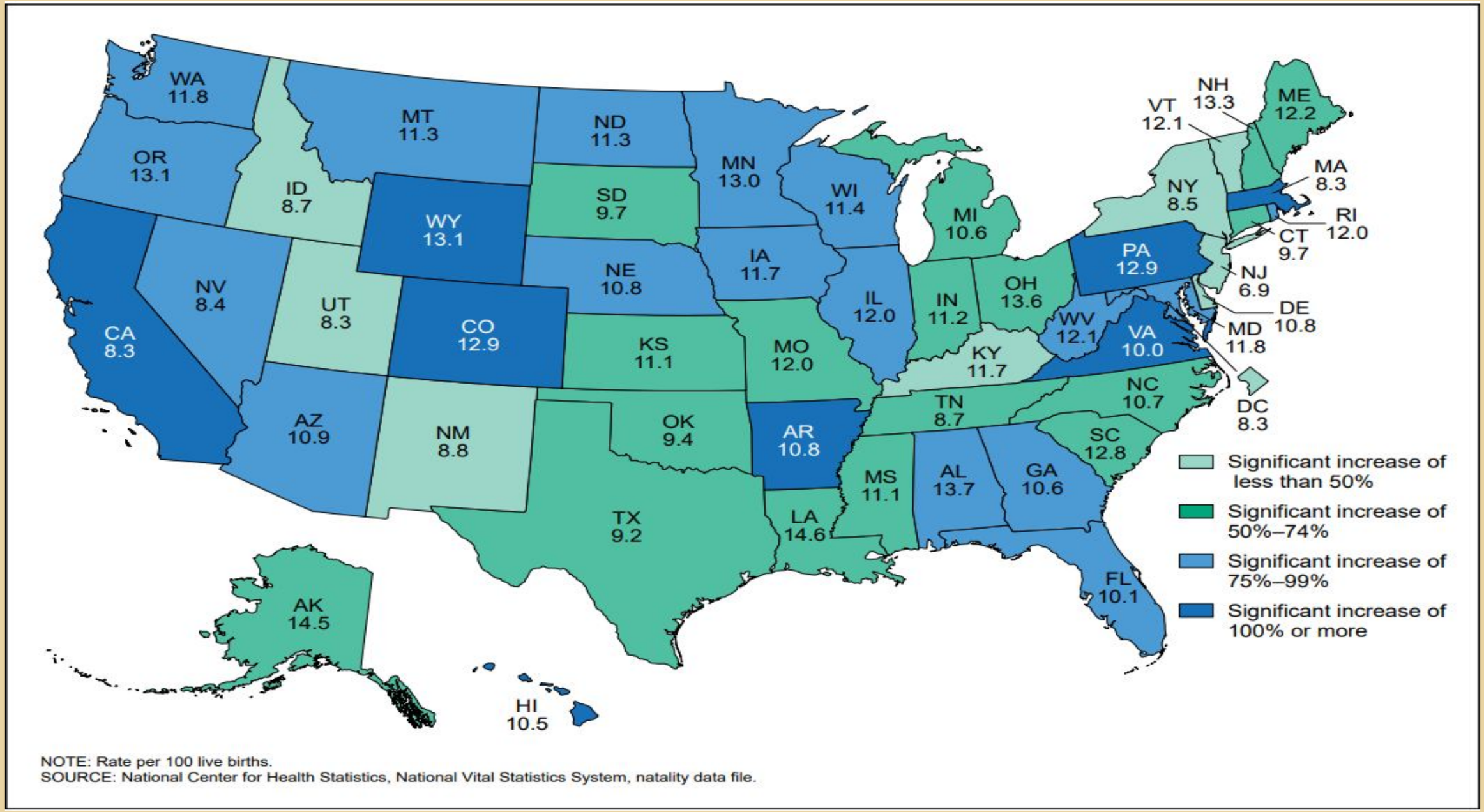
[1] Trends in maternal mortality estimates 2000 to 2023: estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division. Geneva: World Health Organization; 2025.
[2] Gregory ECW. Trends and characteristics in gestational hypertension: United States, 2016–2024. Natl Vital Stat Rep. 2026 Jul;75(4):1–14. DOI: https://dx.doi.org/10.15620/cdc/252456.
[3] Butwick, A. J., Druzin, M. L., Shaw, G. M., & Guo, N. (2020). Evaluation of US State–Level Variation in Hypertensive Disorders of Pregnancy. JAMA Network Open, 3(10). https://doi.org/10.1001/jamanetworkopen.2020.18741

Gestational Hypertension Increasing in the US (Trends from2016-2024]



Gregory, E. C. W. (2026). Trends and characteristics in gestational hypertension: United States, 2016–2024. National Vital Statistics Reports, 75(4). https://www.cdc.gov/nchs/data/nvsr/nvsr75/nvsr75-04.pdf

Trend of Significant Increase GHTN in US States (2016-2024)



NOTE: Rate per 100 live births.
SOURCE: National Center for Health Statistics, National Vital Statistics System, natality data file.

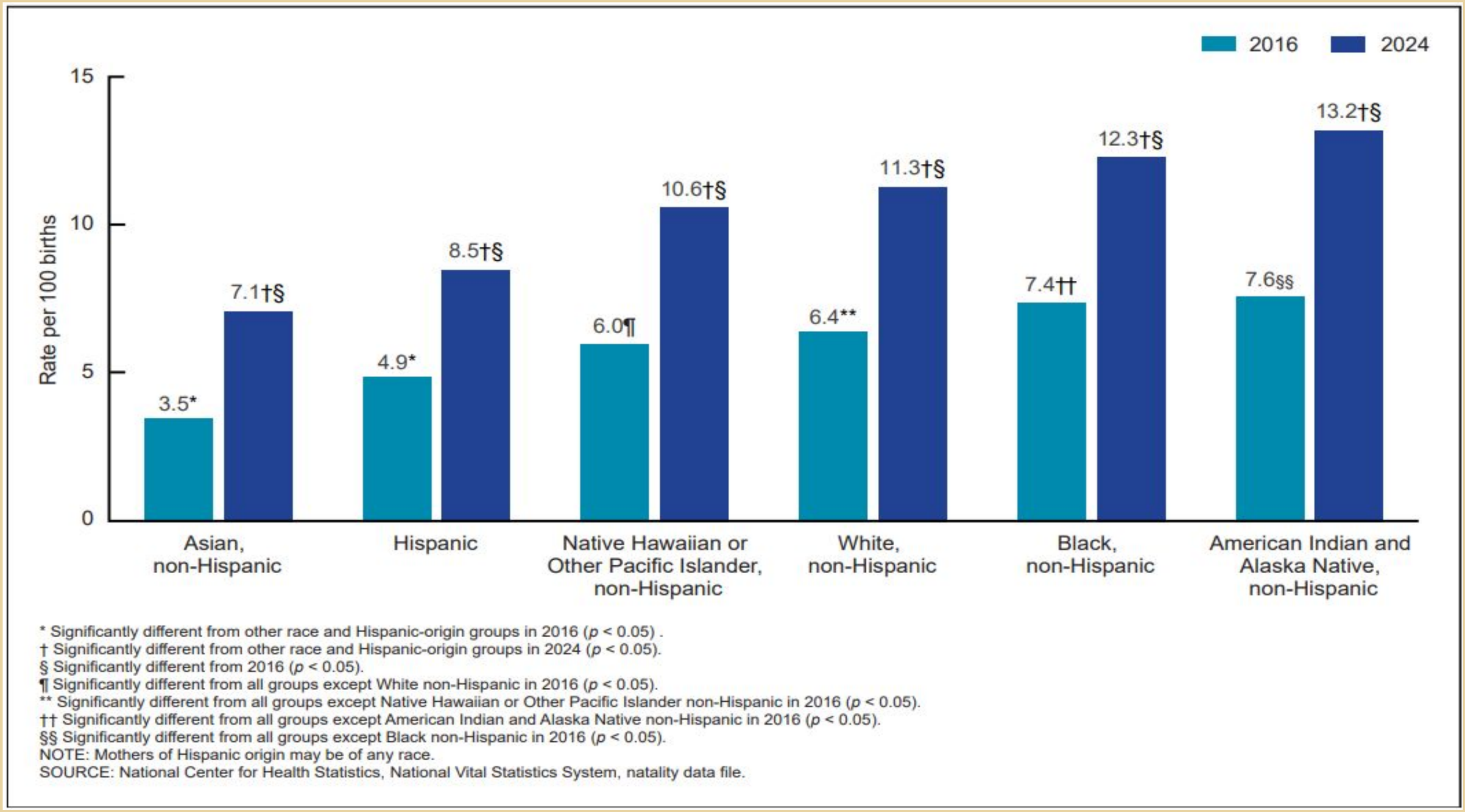
Gregory, E. C. W. (2026). Trends and characteristics in gestational hypertension: United States, 2016–2024. National Vital Statistics Reports, 75(4). https://www.cdc.gov/nchs/data/nvsr/nvsr75/nvsr75-04.pdf

Epidemiology: US Racial Disparities

- In 2014-2015, 9.8% of non-Hispanic Black women who gave birth in the US had hypertension, compared to 7.2% of White women[1]
- Compared to non-Black populations in the U.S., Black women who have had gestational hypertension have a greater risk of mortality due to cardiovascular disease[2]
- Prevalence of hypertensive disorders of pregnancy among Black women was 20.9%, which was greater than that of women belonging to other racial groups[2,3].

[1]] Khedagi, A. M., & Bello, N. A. (2021). Hypertensive Disorders of Pregnancy. Cardiology Clinics, 39(1), 77–90. https://doi.org/10.1016/j.ccl.2020.09.005
[2] Burger, R. J., Delagrange, H., van Valkengoed, I. G. M., de Groot, C. J. M., van den Born, B.-J. H., Gordijn, S. J., & Ganzevoort, W. (2022). Hypertensive Disorders of Pregnancy and Cardiovascular Disease Risk Across Races and Ethnicities: A Review. Frontiers in Cardiovascular Medicine Hypertension, 9. https://doi.org/https://doi.org/10.3389/fcvm.2022.933822
[3] Gregory ECW. Trends and characteristics in gestational hypertension: United States, 2016– 2024. Natl Vital Stat Rep. 2026 Jul;75(4):1–14. DOI: https://dx.doi.org/10.15620/cdc/252456.

Prevalence Rate of GHTN in the US significantly higher for BIPOC

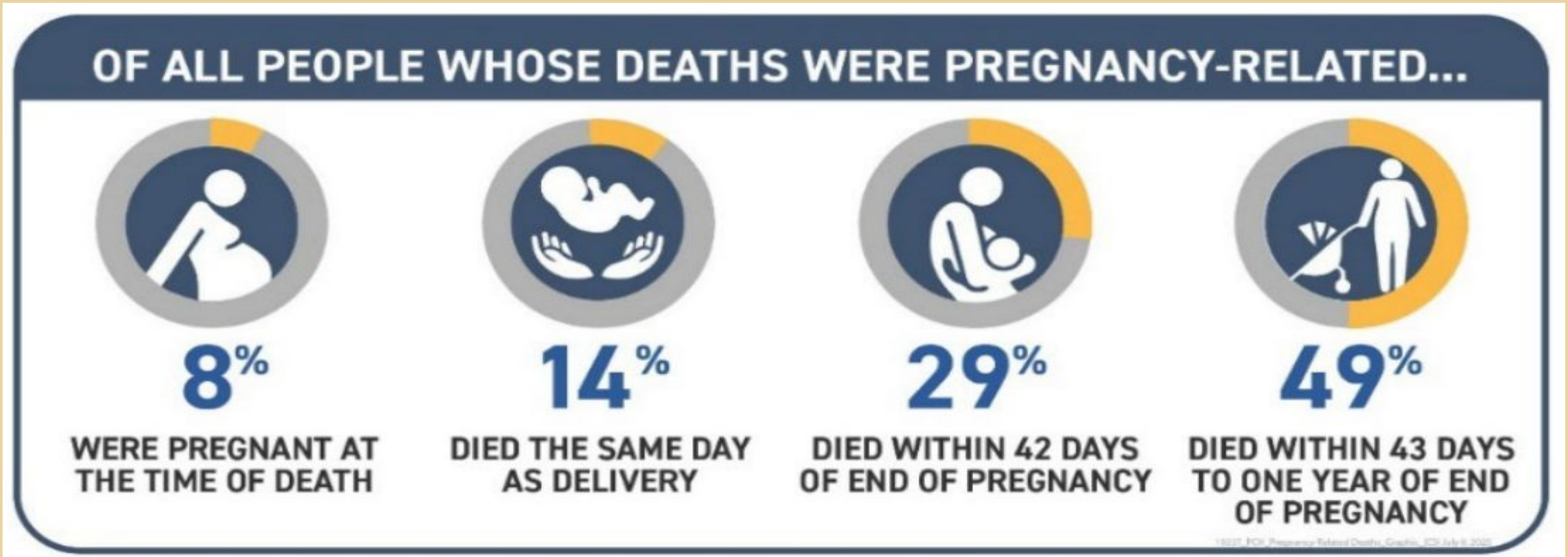


* Significantly different from other race and Hispanic-origin groups in 2016 ($p < 0.05$) .
† Significantly different from other race and Hispanic-origin groups in 2024 ($p < 0.05$).
§ Significantly different from 2016 ($p < 0.05$).
¶ Significantly different from all groups except White non-Hispanic in 2016 ($p < 0.05$).
** Significantly different from all groups except Native Hawaiian or Other Pacific Islander non-Hispanic in 2016 ($p < 0.05$).
†† Significantly different from all groups except American Indian and Alaska Native non-Hispanic in 2016 ($p < 0.05$).
§§ Significantly different from all groups except Black non-Hispanic in 2016 ($p < 0.05$).
NOTE: Mothers of Hispanic origin may be of any race.
SOURCE: National Center for Health Statistics, National Vital Statistics System, natality data file.

Gregory, E. C. W. (2026). Trends and characteristics in gestational hypertension: United States, 2016–2024. National Vital Statistics Reports, 75(4). https://www.cdc.gov/nchs/data/nvsr/nvsr75/nvsr75-04.pdf

WA Epidemiology: GHTN & Maternal Mortality

- Between 2021 and 2022, WA experienced an increase in maternal mortality, and 82% of deaths related to pregnancy had been preventable[1].
- Rates of maternal mortality were disproportionately greater among Black, Native Hawaiian or Pacific Islander, and Multiracial communities[1].



[1] Gardner, D., & McHugh, A. (2026, June 18). Washington State Maternal Mortality Review Panel: Findings and Recommendations from the 2025 Report. Washington State Department of Health. https://aqua.kingcounty.gov/council/agendas/Board_of_Health/20260618-BOH-additional.pdf

Methodology:

- Community Health Assesment: using Community based Participatory Research methods
- Guiding Frameworks: Intersectionality, Critical Race Theory

STUDY AIMS

Aim 1: Understand the multi-level factors influencing healthcare access among Black immigrant women with GH in the perinatal period.

Aim 2: Highlight opportunities to co-develop culturally relevant solutions from the patient and provider perspectives and generate recommendations for health systems and policymakers.

Research Design

A community health assessment (CHA) using community based participatory (CBPR) methods guided by critical race and intersectionality frameworks.

Study Research Team and Positionality

Research team all identify as women with public health and/or healthcare background. All 3 co-PI's identify as immigrant Black women who have had encounters with the maternal health system in Washington state. One co-PI has personal experience with gestational hypertension. Research assistants are young women, who are US born and have no prior pregnancy or GHTN experience. All our community partners serve and are led by immigrant african washingtonians

Study Communities and Populations

Immigrant adult persons identifying as immigrant African women who have had gestational hypertension while being pregnant in Washington state in the past 2 years.

Inclusion Criteria

- Identify as a Black Women
- Identify as Foreign Born African Immigrant
- Birthing people between the ages of 18 and 50 years who have given birth in the last 2 years.
- Birth should have occurred in the US, and they should have accessed perinatal services in WA
- Currently live in Washington
- Have history of GHTN

CHA Process

1. Developing community partnerships: Community advisory board and community organizations
2. Determine Scope of the assessment
3. Formative research with secondary data
4. Community validation and inquiry: qualitative data design and collection to identify prioritized gaps, root cause analysis, asset/ resource maps and future health planning
5. Data analysis
6. Dissemination of CHA Report: information for later community health action plan and improvement plan

Dec 2025

June2026

Oct 2026

Formative Research Processwith Secondary data and Iterative Community partner Collaboration

1. Use of local and global data bases for GHTN data and non-traditional literature from 5-10 years
2. Excluded articles that had no mention of black immigrant women or pregnant persons as a part of their study population
3. Only 8 articles included in the final secondary data
4. Presented to public and community at the 2026 UW School of Public Health Research Symposium

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Prenatal Care Among Black Immigrant Women: A Synthesis of Evidence and Implications for Immigrant Maternal Health Research and Outcomes

Marina Oljaca, Senior, BS in Public Health-Global Health with minors in Spanish and Data Science
Principal Author(s): Patience B. Jaman, MD, MPH, Kaboni Gondwe, RN, PhD, and Rabi Yunusa, MD, MPH

ABSTRACT

Immigrants face significant barriers in the healthcare setting, including little exposure to health insurance, polarization on views of immigration, the expensive nature of healthcare, and the lack of resources available to those unfamiliar to the healthcare system (Negas et al., 2025, Janevic et al., 2022). Black immigrant women face unique challenges due to poor interactions with healthcare settings, and because of a lack of resources available to assist with care acquisition and understanding. Initial results indicated that timely prenatal care could be hindered by inadequate insurance coverage, language barriers, racially incongruent care, and cultural differences (Agbemenu et al., 2022, Alio et al., 2022, Janevic et al., 2022).

The principal goal of this research was to describe the challenges that Black immigrant women face to pregnancy care in the U.S. context.

The four primary topic areas that were investigated included:

- Access to prenatal care
- Gaps in the health literature
- Community based participatory approaches
- Policy and practice implications

Common Themes

- Lack of racially concordant care.
- Lack of translation services.
- Insurance challenges.

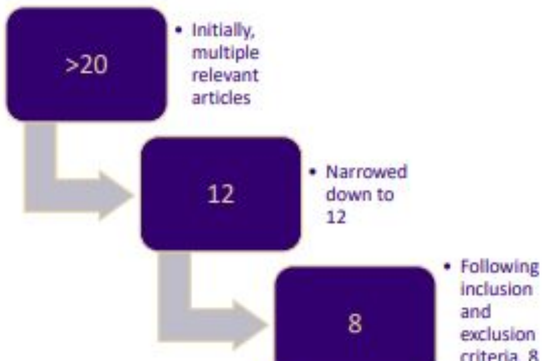
The Literature Scan

LIMITATIONS

Included articles that were 5 years old, 10 at most. The data used a very broad definition of Black women and Black women have diverse and unique personal identities that were not considered while doing this literature review.

INCLUSION AND EXCLUSION CRITERIA

- Included global sources of information, not just articles from the United States.
- Included articles that had black immigrant women as a part of their study population (e.g. systematic reviews).
- Excluded articles that had no mention of black immigrant women as a part of their population.
- Included women of any age listed.
- Excluding mention of care unrelated to prenatal or pregnancy care, such as contraceptive care.



HOW WERE FINDINGS EXTRACTED?

Using an excel spreadsheet with columns that tracked the article **title, link, authors, date or year of publication, study type, summary, important observations or results, category, and sub-category.**
Four separate sheets were used to track the results from each database.

CONCLUSION

In the United States and beyond, understanding the areas of care that are lacking can inform the provision of future services. Patient-provider interactions are informed by factors at the individual, interpersonal, clinical and systemic levels (Alio et al., 2022). Often, providers and health care staff ignore cultural considerations, producing barriers to communication and division in the information provided (Agbemenu et al., 2022).

RECOMMENDATIONS

- Provision of culturally-aligned, racially concordant, community-centered care is central to improved health and patient-provider communication
- As there is not much literature on this population, more research is needed to be able to inform policy and practice
- Provision of accurate interpretive services for women seeking care in unfamiliar health settings

REFERENCES

Agbemenu, K., Mencia, J. J., De Rosa, C., Aidoo-Frimpong, G., & Ely, G. (2022). Family planning research in african immigrant and refugee women: A scoping review. Journal of Transcultural Nursing, 33(3), 416–426. https://doi.org/10.1177/10436596211072891

Alio, A. P., Dillon, T., Hartman, S., Johnson, T., Turner, S., Bullock, S., & Dozier, A. (2022). A community collaborative for the exploration of local factors affecting black mothers' experiences with perinatal care. Maternal and Child Health Journal, 26(4), 751–760. https://doi.org/10.1007/s10995-022-03422-5

Awelewa, T., Murra, A., & Story, W. T. (2025). Developing a Framework for Culturally Sensitive Breastfeeding Interventions: A Community Needs Assessment of Breastfeeding Experiences and Practices in a Black Immigrant Community. Nutrients, 17(13), 2094. https://doi.org/10.3390/nu17132094

Blackwell, T. M., Dill, L. J., Hoepner, L. A., & Geer, L. A. (2020). Using text messaging to improve access to prenatal health information in urban african american and afro-caribbean immigrant pregnant women: Mixed methods analysis of text4baby usage. JMIR mHealth and uHealth, 8(2), e14737. https://doi.org/10.2196/14737

Cull, J., Thomson, G., Downe, S., Topalidou, A., & Fine, M. (2025). Empowering women through trauma-informed maternity care: The EMPATHY framework. Frontiers in Global Women's Health, 6. https://doi.org/10.3389/fgwh.2025.1608174

Kantor, L. M., Cruz, N., Adams, C., Akhimien, C., Allibay Abdulkadir, F., Battle, C., Oluwayemi, M., Salimon, O., Won, S. H., Niraula, S., & Lassiter, T. (2024). Black women's maternal health: Insights from community based participatory research in newark, new jersey. Behavioral Medicine, 50(3), 224–231. https://doi.org/10.1080/08964289.2023.2226852

Negash, B., Michelle Driedger, S., Hatala, A., Iervolino, A., Daniel, S., & Mignone, J. (2025). Experiences of African immigrant and refugee women with prenatal and maternal health care services and treatment adherence in Winnipeg, Manitoba. Sexual & Reproductive Healthcare, 43, 101076. https://doi.org/10.1016/j.srhc.2025.101076

Janevic T, Weber E, Howell FM, Steelman M, Krishnamoorthi M, Fox A. Analysis of State Medicaid Expansion and Access to Timely Prenatal Care Among Women Who Were Immigrant vs US Born. JAMA Netw Open.

Literature Review - Key Findings

- Studies have found that Black women in the U.S. face substantially greater rates of gestational hypertension and preeclampsia than White women[1]
- A review using data from Washington state found that U.S.-born Black women had a greater risk of pregnancy-related hypertension than foreign-born Black women[2]
- Immigrants often face barriers such as isolation caused by differences in language, different wait times, lack of support, and cultural differences, which come with navigating healthcare systems that are unfamiliar to them[3]
- Women are often left uninformed due to inadequate communication and engagement from their providers[4]

[1] Burger, R. J., Delagrange, H., van Valkengoed, I. G. M., de Groot, C. J. M., van den Born, B.-J. H., Gordijn, S. J., & Ganzevoort, W. (2022). Hypertensive Disorders of Pregnancy and Cardiovascular Disease Risk Across Races and Ethnicities: A Review. Frontiers in Cardiovascular Medicine Hypertension, 9. https://doi.org/https://doi.org/10.3389/fcvm.2022.933822

[2] Austin, K. (2017). The Risk of Pregnancy Associated Hypertension among Immigrants to Washington State from 2003-2013 [Unpublished master's thesis]. University of Washington.

[3] Negash, B., Michelle Driedger, S., Hatala, A., Iervolino, A., Daniel, S., & Mignone, J. (2025). Experiences of African immigrant and refugee women with prenatal and maternal health care services and treatment adherence in Winnipeg, Manitoba. Sexual & Reproductive Healthcare, 43, 101076. https://doi.org/10.1016/j.srhc.2025.101076

[4] Blackwell, T. M., Dill, L. J., Hoepner, L. A., & Geer, L. A. (2020). Using text messaging to improve access to prenatal health information in urban african american and afro-caribbean immigrant pregnant women: Mixed methods analysis of text4baby usage. JMIR mHealth and uHealth, 8(2), e14737. https://doi.org/10.2196/14737

Primary Data: Design, Collection & Analysis

1. Design

1. Form Community Advisory Board (CAB)
2. Type of Qualitative study:
   a. In-depth interviews(IDI)
   b. Focus Group Discussions (FGD)
3. Sample size determination
4. Compensation Plan:
   a. $50- In-depth Interview Participants
   b. Additional $25-for IDI participants who opted into Focus Group Discussion

Community Partners

We partnered with 3 local organizations who work with Black Immigrant Communities in Washington State:

- Immigrant Guide
- Ghana Association of Greater Seattle (GHASEA)
- Samawado Women's Health (SWH)

Community partners assisted with entirety of study implementation

https://immigrantguide.org/

https://ghasea.org/

https://www.instagram.com/samawado_womens_health/

1. # 2. Collection

1. Recruitment, Screening & Eligibility Verification
   a. Recruitment Fliers: Culturally appropriate from trusted channels
   b. Initial Screening: Sensitive key Information, including county domicile to confirm WA residence.
2. In-depth Interviews:
   a. Scheduling & interviewing (by UW research team): All done remotely; participant camera on or off.
   b. Consent: Informed consent obtained before beginning interview.
   c. Recording: Permission for audiorecording. If declined, written/ field notes taken of responses.

CALL FOR PARTICIPANTS

UNDERSTANDING HIGH BLOOD PRESSURE DURING PREGNANCY AMONG BLACK IMMIGRANT WOMEN IN WASHINGTON STATE

ABOUT THE STUDY

This is a community-partnered research project to understand barriers and opportunities for equitable care for Black immigrant women experiencing high blood pressure during pregnancy. Your voice will help improve:

- **Prenatal care**
- **Access to culturally responsive support**
- **Better health outcomes for mothers and babies**

ELIGIBILITY

- **Identify as a Black immigrant woman**
- **Reside in Washington State**
- **Experienced high blood pressure during pregnancy within the past 2 years**
- **Above 18 years**

WHAT WILL PARTICIPATION INVOLVE?

- **A 30-45-minute individual interview conducted via Zoom**
- **Questions about your pregnancy experience, care access, challenges, and recommendations**
- **All information will be kept confidential**

$50 GIFT CARD FOR PARTICIPATION

CONTACT US

ghistudy@uw.edu

+1 (425) 669-7280

UNIVERSITY of WASHINGTON | Immigrant Guide | GHASEA The Ghana Association of Greater Seattle

BAAQ KA-QAYB GALKA CILMI BAADHIS

FAHAMKA DHIIG-KARKA SARE EE UURKA XILLIGIISA EE DUMARKA MUHAJIRIINTA AMA QAXOOTIGA AFRIKANKA AH EE KU NOOL GOBOLKA WASHINGTON



FAAHFAAHIN KU SAABSAN CILMI-BAARISTA

Tani waa mashruuc cilmi-baaris oo lala kaashanayo bulshada si loo fahmo caqabadaha iyo fursadaha ku saabsan helitaanka daryeel caafimaad ah oo loogu talagalay dumarka muhaajiriinta ama qaxootiga ee asal koodu yahay Afrikaan, ee laga helay dhiig karka la socda uurka.

Codkaaga wuxuu gacan ka geysan doonaa hagaajinta:

- Daryeelka uurka (prenatal care).
- Helitaanka taageero ku habboon dhaqankaga xaga cafimaadka.
- Natiijooyin caafimaad oo wanaagsan ee quseeya hooyooyinka iyo carruurtodaba.

KA-QAYBGALKU MAXAA KU JIRA?

- Wareysi shaqsiyeed oo soconaya 30–45 daqiiqo oo lagu qabanayo Zoom
- Su'aalo ku saabsan waayo-aragnimadaada quseeya uurka, helitaanka daryeel cafimadeed, caqabadaha aad lakulantay xaga cafimaadkaaga,ama/iyo talooyin aad nala kaashaneeyso.
- Dhammaan macluumaadka aad nala wadaagto waa la ilaalin doonaa oo waa sir. Cid kabaxsan kooxda cilmi baarista lalama wadaagi doona macluumaadkan.

U-QALMIDDA KA QEYB GALKA CILMI BAARISTA

- Isku aqoonsiga haweeney muhaajirad AMA qaxooti ee asal keedu Afrikaan yahay.
- Ku noolaanshaha Gobolka Washington
- Inaad la kulantay dhiig-kar inta lagu jiro uurka 2-dii sano ee la soo dhaafay
- Ka weyn 18 sano

KAADH HADYADEED OO $50 KA QAYB QAA

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UNDERSTANDING HIGH BLOOD PRESSURE DURING PREGNANCY AMONG BLACK IMMIGRANT WOMEN IN WASHINGTON STATE



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- Better Health outcomes for Black immigrant mothers and their babies

WHAT WILL PARTICIPATION INVOLVE?

- A 30-45 minute individual interview conducted via Zoom
- Questions about your pregnancy experienece, access to care, challenges faced if any and recommendation for better care
- All the information you share with is private and will be kept CONFIDENTIAL.

ELIGIBILITY CRITERIA

- Self- identification as a Black Immigrant Woman
- Residing in Washington State
- Experienced Gestational High Blood Pressure.
- Be 18 years/older

Or use this link

$50 GIFT CARD FOR PARTICIPATION

Please contact us @
Pjaman@uw.edu, kwgondwe@uw.edu, ayanali800@gmail.com.

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دعوة للمشاركة

فهم ارتفاع ضغط الدم أثناء الحمل بين النساء المهاجرات من أصول إفريقية في ولاية واشنطن



حول الدراسة

هذا مشروع بحثي بالشراكة مع المجتمع لفهم التحديات والفرص المتعلقة بتوفير رعاية عادلة للنساء المهاجرات من أصول إفريقية اللواتي يعانين من ارتفاع ضغط الدم أثناء الحمل. سيساعد مشاركتك في هي المشروع في تحسين:

- رعاية ما قبل الولادة
- الوصول إلى دعم متوافق ثقافيًا
- نتائج صحية أفضل للأمهات والأطفال

ماذا تتضمن المشاركة؟

- مقابلة فردية لمدة 30–45 دقيقة تُجرى عبر Zoom
- أسئلة حول تجربتك في الحمل، والوصول إلى الرعاية، والتحديات، والتوصيات
- سيتم الحفاظ على سرية جميع المعلومات التي ستشارك معنا

معايير المشاركة

- التعريف بالنفس كامرأة مهاجرة من أصول إفريقية
- الإقامة في ولاية واشنطن
- التعرض لارتفاع ضغط الدم أثناء الحمل خلال العامين الماضيين
- العمر فوق 18 عامًا

بطاقة هدية بقيمة 50 دولارًا مقابل المشاركة

لوسمحتم اتصلو بنا على

Pjaman@uw.edu, kwgondwe@uw.edu, ayanali800@gmail.com,

+1(206) 787 9060



Recruitment flyers **recreated** by Samawado Women's Health, in Somali, English and Arabic

Informed Consent Procedures: Written Information

PARTICIPANT INFORMATION SHEET

Study Title: *Understanding Barriers and Opportunities for Equitable Gestational Hypertension (GH) Care Among Black Immigrant Women in Washington State*

What is this study about?
We want to learn about the experiences of Black immigrant women who had gestational hypertension during pregnancy, and from the providers who support them. The goal is to understand barriers to care and identify ways to improve hypertension management and follow-up.

What will happen if I participate?
You will take part in a one-time interview lasting approximately 45–60 minutes and an optional focus group discussion also lasting about 45–60 minutes. You will be asked about your experiences with hypertension care during pregnancy, communication with healthcare providers, and suggestions to improve care. With your permission, we will audio-record the interview.

Are there risks?
You may feel uncomfortable discussing personal or stressful experiences. You may skip any question, pause, or stop at any time.

Are there benefits?
Your input will help guide improvements in maternal health services for Black immigrant women. Additionally, you will receive a $50 Visa card for your participation.

Will my information be confidential?
Yes. We will remove your name and any identifying details. Only the research team will access the audio recordings and transcripts. Results will be reported in a way that cannot identify you.

Do I have to participate?
No. Participation is completely voluntary, and you may withdraw at any time without any consequences.

Who can I contact with questions?
If you have questions about this study, please contact:
Patience Jaman, Principal Investigator
Email: pjaman@uw.edu
Phone: +1(206)946 2497

If you have questions about your rights as a participant, you may contact the UW Human Subjects Division at hsdinfo@uw.edu or 206-543-0098.

W DEPARTMENT OF HEALTH SYSTEMS AND POPULATION HEALTH

Consent Form

Study Title: Understanding Barriers and Opportunities for Equitable Gestational Hypertension (GH) Care Among Black Immigrant Women in Washington State: A Community-Partnered Needs Assessment

Principal Investigator: Patience Jaman, MBChB, MPH, University of Washington

What is this study about?

You are invited to take part in a research study to better understand the barriers and opportunities for equitable care for gestational hypertension among Black immigrant women in Washington State. The goal of this study is to learn from lived experiences and community perspectives to inform improvements in clinical care, patient-provider communication, and community partnerships.

Why are you being asked to participate?

You are being asked to participate because you are a Black immigrant woman who has experienced pregnancy in Washington State and was diagnosed with gestational hypertension.

What are the study procedures?

If you agree to participate, you will be asked to take part in one individual interview lasting approximately 45-60 minutes. Interviews will be conducted on Zoom or by phone, depending on your preference. You may choose to stop the interview at any time or skip any question. With your permission, the interview will be audio-recorded to ensure accuracy. If you do not wish to be recorded, written notes will be taken instead. No medical tests, medications, or clinical interventions are involved in this study.

What is the time commitment?

The total time duration for the individual interview is approximately 30-45 minutes, and another 30-45 minutes for an optional focus group discussion.

UNIVERSITY of WASHINGTON
Box X: 351621 15th Ave NE, Fourth Floor Seattle, WA 98195
206.616.2935
dept@u.washington.edu uw.edu/sph

Qualitative Interview Guide (30–45 minutes)

Introduction

First, I would like to thank you for taking the time to talk with me today.

We are going to talk about your experiences with healthcare when you had high blood pressure during pregnancy. There are no right or wrong answers; we are here to listen and learn from you. If any question makes you uncomfortable, it is okay to let me know, and you do not have to answer it. Your responses will be kept confidential, and you may skip any question at any time.

Do you have any questions before we begin?

Do I have permission to record our conversation? YES NO

Part 1. Your experiences during your pregnancy

1. **Tell me a little about yourself and your pregnancy journey.**
   - *Probe:* How many pregnancies have you had?
   - *Probe:* Was your most recent pregnancy in Washington State?

2. **How did you first learn that you had gestational hypertension?**
   - *Probe:* What were you told by your provider?
   - *Probe:* What symptoms, if any, did you notice?

Part 2. Understanding Experiences with High Blood Pressure During Pregnancy

1. **Can you describe your experience living with gestational hypertension during your pregnancy?**
   - *Probe:* What symptoms did you experience?
   - *Probe:* How did the diagnosis make you feel? (fear, confusion, stress)

2. **How did you manage your symptoms at home?**
   - *Probe:* What guidance did you receive from your provider?
   - *Probe:* What information or support helped the most?
   - *Probe:* What was missing?

Challenges & Lessons Learned

1. Adverse Immigration Concerns affected Trust Building

- Challenge: The study began in January 2026, during a period of heightened immigration concerns. Focus on Black immigrant mothers challenged recruitment with worries about how information will be used and data safety. Also ?reporting bias.
- Mitigation: CAB and principal co-investigators long relationship with community partners, acted as Social and Navigational Capital to facilitate trust

2. Recruitment Drama

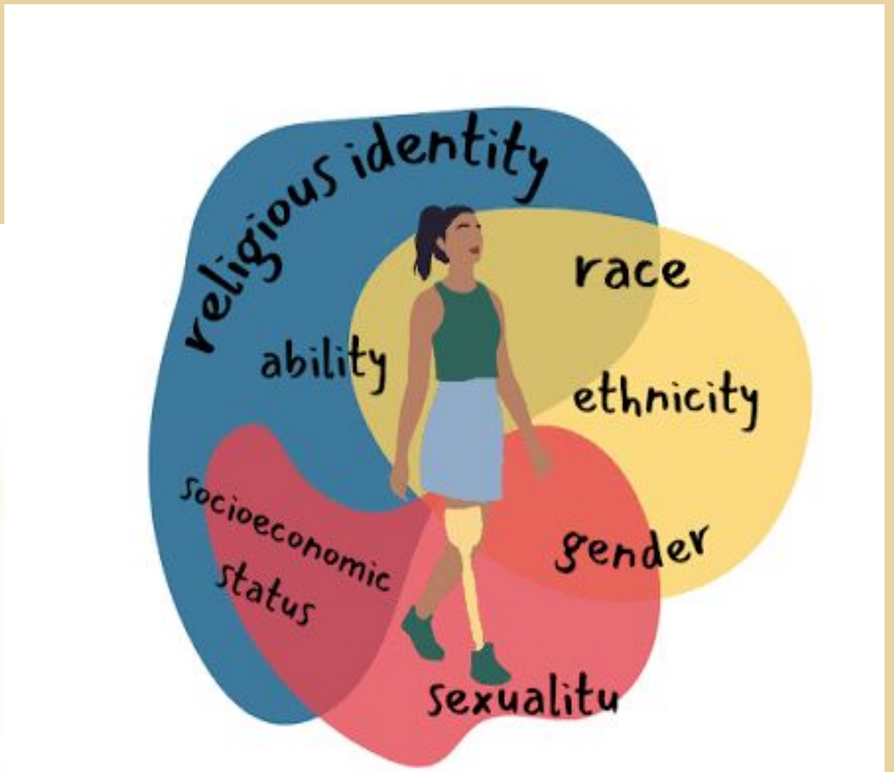
- Challenge: Posted initial “boring” recruitment fliers on Linkedin, which resulted in a large number of ineligible respondents, national and international and internet bots signing up, probably encouraged by advertising monetary compensation
- Mitigation: Worked with CAB to create new “polished” fliers, implement additional screening measures to verify participants eligibility and residency before moving forward with interviews.

3. Analysis of IDIs

- De-identifying and transcribing
- Thematic Analysis
- Manual coding; Combination of Deductive and Inductive coding, with guiding Frameworks: **Intersectionality, Cultural Wealth Framework & Critical race Theory**







CC University of Puget Sound

Preliminary Findings

1. Facilitators :

-Community Support: family, organizations and doula services

-Representation:providers from the community

-Access to Health insurance

-Culturally Competent Care in patient-provider relationship

-Income Security/ financial support

" It was basically my mom that was doing all the runs for me and all of that and trying to calm me down, you know trying to make me understand that most times these things happens" -W11

Preliminary Findings

2. Barriers:

-Communication

-Health Education

-Culturally Competent Care

-Attitude of Healthcare workers

“... the service, it was so poor and she just kept looking down because it was a lady. she kept looking down on my mom, she kept talk ing to us rudely”- W11

" I dont know this preception they about Africans. its just crazy here, I mean like we are not supposed to be here"-W11

Recommendations

1.Learn from minority immigrant women of community friendly ways to deliver and improve obstetric care.

" Theres this tea that we take in my country so she found a way around getting it down here and that really helped with the stress relief" -W11

2. Increase Community Engagement: Bring more community partners to the policy table and decision making spaces; only community members know what appropriate Culturally Sensitive Care means.

" ***I actually had a doula that I got that was helping out emotionally and all of that support soo it made it easier"-W15***

Recommendations

3. Validate fears and be useful allies to community. The health system should always be an agent of care and safety not a tool of fear or oppression.

" they tried their best they made sure I stayed stable. and were constantly recommending stuff that woulld help; my experinces is good I met really good people that were helpful" -W15

4. Increase minority representation in health system providers, including obstetric specialities; Expand community doula programs.

" I actually had a doula that I got that was helping out emotionally and all of that support soo it made it easier"-W15

More to come .....

- Focus Group Discussions and analysis
- Comprehensive Root Cause Analysis of GHTN in the community
- Generating Resource and Asset Map
- Co-creating Action Plan and Community Health Implementation Plan with CAB collaboration and partnership

Acknowledgements

1. Our Community Health Assessment Participants
2. Our Community Advisory Board
3. Funders, Health Advocates, Critical Scholars



Immigrant Guide

UNIVERSITY of WASHINGTON
POPULATION HEALTH INITIATIVE

SAMAWDO Women's Health

SCHOOL OF PUBLIC HEALTH
UNIVERSITY of WASHINGTON

SCHOOL OF NURSING
UNIVERSITY of WASHINGTON

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