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## “Patients Like Us”: Pregnant and Parenting Teens View the Health Care System

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### S Y N O P S I S

As a supplement to traditional ways of measuring health care quality, the patient's perspective is an essential indicator, yet it is often overlooked in evaluations of health care for pregnant teenagers. This report reveals how 40 young women receiving publicly funded care viewed their physicians and the clinics and other facilities at which they received health care services.

Pregnant and parenting urban teens face stigmatization in many aspects of their lives. The author concludes, based on her interviews with the 40 teens, that providers and health care systems should combat such negative influences with support and respect for these patients. The data also point to the need for comprehensive health care for low-income adolescents that extends beyond prenatal care, which may focus on the needs of the fetus or infant to the exclusion of the needs of the young mother.

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*"I might be a minor but, hey, I still have my pride." — Teresa*

Adolescents receiving publicly funded prenatal care represent a unique subgroup of patients. As pregnant women, they bear responsibility for both their own health and the health of their fetuses. As teenagers, they are at the crossroads of childhood and adulthood in terms of their decision-making abilities and how they are perceived by society. As recipients of public health care, they face limited options and are not always aware of the services available to them. Policies for these young women may fail to take into account their unique situation, resulting in less effective medical care.

The patient's perspective is invaluable in the design and evaluation of health policy, yet teens' voices are usually missing from the debate. This report brings those voices to the foreground.

## MEASURING QUALITY OF CARE

Three aspects of quality of care are commonly evaluated in health care research: outcomes, processes, and structure.

*Outcomes* include effects on a patient's health status. A typical attempt to evaluate prenatal care based on outcomes would address factors such as birthweight, gestational length, infant mortality, maternal mortality, or preterm labor. This type of analysis fails to distinguish how "good" the care is. Preterm labor, for example, may have a number of causes, only one of which might be inadequate prenatal care. Rosenberg suggests a much more comprehensive list of outcome measures for evaluating the success of the prenatal care experience: maternal self-esteem and parenting behaviors, connection to health care systems, connection to social services, maternal physical and mental health, breastfeeding, and utilization of family planning.<sup>1</sup> While *birth outcomes* have been studied extensively, comprehensive *prenatal care outcomes* have not received appropriate attention, especially for adolescents receiving publicly funded care. Since maternal behavior is so crucial to the health of babies, it is appropriate to consider teens' practices regarding exercise, nutrition, prenatal vitamins, smoking, breastfeeding, and contraceptive use.

Quality *process* measures assess the interaction between clinicians and patients. In looking at the patient-provider relationship, it is important to consider the extent to which the teenager feels she is in a partnership with the provider. Broadly, one could conceive of

this as her trust in the physician and her sense of personal efficacy in making decisions affecting her pregnancy. The present article explores the nature of the patient-doctor relationship from the perspective of pregnant and parenting adolescents. I consider the extent and nature of the teens' trust in their physicians, the teens' practices of asking questions of their doctors, and the role of prenatal care providers in meeting adolescents' other health needs.

*Structural* measures assess the characteristics of the larger health system. Cartwright et al. put forth several recommendations with regard to prenatal care for pregnant teenagers, such as increasing awareness that Medicaid pays for prenatal care, establishing links between prenatal clinics and school health systems, and scheduling prenatal appointments at times more convenient for teenagers.<sup>2</sup> It is also important to determine whether a clinician, social worker, case manager, or other support person discusses the following: housing options, food for the teen and baby, insurance eligibility, diaper availability, and WIC assistance. The system cannot assume that teens who are utilizing publicly funded care will be knowledgeable about services that can play crucial roles in maintaining the baby's and mother's health. Along the same lines, it is important to consider where social services are located—at the same facility or at several different locations? What barriers prevent teens from accessing services?

This broader and more comprehensive conception of quality offers valuable insight into how prenatal care programs can be structured more effectively to meet the specific needs of pregnant adolescents. In order to accomplish this goal, some of the "experts" who should be consulted are the teens themselves.

## INTERVIEWS WITH PREGNANT AND PARENTING TEENS

*"I don't know you, but like you asked me basic questions, and from basic questions I can tell you much about my life." — Teresa*

During December 1999 and January 2000, I interviewed 40 pregnant and/or parenting teenagers who ranged in age from 14 to 19 years old. Twenty-three of the 40 girls had given birth within the last five months, while 17 were pregnant at the time of the interviews. None of the girls was legally married, but several referred to their boyfriends as their husbands and said they

planned to marry soon. Six girls mentioned past pregnancies; three reportedly had ended in miscarriage and two had been carried to term, while one teen reported having had four abortions.

The Harvard University Committee on the Use of Human Subjects in Research approved the research design and interview schedule. The names of the girls have been changed in this report to protect their privacy.

**Interviews.** All participants obtained signed consent from parents or guardians. The average length of the interviews was approximately 25 minutes, but the range was considerable (10 minutes to 75 minutes). The interview schedule was flexible, allowing me to pursue interesting leads and to carry on a guided conversation with each student. At the completion of the interview, each student received modest compensation.

As I became a familiar face on campus, students began talking to each other about the project and about me. While this may have influenced later interviews, I believe that the effect, if any, would have been to encourage some students to open up to me. As one teen said, "Yeah, I heard this was fun and not too personal." According to one administrator, the students were "leaving the interviews happier than they entered them." The students seemed to have benefited from being able to share their experiences and from being taken seriously.

Because students were equally willing to talk to me during meals or class time, missing class was apparently not a motivating factor in their willingness to participate. For some, the monetary incentive was important. As she received her compensation, one young woman decided that—for the first time since becoming pregnant—she was going to spend it entirely on herself rather than on baby items.

**Data analysis.** A professional transcriber transcribed the tape-recorded interviews. I listened to the interviews to fill in gaps in the transcripts, specifically in cases where the respondent's voice was difficult to hear or her language was specific to the topic. I first analyzed the transcripts using ATLAS-ti software for qualitative data analysis. I then coded the interviews and constructed Microsoft Excel spreadsheets of the coded data. I analyzed the spreadsheets using Stata 5.0 software for quantitative data analysis.

I generated three summary scores based on my reading of the teens' responses. The first summary measure was the respondent's assessment of her doctor, on a 1 to 5

scale, with 5 representing the best patient-doctor relationship. While I refer to this as the respondent's score, it should be noted that it reflects my judgment of her opinion of her doctor. The second score was the observer's score, my judgment of the overall relationship, also on a 1 to 5 scale. That is, if a respondent had only positive remarks about her doctor but reported that he told her smoking couldn't harm her baby, the respondent's score would be a 5 while the observer's score would be decreased by one point. Finally, I assigned a summary score for each respondent's clinical experience; these scores also ranged from 1 to 5.

Numeric findings should be interpreted with caution, given the small sample size and some missing data. (Because the interview was guided but not rigidly scheduled, every teen did not answer every question.) Although I did not systematically collect sociodemographic data, the heterogeneity of the group was evident from the girls' comments. The diversity of their backgrounds and the variations in their health care options provided a wealth of information on how these urban, pregnant teens experienced prenatal care.

**Setting.** The research site for my project was one campus of Riley High School, located in the Watts neighborhood of Los Angeles. The program enrolled 143 pregnant and parenting young women. According to the program's coordinator, the administrator with whom I worked most closely, the surrounding area had a lot of gang activity, but the campus itself was respected as a neutral zone. (The coordinator had past experience in law enforcement and was working with the school district's Gang Prevention Program.) On one of the days I conducted interviews, there was a heightened sense of caution after gang-related activity from the neighborhood had made the evening news the previous night.

The campus, adjacent to an elementary school, consisted of seven bungalows for classroom and office space. Classes were held from 8:15 a.m. to 1:00 p.m., enabling students to use the afternoons to work, attend doctors' appointments, or return home to their children. Students enrolled voluntarily, and the duration of their enrollment was highly variable. Typically they stayed until their babies were a few months old, until they were ready to return to a traditional high school, or until they graduated.

The Riley High program recognized that the needs of pregnant and parenting young women extend beyond the classroom. For example, the program offered access to a range of counseling services, and a social worker from the

Los Angeles Child Guidance/Families in Touch program offered individualized assistance. The social worker followed each young parent from her pregnancy until her child's fifth birthday, helping her acquire the resources and parenting skills she needed until the child was ready to begin school.

The research design for my study held constant any effects of setting (for example, balanced meals, Lamaze classes, parenting classes, modified physical education, counseling services, and encouragement to attend prenatal appointments, among others), most of which likely enhanced the girls' knowledge base. It did not adjust for the personal attributes or support networks that contributed to these girls' decision to continue their education rather than to drop out of school.

## DOCTORS AND PATIENTS

*"You know how people talk that medical talk you don't understand?" — Mishon*

Most of the teens in this study were very satisfied with their patient-doctor relationships. They could not often, nor would they be expected to, recognize poor medical information; however, they had a keen awareness of when they were being respected, listened to, and taken seriously. There were only two cases in which I scored the doctor more favorably than the teen did. In approximately half of the remaining 38 cases, my observer's score matched the respondent's score. For an equal number of cases, though, I thought the teen was too generous, resulting in the observer's score being lower than the respondent's. The results are telling: 31 of the 40 teens described their doctors in a way that was consistent with a 4 or 5 rating. As an observer, I was less convinced and assigned a score of 4 or 5 to only 24 of the 40 doctors.

This population of patients is unique, and the best doctors take into consideration the complicated lives of pregnant and parenting teenagers. As the girls made clear, small gestures of respect went a long way in helping them cope with their stresses and fears. This was especially true for the girls lacking supportive adult role models. The girls placed a striking emphasis on the importance of their doctors being "nice," from doctors simply being friendly to doctors making exceptional efforts to support the girls emotionally. The girls appreciated doctors whom they perceived as being direct and honest with them; they took note of physicians who broke down traditional hierarchical boundaries and appeared to meet them at their

level. In a word, these doctors granted the teens something they craved in their everyday lives—respect.

**Comforting.** Even taking into account the support they received at Riley High School, the girls I interviewed were scared. If pregnant, they were scared about being examined or about enduring the pain of delivery, and some were worried about securing a place to live once the baby was born. Those who had already delivered their babies were anxious about being good parents, remembering the baby's immunization schedule, and finishing school, to name a few concerns. I had not anticipated how frightened the girls would be and how heavily they would rely on their doctors to help them combat these fears. While I did not ask specifically about being afraid, Jessica's description was typical of those that arose during my conversations with the girls:

Jessica: And I'm like, I can't wait to have mine. But then I, but then again, I'm scared to have mine.

Author: What are you scared about?

Jessica: I don't know. Something could go wrong. I don't know.

Author: At the actual delivery?

Jessica: Uh huh. I'm afraid.

Kamilah translated this fear into extreme conscientiousness about following her doctor's advice, especially with regard to nutrition:

Kamilah: I'm gonna eat what he tells me to eat 'cause I don't want anything to go wrong. It's just, I don't know, it's scary, just scary. It is.

Claribel said that she hadn't told her doctor how scared she was about having the baby because the doctor seemed too rushed to pick up on her fears.

Author: Have you told your doctor you're scared?

Claribel: Um, no.

Author: Does your mom know?

Claribel: Yeah. But like my mom tells me, "Well, you're the one having the sex, now you're supposed to have that baby." I'm like, all right. So I get like, sometimes I get like, like the scared comes out. And I get like, you know, I'm not ready to have this baby.

Lacking support from both her mother and her doctor, Claribel could not find a way to express her needs.

In contrast, some doctors seemed to understand and respond to the girls' fears.

Author: Do you ever talk to your doctor about being scared?

Alesha: Yeah, and my doctor tells me it's normal. 'Cause my doctor, um, granddaughter was my age when she got pregnant and she was scared. And she said a lot of...teenagers is scared, but it's normal, so. She told me just to don't be scared but you know it's normal, a lot of people are gonna be scared.

She went on to describe the positive qualities of her doctor in terms of their personal interactions:

Alesha: [S]he's very gentle, you know. She answered all of my questions. Whatever I had to...ask her questions about, she answers all my questions. She don't get frustrated. She tells me, well, this is what's going on and this is what you should do. And...she asks how I'm doing with the pregnancy.... If I'm having any problems to call, let her know, and she will come, you know, make sure everything is okay.

One of the benefits of attending school with other pregnant or parenting young women was the opportunity to compare stories and experiences with people in a similar situation. Christina realized in the course of these conversations that not every doctor was as caring as hers:

Christina: 'Cause like she was like real supportive. And I heard from some girls that their doctor [is] really like, "Oh, like, oh hello," and check you and just leave and that's it. [My] doctor will talk to me and tell me if I need any help or something.

**Listening.** Most of the teens (29/31) felt that their doctor listened to them. Two doctors in particular stood out as truly listening and helping the girls find new solutions when the old ones failed. For example, Kayma's doctor was especially helpful when she had trouble incorporating calcium into her diet:

Author: How were they understanding?

Kayma: Like...listen to your problems and not trying to tell you but just listen to what you have to say and not trying to draw you out or saying you need this, you need to do that. But, just trying to help you.... I can't drink milk. When he told me to drink milk, and I was like, "Well, I can't drink it." "Well, we have another option for you. Take some calcium. If you can't take the calcium pills, if you can't take these, then we'll try and do something else for you." He was being understanding.

Whether the teens' doctors truly listened and helped them adapt was not inconsequential. After her first baby was born, Yselda went on a birth control pill prescribed by her doctor. She described what happened next:

Yselda: Yeah, then I quit 'cause they were making me, making me sick and all this, so I just said, "Oh, forget it," [and] I came up pregnant again.

The doctor she saw after the second pregnancy also prescribed birth control pills, but when she told him the last ones had made her sick, he gave her a different kind. She continues:

Yselda: And he told me to tell him right away within a week, to tell him how does it make me feel, does it make me feel the same and if it does then we'll change the type.

Something as simple as knowing that other variations of birth control were available could have prevented another unplanned pregnancy. Her first doctor, though, was "quick" and "wasn't the same kinda doctor that didn't really explain things like this one would." Kayma's and Yselda's doctors demonstrated not only that they cared about their patients but also that they respected their experience.

**Nurturing.** When asked about their doctors' best attributes, the girls commonly responded in terms of friendliness, being "nice," having a good attitude, and showing that they cared. At a minimum, the teens wanted someone like Victoria's doctor: "Yeah, she knew what she was doing and she didn't make me feel bad. She was real nice."

Marlena: The best thing about [my doctor]? Well, that he, that he shows me that he cares, you

know, that's the best thing about it. 'Cause other doctors you're just go in and out the clinic, and he asks me how am I doing like all the time. And I like that.

Quinta reported that her doctor answered not only her questions but also all of her boyfriend's concerns. De'Shanna said her doctor asked her to bring the baby in to visit, which she did, along with "pictures and everything." Several of the teens had been seeing the same doctor since they were young, which helped them feel extremely comfortable.

Danelle: I have no other doctors I go to for anything else but him because I feel like I trust him and I knew, I've known him for so long. My parents have knew him for so long and my aunts; everybody knew him for a long time.

Christina noted that she felt comfortable with her doctor because, "She'll talk to me. She'll tell me about her family and stuff like that." Kamilah noted: "He tells you about experiences he has had with his kids." These doctors established personal bonds with the girls, who, in turn, responded positively to the nurturing. Mariquilla, who abhorred the long waiting time at her clinic, said, "When you come out with the doctor, you...forget you were mad [for waiting so long]."

Several teens reported that their doctors did not "talk like doctors."

Carmela: The way we talk like she doesn't, she doesn't um, talk to you like a doctor, she talks to you like, like a doctor but that cares about you. Um, lets you know things, not in a rude way, you know, not rude, she lets you know what's going on but she lets you know why. She gives you the answers.

Conversations about the teens' lives helped the girls feel that they had personal relationships with their doctors. As Laura explained,

Laura: [She would ask] like if I was still with my boyfriend and stuff like that. And how did I feel, if I was excited about the baby.

For Jessica, the fact that her doctor sat down at her level was significant.

Jessica: Yeah, 'cause she sits down right there...on the bed...and she starts talking to me, and I

feel like she's, you know, giving me her all of her attention.

Kamilah, an avid fan of the evening news, related how her doctor helped her feel comfortable:

Kamilah: [Y]ou know how a lot of people, I think they call it...the white jacket fear, somehow people get nervous when they go to the doctor?... I don't know if it's his office,...he deals basically with kids. So it looks like a big playground. So, even kids are more comfortable there.

Author: Does he wear the white coat?

Kamilah: No, he doesn't. He doesn't wear the white coat.

Author: Where did you hear about white jacket fear?

Kamilah: I heard it on the news, actually.

Author: But this place is different?

Kamilah: Yeah it is. He, he's a lot different. A lot different.

A few of the exceptional doctors presented themselves to the girls as trusted adults to whom they could turn with any problems. Nicole felt that her doctors were people "that you can really talk to, like about any of your problems," not just problems with health care. Sabrina agreed that this was the best thing about her doctor:

Sabrina: He ask, he asks me if I have any problems, if I need help with anything. Do I have family problems I want to talk to him about? That I could talk to him and it'll be confidential.

The ultimate embodiment of a nurturing relationship came from Nicole, a 16-year-old living in a group home:

Nicole: I talk to her about my boyfriend, stuff like that. She seems like a mother to me, you know.

**Directness.** The doctors also showed respect by being direct and honest. The teens repeatedly mentioned that they appreciated straight talk from their health care providers. Mishon best summarized this view:

Mishon: Oh, another thing I like about him, he was straight to the point. If something was wrong, he'd tell you. He wouldn't beat around the bush or nothing... So I really

appreciated that.... He, yeah, he'd tell me like, specific stuff I need to do. He wouldn't, you know how people talk that medical talk you don't understand? ... He was straight to the point. I liked it.

Christina mentioned her doctor's directness in terms of the physical exam.

Christina: [I felt] comfortable 'cause they used to tell me what they were gonna do to me, like when they check my cervix, and they used to tell me, "I'm gonna do this and this." I felt comfortable 'cause they, they let me know what they were gonna do to me. I wouldn't be surprised like, what are they gonna do?

By contrast, Latanya voiced discomfort about her doctor's habit of speaking through an assistant and not to her directly:

Author: Would you have preferred her to tell you herself?

Latanya: Yeah.

Author: And then, if you had questions, could the assistant answer them?

Latanya: Yeah, but I really wanted to ask the doctor, but she would always leave. She'd do what she had to do, and right before it was almost over or she was almost done, she just put everything down and leave.

**Names.** A fundamental aspect of building relationships is knowing each other's name. I hypothesized that teens who thought their doctors knew their names would perceive their relationships to be strong. Similarly, I reasoned that teens who knew their doctors' names would enjoy better relationships with their doctors.

A large majority of the girls (32/37) answered affirmatively that their doctors knew their names. They reported practically no difference between male and female doctors in remembering their names.

Fewer teens could recall their doctors' names. As De'Shanna reported in a half-joking manner, "I don't even know the doctor's name. There's so many doctors, I don't even remember their names." Interestingly, 16 out of 18 girls recalled the names of their male doctors, while only 7 of 16 girls remembered the names of female doctors.

**After hours.** The ability to reach the doctor after hours was another contributing factor to building a strong relationship. A few girls mentioned that they had called their clinics with a question and the doctor returned their call very quickly. De'Shanna had an especially open invitation:

De'Shanna: Yeah, they were like, if you have any questions, you know, to call me, 'cause she gave me her home phone number to call her if I have any questions or if I'm feeling sick or dizzy.

Ronicia's doctor was especially proactive:

Ronicia: The best thing about what I like about him was, like, if he didn't hear from me for a couple of days, he would call me and make sure I'm all right. Because my mom had me early, so he was, like, kind of aware [of] me having the baby early. He'd call, check on me, tell me to come in some day just for he could see what's going on.

**Disrespect.** In contrast to these positive experiences, some girls saw their doctors as inexcusably rude and disrespectful. Like many other individuals in the girls' lives, these doctors stigmatized them and looked down on them for being pregnant teenagers. Victoria described her encounter with a new doctor:

Victoria: And he came in and...he said, "How old are you?" Then he checked my stomach and everything and I'm like, "I'm 16...." And he's like, "*Only* 16?... " I'm like, like I was the first one, you know, teenager being pregnant.... And I was getting those things, [those] veins [and asked him] what could I do to prevent them, you know? He's like, "Oh, but you said you wanted to be a mother," like in a bad way.

Claribel, who said she had been called "crazy" by the staff at one clinic for being young, offered this account of her last interaction with a doctor:

Claribel: Yeah, because I was little, they go, the doctor told me, he's like, "What are you doing, little girl?" He's like, "You're supposed to be playing Barbies," or something like that. I'm like, "You're crazy." Then he told me, "I'm gonna get a stick and hit you with the stick...." That's why I didn't went back.

Claribel was fortunate enough to be able to walk out of an inappropriate situation. Not every pregnant teen was able to leave her health care provider. For complicated reasons, including insurance barriers, lack of knowledge, and fear, the choices for these girls are often severely limited. A final story demonstrates how one girl's self-esteem enabled her to recognize and to leave a disrespectful doctor.

Teresa: The doctor...made me cry when he told me that "If you didn't want to get pregnant you should have take care of yourself." He was so mean to me, like he make me cry. Like it wasn't bad enough, I mean, like, I didn't know what to do. He didn't help. He was [just] mean.... I just walked out of that clinic.... Like I don't have to be there, like there are better clinics...maybe. I don't have to. I might be a minor but, hey, I still have my pride.

These encounters, both positive and negative, illustrate the special needs of many pregnant adolescents. These young women often lacked outside support and felt stigmatized by society. They were particularly cognizant of how attentive their doctors were to their particular circumstances and to what extent they were treated with respect.

**Trust.** An overwhelming majority of the respondents (33/36) answered affirmatively that they trusted their doctors. In response to the question, "Do you usually have any questions for your doctor?" some girls expressed a blanket trust in their physicians' judgment:

Tanaya: None at all. 'Cause she do everything right, I don't never have no questions about anything.

Michelle: No. Not really, 'cause she's let me know everything I have to know.

Laura justified her trust in her physician quite simply: "Cause she's a doctor."

Not every teen was as passive. Quinta expressed strong trust in her doctor, but she framed it in terms of the doctor earning her trust by "taking responsibility" for her health:

Author: What do you think is the best thing about the doctors?

Quinta: That they...do the job right....

Author: And what does that mean to you, doing their job right?

Quinta: That they take responsibility for everything. Even though, um, if you have problems, they'll take responsibility for them.

The extent to which a girl perceived that her privacy was respected also contributed to a feeling of trust. Latanya appreciated that her doctor maintained confidentiality in front of other patients. When asked what enabled her to trust her doctor, she responded, "He doesn't talk loud." Referring to her earlier doctors, she said, "[Y]ou be scared everybody in the hallway might hear what he's saying."

Veronique also voiced privacy concerns. She felt that the doctor respected her privacy, while the clinic staff did not: "Because they have your files just laying there, anyone can read."

The girls' stories revealed that the most effective patient-doctor relationships were built on a two-way foundation of trust: the teen trusted her doctor to be knowledgeable, nonjudgmental, and to maintain confidentiality; in turn, this allowed the teen to feel comfortable being honest with her doctor.

**Length of appointments.** Of the 40 girls interviewed, 27 reported the length of time they spent with their doctor at their most recent appointment or at a typical prenatal appointment.

Routine prenatal checkups were generally much shorter than initial visits, which typically included a complete history and physical. For the 27 girls, the time reported for regular visits ranged from 5 minutes to 1 hour, with a mean time of 20 minutes. I considered a "shorter" visit to be anything less than the average time, 20 minutes; I considered a "longer" visit to be anything at or above the average. Twelve of the 27 girls typically had shorter visits with their doctors.

Regardless of the time they spent with the doctor, the vast majority of teens perceived it to be sufficient. Of the girls reporting both the length of time and their perception of that time, 20/24 considered the length to be an appropriate. The appointment time was seen as long enough by 8/11 of those with shorter visits and 12/13 of those with longer visits. Leona even remarked that her 10-minute appointments seemed "too long...because she always tells me the same thing."

I found that the amount of time a doctor spent with a teen was not as important as whether the doctor



appeared rushed. Not surprisingly, the girls gave high accolades to the doctors who seemed to take their time. Sara's doctor took the time to provide her with basic health education regarding her pregnancy:

Sara: Like last time she took a long time because I was, I didn't know that the baby's not attached my, um, navel. I, I asked her like how does it eat and stuff like that. I don't know that it just had blood. I thought that it ate food, too. Like she was explaining all that kind of stuff to me, like how does it eat and stuff like that.

Some of the girls were not hesitant to criticize their doctors for spending too little time or attention on them.

Yselda: That doctor was like a quick, like okay, come in, just checking me. And then we left. I didn't have time to even ask any questions 'cause he had other people to see so he was all in a hurry so, ah, ask next time and I forget.

Mishon blamed her first doctor's lack of attention for her miscarriage:

Mishon: He needs to take his time...and work with his patients. That's what he gets paid for. Work with your patients. You don't schedule no pregnant girl for one appointment one month and then skip two months.... Supposed to go every month. That's what I thought. Supposed to go every month. Especially me, I had to go every two weeks, then come to one week.

One doctor at an adolescent care center commented to me that 10 minutes is usually sufficient for pregnant teens because they tend not to ask many questions. Twenty-eight of 36 teens reported that they asked questions of their doctor. Only 13 girls said that they went to their appointments prepared to ask questions; it was much more common for questions to arise while talking with the doctor.

Kamilah: Sometimes I forget to ask something and then I'll have to ask on the next, you know, the next time I see him. Or sometimes they might, they may not be able to explain totally like to where I understand them, you know.... Sometimes I don't ask him to

explain it more, sometimes I'll just try to interpret, you know, on my own. Try to just get it, the, the way he said, out of the words that he told me and I'll try to understand the best way I can. But you know sometimes they're using words and I'll be like, okay, now what does that mean?

**Other health concerns.** Kahn et al. found that women taking their children to pediatric appointments often have unmet health needs and lack access to comprehensive health care for themselves.<sup>3</sup> The mother's health needs often take a "backseat" to the fetus's or baby's needs. More than half of the girls I interviewed specifically mentioned talking to their doctor about their own health concerns. For instance, Teresa said she had high blood pressure, and Kamilah had asked her doctor about earaches.

It is difficult to separate health needs related to pregnancy from general health concerns, especially for adolescents. I spoke with the teens at great length about what their doctors had told them about proper nutrition during their pregnancies. For the most part, the doctors discussed balanced meals, the Food Pyramid, eating small meals throughout the day, and decreasing the amount of fast food and soda in their diets. It was not clear to what extent these concerns were presented to the girls as strictly pregnancy-related.

Sabrina described her doctor's discussion of smoking while pregnant:

Sabrina: Yeah, he told me the baby could have low birthweight...when...the body weight is too small. Or he could have breathing defects or any other kind.... He told me I shouldn't drink alcohol or be around other people that smoked.

Danelle's doctor also discussed smoking, as well as drug use:

Danelle: He's like, "Don't you be smoking. It's not a good thing—your baby can come out deformed, retarded, brain-damaged." He was just going on and on and on.... Yeah, he was like, "Smoking's not good either." He's like, "Drugs are not good, I've seen a lot of babies come out really crazy and they're hyper, and sometimes they're slow and these are things that can happen." And I don't do any of these. [He said,] "Don't be starting now. You've gotta be a grown-up."

Many of the girls reported that their doctors spoke of smoking in terms of its effects on fetuses and babies. Not a single girl mentioned her doctor discussing the consequences of smoking for adolescents or adults. Veronique, for example, did not tell the whole truth when she assured the doctor that she did not smoke *around her baby*. Her perception was that her doctor's primary concern regarding smoking was the baby's health.

### THE CLINIC AND THE HEALTH CARE SYSTEM

*"And they have students there, which I really didn't like, you know.... People practicing. Well, I don't want nobody [who is] practicing to deliver my baby."* —Veronique

Beyond one-to-one relationships with health care providers, pregnant teens seeking prenatal care interact with a network of health services. Three themes emerged from the interview data. First, the web of publicly funded medical coverage was far too complicated for the teens to understand. Their lack of knowledge about their insurance plans often resulted in substandard care. Second, the teens had needs that extended beyond the confines of the examination room, needs that were sometimes met with the help of clinic social workers and counselors. Finally, respect was as important in this realm as it was in the patient-doctor relationship. Physical facilities, staff attitudes, and the stigmatization the girls experienced in the waiting room all contributed to their health care experience.

**Insurance.** Medical insurance was the most difficult aspect of the health care system for the teens to navigate. This is not surprising, considering the complexity of most insurance plans and the teens' lack of experience in securing health care for themselves. The least prepared teens were the ones who did not have insurance for either themselves or their babies. Cassandra, Claribel, Laura, and Rita all reported that either they or their babies did not have insurance and that they were not pursuing any efforts to obtain coverage. Because these four girls were receiving or had received prenatal care, they had, in fact, entered the health system at some point, but they had never obtained coverage or received appropriate guidance on their options. Kayma noted that her baby was enrolled in Medi-Cal, California's Medicaid program, as her mother's baby (that is, the grandmother was claiming the baby as her own on the insurance forms in order to obtain coverage for the infant).

Other teens were not prepared for their temporary Medi-Cal insurance coverage to expire. While Medi-Cal policies differed across counties, most teens were able to receive immediate prenatal care under the Presumptive Eligibility Program, under which a pregnant woman was presumed eligible while she applied for regular Medi-Cal benefits.<sup>4</sup>

In talking with the teens, I found that many were unaware that they were responsible for reapplying for coverage and subsequently allowed their temporary insurance to expire. Veronique's confusion was typical:

Author: And will it continue...?

Veronique: Oh no, no, it stopped. It discontinued in September, a month later—a month before I had the baby it discontinued.

Author: Why did it discontinue?

Veronique: I don't know. I really don't know.

Latanya knew that her baby would have insurance for one month, but did not know if it would continue after that time. "I haven't called the number in my health book." It was not clear what was preventing her from calling. Rakesha, knowing that she and her baby son were covered "for about a month or two," was unsure of how to deal with the expiration of her Medi-Cal coverage.

Rakesha: I have to get his own card.... My mother said she was gonna show me or she was gonna take me to do it or show me how to do it. I'm, I was gonna ask my doctor how do I do it.

Teresa, an immigrant from Mexico who had been living in the US since the age of 5, said she received public care while her baby had private care: "I really didn't care about myself, just cared about my baby." Unfortunately, that lack of attention to her own medical needs after the birth of her first baby contributed to her second pregnancy, as she was not receiving correct information about the birth control she was using.

The girls frequently referred to the stigma of receiving free care. Anabelle described her mother's insistence that paying for one's care was more honorable:

Anabelle: I guess my mom showed me like... you want to say, "Oh I paid for my baby's care," you know, make you feel more better. Not saying that you get it for free.

The father of her baby, whom she planned to marry soon, paid for the baby's health care.

**Choice of providers.** In choosing the site for their care, many teens had preconceived ideas of the facilities' reputations. Most of the girls (30/36) had received personal referrals from someone they trusted or who had received health care at the facility.

For some girls, the choice of clinic was determined by which one would accept Medi-Cal patients. Carmela had to switch clinics when her temporary Medi-Cal coverage expired.

Carmela: [T]he day that it...expired, they didn't accept me any more. And they told me that I had, that the insurance didn't, didn't cover it. And they told me that I have to look for somewhere else.... [T]hey had told me to make an appointment earlier than that. And I...forgot and then that day I had to. I didn't have a choice.

Mercedes seemed to think it was natural to switch clinics.

Mercedes: So then they gave me Medi-Cal for like three months. And then it, it expired so I had to go to another clinic.... 'Cause that's where my Medi-Cal is at.

Exactly half of the teens I interviewed were black and half are were Latina. However, of the 9 girls who reported having been turned away from a facility because their insurance wasn't accepted, 7 (78%) were Latina.

Lack of insurance determined where some girls received prenatal care. Veronique sought health care from a hospital that she knew would accept her without insurance, despite its dreadful reputation, because her mother said the hospital "has to give you prenatal care whether you have medical coverage or not."

Veronique: I heard a lot of negative stuff about it. I heard that, um, people die from gunshot wounds in the leg, like they just bleed to death because they're like, they don't take care of 'em fast enough or something. But I did heard that they take good care of crack babies, because you know a lot of crack babies come in.... I heard the emergency is really bad. But I've never had experience with emergency.... A lot of people have heard that someone got a, a blood transfusion and had AIDS—it was AIDS blood, they were given AIDS blood, I heard that.

And it's like, how do you know the hospital gave it to 'em or did they, you know, get it from somebody else. I heard a lot of negative stuff about it....

Author: Did this worry you as you were getting your prenatal care?

Veronique: A little, but...I think people just blow it, blow it up. You know, they turn one little thing and just blow it up.... But, like I say, I've been there. The only thing I've seen is they're just a little unorganized. I've never seen anybody die there. The people say that girls be walking down the hallway giving birth and they're not even in—they wouldn't even let me walk, you know. So I was like, huh? I think a lot of stuff was blown out of proportion.

When asked about their choice of facility, the teens regularly mentioned the various clinics' policies on ultrasounds. Whenever possible, the girls switched to clinics that took ultrasounds regularly and let them keep the pictures. Kamilah couched this in terms of public clinic versus private doctor's office:

Kamilah: [T]here were a lot of things that other doctor offices do for you that I guess...the health center doesn't really do because they're basically, I guess, open for anyone. So like ultrasounds, they give you ultrasounds but they don't give you the pictures.... They say they do it only for the doctor to know how the baby is doing.... But I wanted my picture so bad.... [At the doctor's office], they give you a ultrasound whenever you want one.... [Y]ou can bring a video and they put it on videotape for you, too, so. They don't do that at the health center, either....

Given the burdens the teens felt due to lack of money, it is understandable that one of the biggest draws to specific providers or clinics was the distribution of gifts. De'Shanna's candid remarks were telling:

De'Shanna: [I]f you're pregnant they give you a free gift. Like Pampers, baby, um, washing powder, lotion, a little bath stuff. And like a baby bottle, a shirt, and all that. I was like, oh, that's cool. So I went and my friend, she went up there, too.... [W]hen we was like

six months they gave us a baby shower. They gave us a baby shower, we played games, fed each other baby food, and all that.... Everyone that's like in their sixth months.

Kamilah became animated describing all the free items distributed at a private physician's office, where she planned to transfer:

Kamilah: [H]e gives you like toothbrushes and, but, it's like toothpaste that you like.... And the toothbrushes that he give us aren't those cheap kind they give you, I mean they're like a Colgate with the, like, the little flex thing, and the little different-shaped bristles and stuff. And, what else did he give—oh, for people that are pregnant he gives us like packages to have, like baby lotion and baby oil, and when you get ready to, the month before you have your baby, he gives you like a little basket or something like that.... And then, you know, when you're close to delivery he gives you...something like teddy bears and stuff like that.

Kamilah knew about these gifts from attending appointments with her sister:

Kamilah: When I used to go with her, she used to get all this stuff. I would just be like, oooh, give me a lotion or let me have that. Hand sanitizer and a little package, a sample, a sample of baby wipes and Q-tips and stuff like that.

Rita attributed the warm environment of her clinic in part to its monthly parties:

Rita: And they're nice. They, they have a lot of, of activities. Like every month they have a activity so you could go.... Like sometimes there they... give gifts to kids and everything. Or, just activities...and give 'em out cookies...fun things.

**Support services.** It was clear from the interviews that the girls at Riley High School led complicated lives. If the health care system does not help pregnant and parenting teens access the resources they need, many of these needs will go unmet. These needs include adequate food, safe housing, transportation to

medical appointments, emotional support, and health education.

*Nutrition.* Even with the balanced meals served at Riley High School, some of the girls did not have enough to eat. Victoria noted, "Yeah, when I was pregnant, like, I was like real [hungry] and we didn't have any money." Living on her own, with her baby, she reported continuing problems of insufficient food, even with assistance from the WIC program:

Victoria: Well sometimes me, yeah, me and the baby we have problems. We have like, like we have like a whole week without, you know, eating right.

Michelle noted, "I always got food from home, but like at the end of the month our food always used to run out.... It used to run out a lot."

*Housing.* Safe housing has important ramifications for the health of both the teen and the baby. Originally, I wanted to know to what extent, if any, clinics helped homeless teens secure affordable shelter. I was not able to pursue this in as much depth as I would have liked because most of the teens I interviewed did not have housing problems. This was not surprising, however, considering that most girls at Riley High School already had family support, or had social workers who were able to help them address housing concerns. Of the 38 students reporting their living arrangements, the majority (29) said that they lived with their parent(s). Two lived on their own with the fathers of their babies, one lived in a group home, and six lived with both their parent(s) and their boyfriend. Several mentioned plans of upcoming marriages to their boyfriends, at which time they planned to move out of their current homes.

On the whole, the girls living with their parents were the most secure in their housing. They did not have to worry about finding a place to live, and most parents were supportive of the teens' efforts to raise their babies. In one unusual situation, the teen lived with her parents, her boyfriend, and his parents.

Veronique had the most uncertain living situation of the teens interviewed. This comment was in response to a question asking whether she was concerned about food, diapers, or anything else for the baby:

Veronique: Yes, I was a lot concerned. I was, I was concerned because, okay well, I was living in a motel for a little while, and then that's

when I became pregnant. So I lived in a motel, so of course my mom was like, "How can you do this?" You know, "Look where we're living in. How can you bring another child into this world?" ...[A]nd so, um, of course we was living day by day. And I was concerned. And my boyfriend's dad didn't think it was his. He thought I was prostitutin' because we were living in a motel, you know, so he thought I was prostitutin' and that the baby wasn't his. And, um, just that we, you know, where we're living we wasn't rich or anything or have any money so I was concerned about where I was gonna get all this stuff from. We finally moved out, I think about two to three months before the baby came.

Veronique described the interaction she had later with a social worker regarding housing and social services:

Veronique: When I gave birth, that day they come and talk to you to find out if you have any place to stay, if you have, if you need any help with clothes or if you, if you know, if you're on aid or any stuff like that and you need help to call them.

What struck me about Veronique's account (and similar ones from other girls) was that social workers often did not approach adolescents until they gave birth.

*Transportation.* Transportation to the doctor's office was a barrier for a handful of girls. Of the 34 girls responding to a question about transportation, 30 indicated that they had no problems getting to their appointments. Eleven reported that they went to their appointments alone, eight said they were accompanied by a family member or friend, and 14 went sometimes by themselves and sometimes with others. Several clinics offered van services to pick up the girls from home; Latanya remarked that she utilized this service every time.

The girls who experienced difficulty getting to their clinics cited bus fare as the main obstacle. Riley High School offered free bus passes to all students, which made it possible for Michelle to keep more appointments: "Like, before I got a bus pass from here, I didn't have money to get there, but now that I got a bus pass I can get there all right." When she had to miss appointments, she was usually able to reschedule. Sometimes her doctor gave her bus fare.

Jessica, who also took the bus, cited transportation and safety at night as concerns which that prevented her from making it to some of her appointments.

Jessica: [M]y appointments, they may come like around 2 or 3 in the afternoon and then it's like 4, 4-something, and it starts getting dark. And I don't like being out by myself.

Author: [D]o you ever tell them that when you're trying to schedule your appointments?

Jessica: Um, hmm (affirmative). And they say they will, but they can't like change it 'cause they have too many people or something like that, so I'm like, oh well, that means I'm not gonna go.

For Sara, not only was the time of day important, so was the proximity to the beginning the month, when Social Security checks arrived:

Author: How often would you say you would not be able to have bus fare?

Sara: Like towards the end of the month.

Author: Did you ever tell your doctor you were having trouble with that?

Sara: No, I just didn't schedule my appointments then.

*On-site social workers.* When asked about the presence and helpfulness of social workers at the site of their prenatal care, just under half (17/38) of the teens responded that they had received assistance from a social worker on-site. Another 16 girls reported that a social worker was available, but they personally were not in need of any services.

Victoria, who reported that she had often gone hungry during her pregnancy, described the assistance she received from her clinic:

Victoria: Well, when I had my baby they gave me 120 [diapers]. After we didn't have money when he, when he came, you know. We didn't have money. We didn't have the crib. And we had nothing. So, and momma told me she would buy the crib and they gave us a hamper, they gave us a carseat.... They gave me 120 diapers.

Some girls reported interacting with clinic social workers early on in their pregnancies, specifically for assistance in obtaining Medi-Cal coverage. Others mentioned that social workers worked directly with them throughout their pregnancies. As Talisha describes, "They helped me, like, just to like get through my pregnancy ... tellin' me, 'Don't be down' and stuff like that."

For some teens, this emotional support cannot be underestimated. Teresa, clearly troubled, told me, "'Cause I feel lower than trash sometimes. I feel like I'm not worth anything. People all my life have been putting me down." She had attempted suicide several years earlier, prior to her first pregnancy. Now pregnant with her second child, she said, "I feel, like, alone in this pregnancy."

*Health education.* Many clinics offered weekly classes on Lamaze breathing, nutrition, parenting, birth control, breastfeeding, and other relevant topics. The respondents who attended these classes spoke very highly of their usefulness.

Danika: Because, it's like you find out more—like me, this is my first time. I've never had any children. The stuff that I know I wouldn't even of thought about, you know. So it's, it's good.

The most convenient schedule appeared to be holding classes immediately prior to prenatal appointments so that women could attend both on the same day.

### **Clinic management.**

*Physical features.* Certain features of the clinics did not go unnoticed by the teens. While one respondent complimented her clinic's cleanliness (in addition to its air conditioning and elevator), the comments more often focused on negative features. These comments came in response to a question about what the teens would improve about the clinic or hospital where they received care.

Teresa explained how she would improve her clinic:

Teresa: They should have it more clean. Yeah, it's pretty, sometimes it's pretty dirty. Yeah, sometimes the floors are so dirty that, um, well you can see it.... So I think they should clean it more. Have more, a healthy environment.

Laura mentioned the one place pregnant women must visit on every appointment: the bathroom. Collecting urine samples on every visit was standard procedure. (The girls joked about it frequently.) At her clinic, though, there was only one bathroom and it was "always dirty." In addition to cleanliness, some girls specifically complained about the hallways and doorways being too small to fit through comfortably. A few also noted the crowded waiting rooms, both in terms of physical size and number of people.

*Appointments.* How long the girls had to wait for their prenatal appointments was highly variable. Waiting time ranged from no time at all to four hours. I examined the data to see if a few outliers were skewing the overall picture and found that long waits were not unusual.

Author: How long would you usually have to wait for your appointments?

Veronique: Hoooo, maybe like three to four hours at the most.

Author: Really?

Veronique: Yes.

Author: What was the average?

Veronique: Maybe four hours.

Author: Four hours [was the] average wait for an appointment?

Veronique: Um, hmm.... I have a lot of patience, though, so I could sit there and deal with it. My boyfriend, on the other hand, he was running back and forth—man, when are you gonna call her,...how long is it gonna be—and, and I'm just sitting there like, okay, you know, I do this every two weeks so I'm just used to it now. You know, you gonna have a baby, so you have to be patient anyway, so I was very patient with it. But that's how long it took and, uh, it did seem a little long. But I was patient. 'Cause I have a lot of patience. Have a lot of brothers and sisters, you have to.

Others were not as forgiving as Veronique. Jessica, for instance, would typically arrive at 9:30 a.m. for a 10:00 appointment (having been asked to arrive early) and not be seen by her provider until 1:00 or 1:30 p.m. When asked what could be improved at the clinic, she answered:

Jessica: [T]hey tell you to be here half an hour early or...an hour early. So you show up and you ... sitting down, sitting down, sitting down, and just get frustrated.

Mariquilla echoed Jessica's frustration:

Mariquilla: The only thing I don't like that they give me an appointment, like I have an appointment today at 10:30, but the doctor gets there at 11 or 12. [I]t's no point of getting an appointment...at a certain time if the doctor's not even gonna be there.

For the 35 girls reporting clinic waiting times, the average wait was 55 minutes. Most respondents with waits of less than one hour did not complain about the waiting time, but every teen with a wait of an hour or longer described it as too long. In light of this, I considered those of one hour or longer to be "longer" waits and those under one hour to be "shorter."

By this criterion, 60% of the teens answering this question (21/35) had shorter waits. Of those with shorter waits, 14/18 said the waiting time was fine, while the majority of those with longer waiting times (10/13) complained that they waited too long. Facilities with shorter waiting times were more likely to receive high marks on the clinic summary score, with 16 out of 21 receiving a 4 or 5 rating and none receiving a 1. Facilities with longer waiting times were more evenly distributed across the scale, but many still received high marks; 7 out of 14 received a 4 or 5 rating.

For several girls, the long wait was the worst part about their clinic experience. As Carmela mentioned, "[W]hen you're pregnant, it's like, you're more tired and everything, and you'll be, like, exhausted from it." Christina, whose wait was typically only 10 minutes, joked: "When I was overdue, it felt like a long time (laughing)".

Sara offered practical advice: hire more doctors.

Sara: Yeah, she needs another doctor, 'cause she can't, I don't think she can do it all by herself. She needs some help.

Only one teen, Kayma, actually complained about her clinic's policy regarding continuity of service with the same doctor and would have preferred to receive a timely appointment with any doctor on staff. Kayma remarked that the one thing she would improve about her doctor's office was "giving appointments," and offered this suggestion:

Kayma: Like if a person has a problem and the doctor is not in at this time, give them another doctor, even though that's not his doctor. 'Cause sometimes they don't do that. They want you to go to...your same doctor 'cause they don't want the other doctors to make a mistake on you or nothing like that. Just like when somebody needs an appointment right away, just give it to them.

More commonly, however, the teens bemoaned a lack of consistency in seeing the same doctor. As Christina noted, it was particularly difficult to switch doctors midway through the pregnancy:

Christina: She used to be busy all the time, and I used to get mad because, like, she's supposed to be my doctor, whatever, but she wasn't with me. She was only with me for like the first three months, and then it was like on and off with whoever doctor, so I didn't really feel right.

To the extent that it was possible for the clinic to schedule them with the same doctor, they appreciated the continuity of care. A large majority of the teens (24/31) reported that they always saw the same one or two doctors for their prenatal care.

The girls were particularly uncomfortable with medical students examining them. Veronique expressed her distrust of their competency:

Veronique: And they have students there, which I really didn't like, you know.

Author: Medical students?

Veronique: Yeah. People practicing. Well, I don't want nobody [who is] practicing to deliver my baby.

Veronique's hospital was, in fact, a major teaching hospital for a medical school.

Victoria described the parade of medical students as "a different guy every month" touching her and examining her without being introduced. Of greater concern, though, was that the medical students might miss something. While she understood the need for students to learn, she wished that the supervising doctor would examine her in addition to the medical students, even if that meant being examined twice.

*Respect.* When teens praised their clinics, it was often because they felt respected, despite their age and

condition. Describing the staff members at the clinic where she received her care, Rakesha said, "It just, like, I don't know, it just, like, they not mean. If you ask them questions, they give you the answers...." Teresa offered, "They treat me with respect. They don't treat me like in other places because you're a minor and you're pregnant."

Interestingly, several girls mentioned that having young staff members at the clinic helped ease the stigma of being young. As Victoria related, "The lady with the insurance,...she looked like a teenager." Latanya concurred, "The assistants that work, they're like in their 20s, they're not like older...." She said that seeing the young employees helped her to feel comfortable.

The teens frequently mentioned negative attitudes on the part of both clinic staff and other patients and family members, centering around one issue: being a pregnant teenager.

Danika felt that staff members were rude toward her:

Danika: It's, it's just their attitude that they have; some of 'em have snotty attitudes. Like the people you first check in, they, if it's too late, they real nasty. They, I don't know, it's just the way they act towards you ask them a question. It's like a smart response back or something.

Teresa felt that her nurse treated her differently from other pregnant women because of her age:

Teresa: She was like, you know,...treat you different when they know you're, you're just 16 and you're having a baby. So, I thought she was pretty mean.... [When it] was time to check my blood, she was like, so rough.

Mishon related the following incident:

Mishon: One time I went and...I forgot my [health insurance] card, and I said, "I forgot my Kaiser card," and she was like, "Oh, well, we can't help you because you forgot your Kaiser card." She was getting loud and snotty with me. [S]he was like, "Oh, are you pregnant?" and everybody turned and looked at me. I was like, okay. And I said, "Yes," and then, you know, she had to punch my name in the computer. She was real mean. I felt kind of uncomfortable

because a lot of people was looking at me like, "You too young to be pregnant," you know? I got a lot of stares like you too young. A lot of people asked me, "How old are you?" you know, 'cause I don't look 19. They're like, "Are you 16?" and I'm like, "No, I'm 19." They'd be like, "Oh well, you're still too young to have a baby. What you gonna do?" and this and this. And I'll be like, "If you not givin' me no money, don't say nothing," you know. But, I felt uncomfortable most of the time, then other times I didn't. I was like, hey, I'm here now. People keep starin', I'm still gonna be pregnant. So, it was all right. I was kinda uncomfortable, but then I got over it.

Her clinic actually had a separate area for pregnant teens, but she felt that the "old people" who accompanied other teens to their appointments still disrespected her.

Mishon echoed a refrain commonly mentioned by the girls: "I'm still gonna be pregnant." In conversations with their parents, friends, or strangers, they often said this with the implication: "Whether or not you approve, I'm still pregnant, so how is your disrespect going to help the situation?"

In so many elements of their lives, these girls were stigmatized and even "discarded" by family members, friends, or society. While all patients should be granted respectful and appropriate medical care, it is especially crucial for pregnant adolescents receiving publicly funded care.

#### WHO IS THE PATIENT IN PRENATAL CARE?

Drawing on the work of Kahn et al.,<sup>3</sup> I attempted to explore whether the teens felt that their own non-pregnancy-related health issues were addressed by their prenatal care doctors. Since only a few of the teens reported having been to the doctor previously for check-ups or sports physicals, it is safe to assume that many of their non-pregnant peers do not receive much preventive health care. From their stories, I found that they had other health concerns for which they relied on their prenatal care providers.

Are we as a society concerned with these teens' overall lifestyle choices—nutrition, exercise, smoking, alcohol abuse, drug use, sexual practices, family planning prac-



tices and so on—only because they are pregnant? Women need appropriate health care over time, not merely when they realize they are pregnant.<sup>5</sup> Yet, public insurance may privilege pregnancy status.

It was clear that in many aspects of their lives, the girls' needs were ignored and the fetus's or baby's were elevated. Many girls mentioned that they felt ignored by their friends and families after they delivered.

Veronique: "Your baby okay?" they always ask me. Well you know what, it's not even about me any more. They could care less of how I feel when I was pregnant, you know. With me carrying a baby, they were like, "Well, how's the baby?" or "How are you?" Now that baby's here they're, "Where's the baby? How's the baby?" Well, what about me? You want to know how I'm feeling (laughing)? No, no more me.

Talisha similarly described the reactions of her family and friends to her and her baby:

Talisha: When I was pregnant, you know, they treated me nicer and, you know, now that my baby's here, they treat her nicer (laughing). And they treat me like, "It's my baby, you've had her for [me]"...and I'm like, "What? Y'all didn't go through all that pain to be like, yeah, I just had her for y'all."

Talisha reported feeling supported both before and after her pregnancy, but a close reading of her comments reveals that the focus remained fixed on the baby: "They're, they always bring me things for my baby, and every time they come around they don't even want me to hold him. They want to hold him all the time." Even when she was pregnant, the emphasis was on the fetus: "[They] always wanted to rub my stomach, talk to the baby, things like that."

Teresa's case vividly illustrates a possible consequence of relegating adolescents' health needs to a low priority status. After her first child, Teresa did not receive proper health care for herself, including accurate instructions on taking her birth control pills. Within two years, she was pregnant again, at an enormous cost to her emotional health. Public funds would not cover her routine health care because of her immigration status, but the state will incur costs in caring for both of her children for 18 years. While not absolving Teresa from her share of the responsibility, I believe we need to

reconsider the consequences of denying easy access to health insurance for all teens as well as for non-citizens.

Health coverage for young teenagers as well as for teens who have already given birth has numerous goals, including pregnancy prevention, especially of a second pregnancy; familiarity and comfort with the health care system, which could help women access prenatal care more easily; and an increased emphasis on preventive care and healthy lifestyles, benefiting not only adolescents but also the future children they may bear.

## CONCLUSION

In many respects, the girls whose stories fill these pages were no different from any other patients, pregnant or otherwise: they wanted to be respected by doctors, clinic staff members, and other patients; they preferred clean facilities; and they expected their doctors to be both caring and competent. The girls also shared much in common with other teenage girls: they wanted to lose weight, they struggled in their relationships with their parents and boyfriends, and they loved fast food. Finally, like other recipients of public assistance, they felt stigmatized, they did not always understand the complicated procedural requirements for obtaining assistance, and they had to operate on tight budgets that were often depleted by the end of the month. It is the combination of these elements in their lives that constitutes a unique set of needs and poses particular challenges for those caring for their health.

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## APPENDIX: INTERVIEW GUIDE

**A. General**

First, I would like to get an idea of how things are going right now.

1. What grade are you in? How old are you? How long have you attended this school?
2. Are you working right now?  
(If yes) Where do you work? How many hours/week? How do you get there?
3. Do you have other children? (Probe for ages of other children.)
4. How far along are you in this pregnancy? OR When was your baby born?

**B. Health Care–Related**

Now I'd like to ask you a few questions about your pregnancy and your medical care.

*B1. Clinic*

5. Where do you go to the doctor?
6. How many times have you been seen there? Do you remember when you first went there? About how far along were you?
7. Have you always gone to that clinic or have you gone to other ones? (Probe for specifics of whether this clinic is the one used on a regular basis.) How did you hear about that clinic?
8. Have you ever gone there for medical care not related to being pregnant?
9. Why do you go there and not someplace else? (Probes include: For insurance reasons? Is it easier to get there? Is the staff nicer?)
10. How do you get there? Do you ever have any problems getting there?
11. Does anyone go with you?  
(If yes) Who? All the time?
12. Do you ever have to miss your appointments?  
(If yes) How often? Why? (Probe for barriers: transportation, forgot, did not want to come, had to work, etc.)
13. Do you usually remember your appointments? Does anyone call to remind you about them?
14. Why do you go to your prenatal appointments? (Probe for motivation: she thinks they're important, doctor just told her to, someone else told her to, she hasn't given it much thought, etc.)
15. Are the doctors and nurses friendly? How about the receptionists? Do you feel particularly comfortable or uncomfortable when you are here? Do you ever talk to other girls who are waiting?

16. How long do you usually have to wait? Does that seem about right? Too long?
17. Are there any social workers at the clinic?  
(If yes) Have you ever talked to them? How helpful were they? Were they able to give you information you needed? (Probe: What information?) Would you ask them again?
18. Is the school nurse involved in your health care at all? (Probes include: What kinds of things has she done for you?)
19. What's the best thing about the clinic or hospital you go to?
20. What could be improved about it?
21. Is there anything else you're concerned about with the hospital or clinic you go to?

*B2. Providers*

22. Do you usually see the same doctor or nurse? Different ones each time? Do you remember their names? Do they remember yours?
23. How long do you usually spend talking with a doctor or nurse? Does that seem about right? Too short?
24. What did you talk about at your last visit? (If teen has already given birth, ask what she used to talk about at prenatal visits.) (Note first responses, then probe: Did you talk only about your pregnancy? Was there anything else you talked about? Did you have any health concerns when you went?)
25. Does the doctor or nurse always ask if you have questions?  
(If yes) When you leave, do you feel you understand the answers to your questions?
26. Do you ever come prepared with questions about your pregnancy? How about questions not related to your pregnancy?  
(If yes) Do you always get a chance to ask them?
27. Do you think you trust your doctor a lot? A little? Somewhere in-between? Is there anything that you feel you can't or don't want to tell/ask your doctor? What makes you feel that way?
28. Do you think your doctor or nurse listens to you?
29. What do you think is the best thing about the doctors and nurses there?
30. What could be improved?
31. Is there anything else you're concerned about with your doctors or nurses?

*B3. Resources: Prenatal*

32. Do you take prenatal vitamins?  
(If yes) Where do you get them?
33. Do you do any exercise? (Probe for examples of both traditional and non-traditional [e.g., lots of stairs at

- work/school/home] activity.) Has your doctor ever talked with you about that?
34. Do you smoke? Has your doctor talked with you about smoking? (If both yes, probe for details of information about/access to/use of smoking cessation programs. Also probe for whether doctor more or less said "don't smoke" and left it at that or pursued it more thoroughly. Probe for why teen continues to smoke if her doc warned against it.)
  35. Has your doctor told you to change anything else? (If yes) What?
  36. (Interviewer: Select one topic from above [vitamins, exercise, smoking, something respondent mentions in question 33] for which respondent answered affirmatively that she has received educational information.) When your doctor talked with you about \_\_\_\_\_, how did it happen? (Probes: Were you given a pamphlet? Did you receive a referral to someplace else? Did they follow up with you?)
  37. Do you ever have problems getting food? Are you hungry a lot? (If yes) Have you ever mentioned this to your doctor? To anyone else?
  38. Do you have health insurance? What kind? (If yes) How difficult was it to get that? Are you worried about keeping it?
- B4. Resources: Postnatal*
39. Has your doctor talked to you about breastfeeding? Do you know whether you're going to do it? OR Did you breast-feed?
  40. Has your doctor talked to you about whether you should use birth control after you have your baby? (Probe for nature of conversation, plan for future.)
  41. After you have your baby, do you know where you're going to live?
  42. Do you know how you will get food?
  43. Do you know how you will get diapers?
  44. Do you know if your insurance will continue once the baby is born?

45. Will you still go to the same clinic/hospital for checkups once your baby is born? Do you know how often you're supposed to go? Do you think you'll have any problem getting there? Do you know what kinds of things happen at those appointments? Has your doctor ever talked with you about what will happen after the baby is born? (Probe for knowledge of vaccinations, well-baby checkups, adolescent checkups, etc.)

#### C. Support Networks, Sense of Personal Efficacy

Now I'd like to change the subject a little and talk about your friends and family.

46. Outside of school, are any of your friends pregnant right now? Relatives? Have any of them been pregnant recently? (Probe for details.) Do you talk with them or the girls here [at school] about being pregnant? Have you learned about being pregnant from them? Do you ever go to them with questions?
47. Do you talk about your pregnancy with other people who aren't pregnant? (Probe for closest ties—family, friends, father of baby, etc.)
48. Do you think most of your family and friends support your having this baby or don't support you? What makes you feel this way? Do you think that impacts how you feel about your pregnancy?
49. Have you looked at a baby magazine in the past month? Is this something you usually do? Do they have baby magazines at the clinic? Has your doctor ever suggested that you look at these magazines? What types of articles do you read in them?
50. Are you together with the father of the baby? Someone else? (If yes) How involved is he with your prenatal care?
51. Who lives with you? (Record relationship to teen, approximate ages.)
52. Is there anything else you're concerned about? ■