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Case Study

Maternal Health Disparities in Texas: The Role of Documentation Status in Access, Communication, and Outcomes

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Introduction

This paper will examine maternal health disparities in South Central Texas, with a focus on how documentation status shapes access to prenatal care, patient-provider communication, and maternal health outcomes among undocumented women. Texas continues to face serious maternal mortality and morbidity concerns. The state review committee found that most pregnancy-related deaths in its 2020 review were preventable and documented continuing racial and ethnic disparities in maternal outcomes [1]. Race and socioeconomic background have been widely studied in maternal health research; documentation status remains a less explored factor that may influence access to care and communication within healthcare settings. Documentation status not only works as a legal classification but also as a structural and communicative factor that influences eligibility for public insurance programs, fear of interacting with public institutions, language barriers, and communication between patients and healthcare providers.

The Culture Centred Approach explains how health disparities emerge through the interaction between structural conditions, cultural contexts, and individual agency within marginalised communities [2,3]. Structural barriers such as healthcare policy, insurance eligibility restrictions, and immigration related concerns shape access to care. At the same time, cultural experiences within immigrant communities influence how individuals interpret healthcare institutions and medical interactions. Narrative Theory helps explain how individuals and communities make sense of healthcare experiences through shared stories and interpretations that influence trust, identity, and decision-making [4].

Using these two theoretical frameworks provides a way to examine how structural barriers and community narratives influence maternal health behaviours and healthcare experiences among undocumented women. Understanding how documentation status shapes maternal health experiences is important for examining broader health disparities among immigrant populations. Structural barriers such as limited access to insurance coverage, restrictive healthcare policies, and concerns related to immigration can influence whether undocumented women seek prenatal care and how they interact with healthcare providers. Communication experiences with healthcare institutions and stories shared within immigrant communities shape how individuals interpret these systems and whether they feel comfortable engaging with medical institutions. By applying these theoretical frameworks, this paper will highlight how documentation status works as a structural barrier and a communicative context that shapes maternal health experiences among undocumented women in Texas.

The objective of this theoretical application is to explain how documentation status may shape maternal healthcare access, patient-provider communication, and healthcare decision-making among undocumented pregnant women in South Central Texas. The guiding question is: How do structural conditions, cultural contexts, individual agency, and shared healthcare narratives interact to shape access to prenatal and postpartum care, communication with healthcare providers, and perceptions of safety among undocumented pregnant women in South Central Texas?

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Study type and rationale for the theoretical application

This manuscript is a theoretical application and conceptual analysis rather than a clinical case study or an empirical research report. It does not present a single patient, a clinical vignette, original patient data, or a new dataset. South Central Texas serves as the focal population and policy setting. The sources include peer-reviewed scholarship on health communication and maternal healthcare, together with publicly available state policy guidance. The analysis applies the Culture-Centered Approach and Narrative Theory to published information about access, communication, trust, and healthcare navigation. It then compares what each theory explains and translates the analysis into implications for nursing practice, healthcare delivery, and policy.

Texas represents an important setting for examining how healthcare policy may affect maternal health experiences because the state has not adopted the Affordable Care Act Medicaid expansion and because coverage pathways differ according to eligibility and immigration status [5]. Many individuals face barriers to obtaining consistent health insurance coverage, especially low-income individuals who have been marginalised by other social or economic factors. Undocumented immigrants generally do not qualify for full Medicaid coverage, although Emergency Medicaid may cover qualifying emergency services, including labour and delivery. Texas also operates CHIP Perinatal, which provides prenatal services for eligible uninsured pregnancies when the pregnant person cannot receive Medicaid, including for immigration related reasons. Current Texas guidance also provides up to twelve months of postpartum coverage for eligible Medicaid and CHIP recipients [5,6]. These programs provide important pathways to care, but their different eligibility rules and benefits can make the system difficult to understand and navigate.

Due to these challenges, maternal health disparities among undocumented women represent an important subject area for theoretical examination. Structural barriers, including immigration policy, healthcare eligibility requirements, and institutional practices, affect how accessible healthcare services are, while communication between patients and healthcare providers influences how individuals perceive medical risk and understand their treatment options. Additionally, the experiences and stories that exist within immigrant communities help to explain how individuals perceive healthcare institutions and whether they feel safe seeking healthcare. By using the Culture Centred Approach and Narrative Theory, this paper develops a framework for understanding how structural barriers and community-based narratives influence maternal health behaviours and experiences among undocumented women in Texas.

Another reason this topic is important is that documentation status may affect how undocumented women experience healthcare institutions, as well as their ability to communicate effectively with healthcare providers during pregnancy. When individuals are concerned that their immigration status will put them at risk for deportation, detention, or other forms of social consequence, they may be reluctant to seek medical care or discuss their health concerns with healthcare providers. As a result, these experiences can significantly affect the quality of communication between healthcare providers and patients, as well as how comfortable individuals feel inquiring about or discussing their symptoms. Language barriers and a lack of clarity regarding what services are available to undocumented immigrants may further increase communication barriers [7,8].

Texas maternal healthcare context: In Texas, undocumented women may experience numerous obstacles when seeking prenatal and postpartum healthcare services. Undocumented immigrants generally do not qualify for full Medicaid coverage, but Texas has separate pathways for Emergency Medicaid and CHIP Perinatal. CHIP Perinatal includes prenatal visits, prenatal vitamins, labour and delivery services, and limited postpartum services for eligible uninsured pregnancies. Depending on income and other eligibility requirements, Emergency Medicaid may cover labour and delivery, while twelve-month postpartum coverage applies to eligible Medicaid and CHIP recipients under current policy.

Texas policy [5,6]. Prenatal care is a critical component of maternal healthcare because it allows healthcare professionals to monitor the health of both the mother and her unborn child, detect possible complications early, and give advice on health-related behaviours associated with pregnancy. Even when a program is available, uncertainty about eligibility, limited provider availability, financial costs, transportation issues, language differences, and fear of immigration consequences may delay or interrupt care [8]. Therefore, formal eligibility does not always result in timely or continuous access to services.

Additional barriers to maternal healthcare experiences may arise due to communication difficulties. Language barriers between the healthcare provider and the patient can affect the effectiveness of communication during medical visits [7]. Research indicates that when patients and providers speak different languages, there is a greater likelihood for misunderstandings to occur concerning diagnosis, treatment options, and follow-up care [7]. Communication barriers may reduce patient satisfaction, affect the patient's ability to understand medical information, and reduce the patient's ability to follow the recommended course of treatment. Due to the reliance of pregnant individuals upon their healthcare provider for information related to pregnancy health behaviours, medical risks, and available healthcare services, effective communication is especially critical in prenatal care settings.

Additionally, undocumented women may be less likely to seek medical care or communicate openly with their healthcare providers due to fear of deportation or other negative consequences associated with immigration [8]. Some undocumented women may delay seeking prenatal care until health issues become more serious due to concerns about how their personal information may be used or disclosed [8]. This hesitancy may negatively affect both the timing of healthcare

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visits and the quality of communication experienced by the patient during medical encounters.

As a result, documentation status affects maternal health experiences through both structural barriers and communication dynamics in the healthcare setting. Healthcare policies affecting service eligibility create the structural conditions that limit or complicate access to prenatal services. How individuals understand medical information, communicate with their healthcare providers, and navigate the healthcare system during pregnancy are influenced by the communication dynamics that exist between patients and providers. These structural and communicative conditions provide the context for this theoretical application and demonstrate how documentation status may influence maternal health experiences among undocumented women in Texas.

Application of the culture-ventered approach

Undocumented pregnant women face several challenges accessing appropriate healthcare due to a lack of structural support within the healthcare system. Although Emergency Medicaid and CHIP Perinatal can provide important services, eligibility rules, limited benefits, and difficulty locating participating providers can still interrupt routine prenatal and postpartum care [5,6]. Without regular prenatal visits, some women may not be aware of potential complications associated with their pregnancy until those complications become more serious. This can place both the mother and her unborn child at greater risk.

The Culture Centred Approach examines the role of culture in shaping how individuals understand health and healthcare systems. According to Dutta [2], culture refers to the shared meanings, values, and experiences that shape how individuals interpret their health and their interactions with healthcare institutions. Individual experiences with healthcare institutions are often influenced by these broader cultural experiences. Within immigrant communities, shared stories about healthcare encounters may influence whether individuals feel comfortable seeking medical care. For example, stories about discriminatory treatment, high medical bills, or concerns about immigration status may cause individuals to hesitate before seeking healthcare services. In contrast, positive experiences shared within a community may help increase trust in healthcare providers and encourage individuals to seek care.

The Culture Centred Approach identifies three key elements that help explain health inequities: structure, culture, and agency [2,3]. Structure refers to the political, economic, and institutional systems that shape access to healthcare resources. For undocumented pregnant women in Texas, these structural conditions significantly influence access to maternal healthcare. Insurance eligibility rules and differences among healthcare programs may create barriers to continuous prenatal and postpartum care. Structural conditions may also influence communication within healthcare settings. Language differences between providers and patients can create barriers to effective communication, which may lead to misunderstandings regarding diagnoses, treatment recommendations, or follow-up care [7]. These communication challenges may reduce patient satisfaction and make it more difficult for individuals to understand medical information or follow recommended treatment plans. Clear communication is particularly important in prenatal care because pregnant individuals often rely on healthcare providers for information about pregnancy-related health behaviours, potential complications, and available healthcare services.

Agency is the third component of the Culture-Centered Approach. Agency refers to the ways individuals make decisions and navigate healthcare systems despite structural and cultural barriers [2,3]. Even when institutional barriers limit access to healthcare services, individuals often develop alternative strategies for obtaining information and support. For example, undocumented women may rely on community organisations, local clinics, or trusted healthcare providers who are known within their communities. These networks can provide valuable information about available services and help individuals navigate healthcare systems despite structural limitations.

Applying the Culture-Centered Approach to maternal health disparities in South Central Texas provides insight into how immigration status influences both healthcare access and communication within healthcare institutions. Structural barriers such as healthcare policy and insurance eligibility restrictions affect whether undocumented women can obtain prenatal care. At the same time, cultural experiences within immigrant communities influence how individuals perceive healthcare institutions and whether they feel comfortable communicating with healthcare providers. Individuals may also exercise agency by relying on community networks and local resources to navigate healthcare systems.

The Culture-Centered Approach therefore helps explain how the interaction between structure, culture, and agency contributes to maternal health disparities experienced by undocumented women in Texas. Documentation status not only limits access to maternal healthcare through institutional barriers but also shapes communication experiences and community knowledge that influence how individuals seek and receive care. By focusing on the lived experiences of marginalised communities, the Culture Centred Approach provides a framework for understanding how structural inequalities and communication processes shape maternal healthcare access.

Application of narrative theory

Narrative Theory explains that individuals construct meaning from life experiences through stories and that broader societal narratives help shape identity, establish trust, and guide decision-making [4]. Fisher's narrative paradigm suggests that people evaluate information and experiences through stories that help them determine what appears believable and meaningful. Health behaviours are often shaped through both individual and collective narrative processes

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within communities. Stories shared among families, friends, and neighbours can influence how individuals understand healthcare institutions and interpret their experiences during medical encounters. Research on maternity care has shown that language, ethnicity, and immigration status can intersect in ways that shape communication, respect, and experiences of care [9].

The personal stories that undocumented Latina women share regarding their experiences with immigration and healthcare are often characterised by themes of vulnerability, resilience, and distrust toward institutions that are shaped by broader public discourse. Stories circulating within immigrant communities can influence how women perceive healthcare systems and whether they feel comfortable seeking prenatal care. Positive stories describing respectful treatment from healthcare providers may encourage women to seek prenatal services and build trust in healthcare institutions. At the same time, negative stories involving discrimination, high medical costs, or fears related to immigration status may discourage women from accessing healthcare during pregnancy. Research describing maternity care at the intersections of language, ethnicity, and immigration status also demonstrates how communication and institutional treatment can shape whether patients feel heard and respected [9].

Communication between healthcare providers and pregnant women also contributes to the formation of these narratives. When healthcare providers communicate clearly and respectfully about prenatal care, women may feel more confident engaging with healthcare services. However, when communication is perceived as dismissive or culturally insensitive, these experiences may reinforce negative narratives about healthcare institutions and contribute.

Avoidance of care. Narrative Theory therefore helps explain how the meanings individuals attach to healthcare experiences influence how women interpret pregnancy-related risks, develop trust in healthcare providers, and make decisions about seeking prenatal care [4,9].

Narrative Theory also illustrates how individuals use shared experiences to evaluate trust in healthcare institutions. Stories circulating within communities help individuals determine whether complex healthcare systems appear trustworthy and accessible. These narratives can influence whether individuals follow medical advice, how comfortable they feel communicating with healthcare providers, and whether they believe healthcare institutions will respond to their needs. For undocumented Latina women, stories about immigration concerns, financial barriers, or previous experiences of discrimination may shape perceptions of safety when seeking care. These shared narratives can influence whether women feel comfortable pursuing prenatal care and how they interpret recommendations provided by healthcare professionals.

Through these narrative processes, undocumented women evaluate the potential risks and benefits of seeking prenatal care during pregnancy. Applying Narrative Theory to maternal health disparities allows researchers to examine how personal experiences, community knowledge, and shared storytelling shape healthcare decision-making. For undocumented women in Texas, narratives about previous healthcare encounters, immigration related fears, and interactions with healthcare providers create a narrative context that influences how women interpret pregnancy-related risks and whether they feel safe seeking prenatal care. Understanding these narrative processes helps explain how community knowledge, lived experience, and storytelling influence maternal healthcare decisions among undocumented women in Texas.

Comparative theoretical analysis

While the Culture Centred Approach and Narrative Theory each highlight elements of social experience and communication, they address the relationships between individuals and healthcare systems from different angles. The Culture Centred Approach examines how the interplay between structural conditions, cultural context, and individual agency leads to health inequities within marginalised groups [2,3], whereas Narrative Theory examines how individuals construct meaning about their experiences and how those interpretations affect identity, decision-making, and healthcare trust (Fisher, 1984). Together, the two theories support explanations for both the structural barriers influencing healthcare access and how individuals make meaning of and respond to those barriers.

The Culture Centred Approach is grounded in a critical perspective, which highlights how structural inequalities and institutional systems can contribute to health disparities among marginalised populations [2.3]. Narrative Theory reflects an interpretive perspective, focusing on how individuals construct meaning from their experiences through storytelling and shared community narratives that help shape trust, identity, and decision-making [4].

The Culture-Centered Approach identifies the structural factors that affect access to maternal healthcare for undocumented women in Texas. Policy and regulation regarding healthcare and immigration affect whether an individual is eligible for insurance coverage or has access to preventive prenatal care. In Texas, Emergency Medicaid, CHIP Perinatal, Medicaid for Pregnant Women, and postpartum coverage each have their own eligibility and service rules. These differences can shape whether care is continuous and whether patients understand where they can obtain services [5,6]. In using the Culture Centred Approach to understand these disparities, the disparities are seen as the result of institutional structures that can limit access to healthcare resources.

In addition to providing a description of the environment in which undocumented women make decisions about accessing healthcare during pregnancy, Narrative Theory addresses the way in which individuals make sense of their experiences with healthcare systems through storytelling and shared community knowledge. According to Fisher [4], narratives allow individuals to evaluate whether institutions and actions are trustworthy and meaningful. Stories regarding experiences with healthcare providers, hospitals, and clinics often travel through family, friends, and social networks in immigrant communities. Both positive and negative experiences may be

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included in these stories and may affect how individuals perceive healthcare institutions. For undocumented women, stories of discrimination, high costs of medical treatment, or concerns related to immigration may promote fear or apprehension when attempting to receive prenatal care. Stories of supportive providers or community clinics may enhance confidence to receive care and engage with healthcare providers.

One of the strengths of the Culture Centred Approach is that it highlights how institutional structures such as healthcare policy, insurance restrictions, and immigration concerns create barriers for women to seek maternal healthcare. However, a limitation of this theory is that it does not fully explain how individuals interpret their personal experiences within healthcare systems. Narrative Theory addresses this limitation by explaining how shared stories and community knowledge influence trust, perceptions of safety, and healthcare decision-making. At the same time, Narrative Theory specifically focuses on meaning-making and storytelling and may not fully focus on the structural systems that create these barriers.

Together, the Culture Centred Approach and Narrative Theory provide a larger scope of explanation for maternal health disparities among undocumented women in Texas. The Culture Centred Approach highlights the structural barriers due to healthcare policy, insurance eligibility restrictions, and immigration related issues affecting access to prenatal services. Narrative Theory highlights how individuals interpret these structural conditions through shared stories and lived experiences that influence perceptions of safety, trust, and belonging within healthcare institutions. Therefore, documentation status affects maternal health experiences both through institutional barriers and through the meanings individuals attribute to their experiences with healthcare providers.

This paper uses the Culture Centred Approach and Narrative Theory to illustrate how structural barriers, communication interactions, and community-based narratives affect maternal health behaviours and healthcare access for undocumented women residing in Texas. While Narrative Theory explains how undocumented women interpret their healthcare experiences through shared stories and their community, the Culture Centred Approach gives a broader framework for understanding how structural conditions, cultural context, and individual agency shape those experiences. The two theoretical frameworks provide a more comprehensive view of how disparities in maternal health are formed through institutional systems and forms of communication in daily life.

Practical implications

For nursing practice, the analysis shows how a structural barrier can become a communication barrier during a clinical encounter. Uncertainty about eligibility or the cost of care may cause a patient to delay a visit. Fear about the use of personal information may reduce disclosure, and the absence of a qualified interpreter may lead to misunderstanding about symptoms, warning signs, or follow-up care. Nurses can respond by using qualified interpreters, explaining confidentiality and documentation practices in clear language, using teach-back to confirm understanding, and asking about financial, transportation, and navigation needs without making assumptions about immigration status.

For healthcare delivery, organisations can reduce gaps between eligibility and actual access by maintaining clear referral pathways for Medicaid for Pregnant Women, CHIP Perinatal, Emergency Medicaid, safety net clinics, and postpartum services. Consistent interpreter access, understandable privacy notices, care navigation, and follow-up after missed appointments can improve continuity. Partnerships with trusted community organisations and community health workers may also strengthen agency and counter negative narratives by connecting patients with accurate information and respectful care.

For policy, the analysis supports simplifying eligibility information, sustaining interpreter and care navigation services, and reducing gaps in prenatal and postpartum coverage. Policies that separate access to healthcare from immigration enforcement concerns can improve perceived safety and trust. The Culture Centred Approach also suggests that undocumented women and trusted community organisations should be included when maternal health programs are designed and evaluated so that policy responds to community knowledge rather than treating the population as a passive recipient of services.

Ethical considerations

This theoretical application did not involve human participants, patient records, identifiable information, interviews, surveys, or other original data collection. Institutional review board approval and informed consent were therefore not applicable. The discussion relies on published scholarship and publicly available policy sources. Because immigration status is sensitive, the analysis avoids presenting undocumented women as a uniform group and does not attribute a single experience to all members of the population.

Limitations

This paper is a conceptual analysis and does not test the proposed relationships with original patient or clinical data. The literature was selected to support a theoretical application and was not gathered through a systematic review, so relevant studies may be absent. Some cited research was conducted outside South Central Texas, and experiences may differ according to country of origin, race, language, income, location, pregnancy risk, and other factors. The analysis also cannot determine how often the proposed mechanisms occur or establish that documentation status directly causes a particular health outcome. Finally, program rules can change, so future research should verify current policy and include community voices, patient experiences, and local data when evaluating the framework.

Conclusion

Barriers to accessing maternal health services continue to disproportionately affect undocumented Latina women in

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Texas due to a combination of structural and communication-related obstacles present in the current healthcare system. Documentation status may limit undocumented women's ability to access prenatal care, obtain insurance, and interact with healthcare providers. The Culture-Centered Approach can help explain how structural conditions such as healthcare policy, restrictions on insurance eligibility, and issues associated with immigration can limit access to maternal health services [2,3]. Narrative Theory can complement this perspective by describing how women make sense of their experiences in receiving healthcare through shared stories and community-based knowledge that shape trust, identity, and decision-making [4].

Together, these two theoretical perspectives show that maternal health inequities experienced by undocumented women are shaped by both systemic barriers and individualised interpretations of their experiences interacting with the healthcare system. Analysing maternal health using these two theoretical perspectives provides an understanding of how systemic barriers and communication processes contribute to access to healthcare for undocumented women in Texas, as well as highlights the need to develop policies and practices that increase access to safe and equitable maternal care. In practice, this means pairing accurate coverage information and care navigation with qualified interpreters, clear confidentiality explanations, respectful communication, and meaningful participation from the communities affected.

References

1. Texas Maternal Mortality and Morbidity Review Committee. Joint biennial report of the Texas Maternal Mortality and Morbidity Review Committee and the Department of State Health Services.(2024). Available from: https://www.dshs.texas.gov/sites/default/files/legislative/2024-Reports/MMMRC-DSHS-Joint-Biennial-Report-2024.pdf
2. Dutta MJ. Culture-centred approach in addressing health disparities: Communication infrastructures for subaltern voices. Communication Methods and Measures, 2018; 12(4), 239–259. Available from: https://doi.org/10.1080/19312458.2018.1453057
3. Dutta M, Kaur-Gill S, Baskey P, Metuamate S, Mandal I, Pokaia V. Culture-centred approach as critical health practice: The body as resistance. In S Sastry, HM Zoller, A Basu (Eds.), Critical health communication: Theory and practice (pp. 210–230). Routledge. 2025; Available from: https://doi.org/10.4324/9781003426530-13
4. Fisher WR. Narration as a human communication paradigm: The case of public moral argument. Communication Monographs, 1984;51(1), 1–22. Available from: https://doi.org/10.1080/03637758409390180
5. Texas Health and Human Services Commission. (2025). Texas Medicaid and CHIP reference guide (15th ed.) 2025. Available from: https://www.hhs.texas.gov/sites/default/files/documents/texas-medicaid-chip-reference-guide-15th-edition.pdf
6. Texas Health and Human Services Commission. (n.d.). Medicaid for pregnant women and CHIP Perinatal. Retrieved July 29, 2026, Available from: https://www.hhs.texas.gov/services/health/medicaid-chip/medicaid-chip-programs-services/medicaid-pregnant-women-chip-perinatal
7. Flores G. Language barriers to health care in the United States. New England Journal of Medicine.2006; 355(3), 229–231. Available from: https://doi.org/10.1056/NEJMp058316
8. Hacker K, Anies M, Folb BL, Zallman L. Barriers to health care for undocumented immigrants: A literature review. Risk Management and Healthcare Policy.2015; 8: 175–183. Available from: https://doi.org/10.2147/RMHP.S70173
9. Sudhinaraset M, Kolodner RA, Nakphong MK. Maternity care at the intersections of language, ethnicity, and immigration status: A qualitative study. Women's Health Issues. 2023; 33(6), 618–625. Available from: https://doi.org/10.1016/j.whi.2023.04.004

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