EVIDENCE BASED Birth®

Evidence that Empowers!

Anti-Black Implicit Bias and Impact on Birth Outcomes

By Rebecca Dekker, PhD, RN and Ihotu Jennifer Ali, MPH LMT of Evidence Based Birth®

****TRIGGER WARNING FOR BLACK AND BI-RACIAL READERS****

DISTURBING/VIOLENT ANTI-BLACK RACIAL PREJUDICES AND THEIR CONSEQUENCES

Racial Bias	Bias-in-Action	Antidote
The incorrect belief that Black people feel less pain than white people; if they express pain then they are just being "dramatic.	• An anesthesiologist delays fulfilling a Black woman's request for an epidural. • Operating room and nursing staff do not believe a Black person when they complain of severe incision pain during or after a Cesarean. • A nurse does not believe a Black pregnant person is having severe enough chest pain to be considered high priority (when in fact they are having a life-threatening pulmonary embolism) and treats other "priority" patients first.	• Require documentation from your staff on the timing between when a patient asks for help to when it is addressed. • Social media movement to "Trust Black Women" (and all Black people). • Perspective taking (putting yourself in their shoes). • Consider if you are employing a double standard. • Educate yourself and others on the evidence on false beliefs: "Racial bias in pain assessment and treatment recommendations" (Hoffman et al. 2016) • Bystanders, speak up! "I'm noticing that you're ignoring or dismissing (patient's name) pain. Research shows that white health care workers are more likely to dismiss the pain of Black patients, which contributes to higher rates of maternal mortality."
The incorrect belief that Black people are more fertile than white people; they have too many children and too large of families.	• Fertility clinics mainly cater to white, wealthy, heterosexual couples. • A Black woman who just gave birth to her first child hours ago is repeatedly told about birth control options, and is met with disapproval if she requests to wait. • An OB/GYN does not complete a full infertility work-up on a Black couple that is struggling to get pregnant. • Extended family members of a birthing person are not allowed into the room – hospital policy requires her to choose between her partner and her mother.	• Train on ways to educate about birth control without pressure or judgment. • Change visitor policies to accomodate more family members. • Perspective taking (putting yourself in their shoes). • Consider if you are employing a double standard. • Advocate for fertility clinics to hire Black consultants and implement their suggestions to increase their outreach and accessibility to Black families. • Educate yourself and others on the history and evidence on reproductive justice and Black population control: *Killing the Black Body* (Dorothy Roberts). • Bystanders, speak up! "I'm noticing that you did not allow (patient's name) family members in the room. It's important to provide Black patients with culturally congruent care, and in this case that means making sure they have their family support system in the room. This can lower their chances of experiencing a maternal death."

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The incorrect belief that Black people are tougher than white people — their skin is thicker, their immune systems are stronger, and their blood clots more quickly.	• A Black first-time mother is showing signs of postpartum hemorrhage; the nurses say it's normal and they delay getting the hemorrhage supplies; she ends up losing a critical amount of blood. • Medical and nursing students are taught that Black skin is thicker, and they talk about it while they are inserting an IV on a Black patient. • Signs of intrapartum infection are ignored in a Black birthing person and their newborn is born with sepsis. • Health care workers are more than twice as likely to ignore a Black patient's requests for medical help.	• Perspective taking (putting yourself in their shoes). • Consider if you are employing a double standard. • Require documentation from your staff on the timing between when a patient asks for help to when it is addressed. • Revise medical and nursing student curricula, books, and board exams. • Social media movement to "Trust Black Women" (and all Black people). • Educate yourself and others on the evidence on racial disparities: "Postpartum hemorrhage outcomes and race" (Gyamfi-Bannerman et al. 2018) • Bystanders, speak up! "I'm noticing that nobody seems to be taking (patient's name) blood loss seriously. Black birthing people are 5x more likely to die of a postpartum hemorrhage than white clients, due to racism in not taking their symptoms seriously. It's critical we act now before the patient loses more blood."
The incorrect belief that Black women are not fit to be mothers; they are welfare queens and drug abusers, and white people must protect Black infants from their own mothers.	• A Black mother wishes to keep the cord/placenta attached to their baby in a "lotus birth" tradition, and the postpartum nurse calls Child Protective Services. • A Black parent declines eye ointment for their newborn, and the physician notifies Child Protective Services. • "Routine" drug tests are performed on a Black birthing person and baby without their consent. • Black patients are not asked about health insurance but assumed to be on public or Medicaid insurance, or uninsured.	• Train staff to never perform toxicology screens without informed consent. • Ask, rather than assume, every patient's insurance status. • Perspective taking (putting yourself in their shoes) and consider the long-term impact of separation on both child and parent; ask if there are any alternative ways to find support. • Consider if you are employing a double standard. • Educate yourself and others on the evidence on perinatal drug testing by race, despite equal positivity rates found between tested white and Black patients: "The Effect of Race on Provider Decisions to Test for Illicit Drug Use..." (Kunins et al. 2010). • Bystanders, speak up! "I noticed that you threatened to call CPS when a Black client was not accepting the medical intervention you were suggesting. Were you aware of the potential consequences of your action, and how much harm this could do to the infant and their parent?"

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The incorrect belief that Black men are violent and predatory, they are a danger to white bodies (especially white female bodies), and uninterested in birth or parenting.	• A Black male partner asks several questions of the nurse to get informed consent; the next thing he knows, security is in the room interrogating him for being a disruption. • A Black male partner is afraid of backlash and so he's afraid to speak up and stop the obstetric violence (forced interventions, forced pelvic exams) that healthcare workers are doing to his partner. • A provider assumes that a single Black mother is not in touch with the child's father because he is in jail; no one asks the mother if she would like to invite him to prenatal visits or involve him in the birth or parenting. • A Black mother has severe postpartum anxiety related to fears that her newborn son will grow up to be racially profiled and killed by police.	• Require documentation from your staff on the timing between when a patient *or their partner* asks for help to when it is addressed. • Social media movement to "Trust Black Women" (and all Black people). • Perspective taking (putting yourself in their shoes). • Consider if you are employing a double standard. • Take the Diversity Science Dignity in Pregnancy and Childbirth training to assess common miscommunications between providers, patients and partners. • Educate yourself and others on the evidence on the impact of police violence on preterm birth and birth outcomes: "Gestational exposure to fatal police violence and pregnancy loss in US." (Jahn et al. 2021). • Listen to the concerns of Black patients and their partners. • Bystanders, speak up! "No, [colleague's name], you will *not* call security. [Partner's name] was just asking questions. Did you know that in white culture, there is an assumption that all Black men are violent and predatory, and that this bias carries out in how we treat Black partners in the birth room? This partner is concerned for the well-being of his family. Let's reframe this so that we're listening to his concerns and figure out how we can best support them."

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The incorrect belief that Black mothers are unwed; Black birthing people are all heterosexual and cisgender.	• The physician on call repeatedly assumes that the Black male in the hospital room is a boyfriend, not a spouse. • The nurse assumes that the laboring Black patient is single and that the companion in the room is an aunt or sister (when it's her wife). • The medical staff continually use the wrong pronouns for the patient, even after the patient has asked several times to use the pronouns they prefer. • The nurse keeps using the patient's "deadname."	• Perspective taking (putting yourself in their shoes). • Consider if you are employing a double standard. • Ask, rather than assume, the relationship between patients and their support people/visitors (Remember the saying… when you ASSUME it makes an ASS out of U and ME!). • Educate yourself and others on how to support Black LGBTQ Birthing People: EBB Podcast Episode #182 Black-led Queer and Trans Birth Work with Iya Mystique Hargrove, Kortney Lapeyrolerie, and Nadine Ashby. • Bystanders, speak up! "I noticed that you have used incorrect pronouns (or name) for (patient's name). Is this something you are doing on accident or on purpose?" If they say it's an accident, say, "The patient needs you to remember their pronouns from now on. No need to make a big fuss, just apologize and say you will do better moving forward." If they say it's on purpose, recognize this as transphobia and say, "We need to talk about re-assigning the patient to a different nurse/physician."
The incorrect belief that Black families are not interested in breastfeeding or chestfeeding their children.	• The lactation consultant does not visit the Black postpartum patient's room to offer to help. • The NICU nurse does not offer to help the Black parent learn how to pump. • While the Black newborn baby is waiting for a pediatric assessment, the nursery nurse gives the baby a bottle of formula even though it says "breastmilk only" on the baby's documentation.	• Require your staff to offer and document lactation support sessions with patients of color. • Perspective taking (putting yourself in their shoes). • Consider if you are employing a double standard. • Celebrate Black Breastfeeding Week! (Visit blackbreastfeedingweek.org) • Educate yourself and others on how to support Black mothers in breastfeeding: EBB Podcast Episode #189 Why Black Lactation Matters and the Importance of Black Breastfeeding Week with IBCLC, Janiya Mitnaul Williams. • Bystanders, speak up! "Can someone tell me why (patient's name) was not referred to the IBCLC on call?" After hearing the explanation, say, "There is a long history behind assuming that Black mothers do not breastfeed their children. Did you know this came from the era of slavery, when Black women were not allowed to nurse their own children because they had to nurse the master's white children instead? We need to stop reinforcing this bias. It says on their chart that they wanted to breastfeed their baby. Let's call the IBCLC right now and see if they're available to help."

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The incorrect belief that all Black people have unhealthy diets and do not have access to healthy food options; if a Black person is plus size then this shows how little they care for themselves.	• The OB/GYN does not offer any nutritional counseling during prenatal visits other than a basic "do not eat" food list. • A Black pregnant person with gestational diabetes is told she must go on medication and is not given the option of trying diet first. • BMI is used as a standard medical indicator for risk, regardless of patient bone density or muscle mass. • A patient with a high BMI dies during Cesarean surgery, and the surgeon's notes and maternal mortality review board both name "obesity" as the major contributor to the death; neither call for more specific surgical/anesthesia training with larger bodies. • The nurse makes a disgusted face when they see a Black patient eating food from home during labor.	• Perspective taking (putting yourself in their shoes). • Consider if you are employing a double standard. • Educate yourself and others on the rich history of African American culinary traditions, for example with the High on the Hog Netflix Documentary Series. • Educate yourself and others on the racial origins of fat phobia: *Fearing the Black Body* (Sabrina Strings). • Measure your fat bias with the validated 14-item "Fat Phobia Scale;" ask your co-workers to also take this scale (Bacon et al. 2001). • Take a continuing education class on how to create a size-friendly practice. • Follow plus-size influencers on social media and learn from their stories about how health care workers should NOT practice when caring for people of size—you will learn lots of examples of the fat-phobia that is present in health care. • Bystanders, speak up! "I noticed that you made a disgusted face when you saw (patient's name) eating. Were you aware that it is a racial microaggression to judge the food of people from other cultures?"

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The incorrect belief that Black people are inherently dirty and lazy; white health care workers have a reluctance to touch them.	• After the birth, the nurse does not offer to help the Black patient change her hospital gown that is covered in blood; 24 hours later nobody has changed the patient's gown or brought her a new one. • A Black patient is severely ill with preeclampsia and on a Magnesium drip; the doctor orders every 30-minute neuro/reflex checks; instead the nurse just looks at the vital signs on the monitor and leaves without touching the patient each time (although she charts that she did the assessment).	• Perspective taking (putting yourself in their shoes). • Consider if you are employing a double standard. • Require staff to document changing linens after birth. • Educate yourself and others through conversations where you can admit racial stereotypes you hold and start to change them: "What 10 students learned from having to say their worst thoughts on race out loud" (NPR). • Bystanders, speak up! "When you did the neuro check, I noticed that you did not physically touch the patient to assess their reflexes. This is a major safety issue, especially for Black patients who are at higher risk of mortality due to racism in how they are not given the same level of care as white patients. I say this out of concern for the patient's safety. I know it's not the intention to provide lesser care, but there are strong implicit biases in health care workers to not physically touch Black patients, and I wanted to bring that to your attention."

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The incorrect belief that Black bodies can be experimented on.	• A teaching hospital mainly serves the nearby Black community; the white attending brings in two white residents and three white medical students to assess the Black patient in labor; it is expected that every student will get to do a vaginal exam; nobody asks the patient if this is okay. • White health professionals blame Black pregnant patients for being "stupid" and "not caring about their baby" when they are hesitant to accept a medical intervention or participate in an innovative study. • A Black patient is told she cannot refuse the presence of medical students in her room; but she is also not allowed to have her doula due to infection precautions. • During the delivery, a group of nurses, residents, medical students, and nursing students crowd into the room to watch the Black patient give birth; the patient is not asked permission to have observers.	• Teach your trainees to introduce themselves every time they enter a patient room and be prepared that not all patients will accept their presence. • Find creative alternatives for training to do pelvic care. • Perspective taking (putting yourself in their shoes). • Consider if you are employing a double standard. • Respect the importance of patient privacy by not allowing crowds of medical staff in the room during a birth, especially during the delivery. Everyone in the room should have a specific role to play; there should be nobody there "just to watch." • Educate yourself and others on the history and evidence on Black patients used for research and learning purposes without consent: *Medical Bondage* (Diedre Cooper Owens) and *The Immortal Life of Henrietta Lacks* (Rebecca Skloot). • Learn more about trauma-informed pelvic care at EBB Podcast Episode #180 with Stephanie Tillman. • Learn about the Mothers of Gynecology, Anarcha, Lucy, and Betsey, at https://www.anarchalucybetsey.org/ • Bystanders, speak up! When speaking with students and residents, you can say, "It's important that you understand the long history of Black bodies being experimented on in obstetrics, gynecology, and other fields of medicine. You also need to understand that vaginal exams can be triggering for people with a history of surviving sexual assault. So, we perform vaginal exams sparingly, with compassion, and, with verbal consent from the patient. So, after we ask permission, only one person will be assigned to do the check."

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The incorrect belief that Black women have inferior shaped pelvises.	• A physician performs an outdated "pelvimetry" procedure on a Black woman and tells her she's not a candidate for Vaginal Birth after Cesarean (VBAC). • A physician diagnoses "failure to progress" when a Black birthing person is still in early labor; the Black patient has an unnecessary Cesarean, requires a blood transfusion, and has a long and difficult recovery.	• Perspective taking (putting yourself in their shoes). • Consider if you are employing a double standard. • Educate yourself and others on the history of pelvimetry leading to forced sterilizations and unnecessary cesareans, when updated research cautions against its use: "Pelvimetry and the persistence of racial science in obstetrics" (O'Brien 2013) and "Female pelvic shape: Distinct types or nebulous cloud" (Kulinkas et al. 2015). Download the free EBB Handout on Debunking Racial Pelvic Shapes at https://ebbirth.com/birthjustice. • Bystanders, speak up! "According to the latest research and practice guidelines, this patient's labor is still within normal limits. It's important that we help them fulfill their goal of having a vaginal birth if at all possible. Do you have any ideas of other ways we can help them progress with their labor?" (Consider teaching other ways of supporting labor progress, such as time, privacy, rest, food/drink, support, peanut balls, birth balls, walking, spending time alone in the bathroom, Pitocin®, etc.).
The incorrect belief that Black women are angry, aggressive, wild, loud, and less intelligent or educated—this belief is more exaggerated with darker skin tones.	• A psychologist or therapist does not diagnose a Black woman with postpartum depression; instead she's viewed as just "angry"; proper treatment is not provided. • Black family members attending a birth are watched by nurses more cautiously, in anticipation that they will be inappropriately loud and "distracting" – even though the birthing person expresses that their presence is welcome. • The only Black Labor and Delivery nurse on the unit is disciplined for being too "angry" or "disrespectful" when she was just trying to advocate for her Black patients.	• Train your staff to encourage healthy emotional expression among both staff and patients; discuss the nuances between advocacy, urgency/panic, and anger. • Perspective taking (putting yourself in their shoes). • Consider if you are employing a double standard. · Educate yourself and others on the origin of the Angry Black Woman stereotype, and reflect on anger as a "feminist superpower": *Eloquent Rage* (Brittany Cooper). • Bystanders, speak up! "I noticed that you reported (nurse's name) for being insubordinate and disrespectful. Were you aware of the racial stereotypes in which white health care workers often view Black colleagues and patients as aggressive and angry? I'd encourage you to Google the "angry Black woman" to learn more about this very common implicit bias. Then can you come back later today so that we can talk more about this?"

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The incorrect belief that Young Black female bodies are in less need of nurturing, comfort, and protection; they are more independent than young white female bodies; they are unworthy of the same attention and care as white female bodies.	• Healthcare staff are not kind or compassionate to a Black teen mom; they spend as little time as possible in her room. • A young Black mother is told she shouldn't be afraid to open her legs while pushing "since you did it before." • A teen mom is giving birth alone without any family or friend support. The nurses do not call for a volunteer doula, even though some are available.	• Perspective taking (putting yourself in their shoes). • Consider if you are employing a double standard. • Educate yourself and others on the evidence on reduced pain perception and empathy across races: "Racism and the Empathy for Pain on our Skin" (Forgiarini et al. 2011). • Bystanders, speak up! "Why has nobody called a volunteer doula for (patient's name)? I noticed that she's been left to labor in her room all alone. What would you think if your 15-year-old sister was left to labor all by herself? I'm curious if anyone is aware of the racial stereotype that young Black females are in less need of nurturing, comfort, and protection? I'd like to have us all commit to rejecting that implicit bias, and instead let's give her the same compassion and support we would to a young white teen mom."

Notes:

- Please consider leaving a copy of this table at the nurse's station or resident's break room so that other people can learn about these biases!
- After reading through these anti-Black racial biases, you may be feeling triggered:
  - If you are a white health care worker, we suggest leaning into this discomfort by reading and journaling with the book "Me and White Supremacy" by Layla Saad.
  - For people of all ethnicities and cultures, it may be helpful to work through the book "My Grandmother's Hands" by Resmaa Menakam. This book is intended to help us begin healing from the intergenerational trauma caused by racism. Racism disproportionately hurts and targets people of color and especially Black people, but its presence hurts and diminishes all of us.

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