SB 464: California Dignity in Pregnancy and Childbirth Act

Addressing implicit bias to improve racial disparities in birth outcomes

What is Implicit Bias?

Implicit bias refers to prejudices or preferences that are expressed in our actions and behavior unconsciously. The implicit associations we hold do not necessarily align with our declared beliefs or even reflect stances we would explicitly endorse. When we are constantly exposed to certain identity groups being paired with certain characteristics, we begin to automatically and unconsciously associate the identity with the characteristics, whether or not that association aligns with reality[1]. Implicit bias unknowingly shows up in our interactions and behaviors, and often arises as **racial bias.**

Everyone has implicit bias, and our biases are formed from birth through socialization. Despite our best intentions, all of us, including healthcare providers, have been socialized to be racist.

Implicit Bias in Medicine

Evidence indicates that healthcare professionals exhibit the same levels of implicit bias and racism as the wider population[2].

The text of the Maternal CARE Act states, "A growing body of evidence indicates that stress from racism and racial discrimination results in conditions—including hypertension and pre-eclampsia—that contribute to poor maternal health outcomes among Black women." It cites as support the eye-opening CDC statistics, as well as a 2016 study by University of Virginia in which researchers that found that **"White medical students and residents often believed biological myths about racial differences in patients, including that Black patients have less-sensitive nerve endings and thicker skin than their White counterparts."** [3]

Research has linked this to implicit bias, providing evidence that healthcare providers erroneously believe that black people feel less pain than whites. This has led to under-treatment of pain in black patients and to racial disparities in pain assessment and treatment,[4,5]. This implicit bias has also become ingrained perpetuated in medical education, exemplified by a textbook (from "Cultural Differences in Response to Pain", Pearson) stating that "Blacks often report higher pain intensity that other cultures"

Implicit Bias & Birth Outcomes

For decades, the racial disparities in poor birth outcomes have burdened Black women across the US[7]. In California, the rate of maternal mortality has decreased 55% since 2006[8]. However, for women of color, and particularly Black women, the maternal mortality rate remains 3 to 4 times higher than white women[8]. Although Black women make up only 5% of the birth cohort in California, they comprise 21% of the pregnancy-related deaths[8].

While the Centers for Disease Control and Prevention[9], March of Dimes[10], and California Department of Public Health[11] all identify being "Black" as a risk factor for preterm birth, the literature increasingly indicates that exposure to discrimination and experience of racism is the true risk[7,12,13,14]. In recent years, research has shown that maternal stress may have a causal role in producing preterm birth[12]. Racism, therefore, can be seen as a root cause since many of the social and structural factors which might impact stress in a woman's life are ordered by race. Racial hierarchies in this country often determine a person's access to resources and opportunities as well as the quality of health care received[15].

Racial bias has been shown to impact the quality of interactions black people have with health care providers as well as the health care provider's perception of the patient and the diagnostic and treatment options offered to the patient[16,17]. Recent research of the birthing experiences of Black women in San Francisco and other Bay Area counties revealed that most women from these communities felt disrespected, stereotyped, and coerced throughout their maternity care interaction: **"People treated me in that hospital like being pregnant with my son was a crime… I remember one of the nurses being like, "You should of thought about that"… Yo [hospital name], just not cool. I should of thought about that what? What was that comment?"**[18]

When implicit bias is unaddressed, in contributes to an overall toxic culture on Labor & Delivery floors. It harms the hospital environment, in addition to the health of patients. However, implicit biases can be unlearned. A longitudinal study showed that medical students who attended schools with formal curricula around race, health disparities, and cultural humility had significantly lower Implicit racial bias at graduation than they did at matriculation.

What is SB 464?

SB 464 – the California Dignity in Pregnancy and Childbirth Act – is designed to begin to address the harms caused by racism. This important measure will require hospitals that provide perinatal care and birth centers to implement an evidence-based implicit bias training program for all health care providers, as well as require the tracking and sharing of maternal death and severe morbidity.

How will SB 464 improve birth outcomes?

Requires evidence-based implicit bias training for perinatal inpatient providers in CA	Improve death certificate reporting to get more accurate maternal death count for CA	Require publication of maternal morbidity/mortality data, stratified by race and other determinants	Improve community education about ways to report experiences of health care-associated discrimination
The training program will address personal, interpersonal, institutional, structural, and cultural barriers to access to health care. These trainings will help to address the gap in medical learner training. It is a first step in helping providers recognize their own biases and develop a new lens through which to view racially equitable care.	Understanding causes of death is critical to assess disparities; this component will improve the tracking of pregnancy-related deaths to ensure they are reported correctly.	By publicly sharing maternal/mortality data by race and other determinants, hospitals and birthing centers will act with transparency and accountability to their clients. This will also improve our understanding of racial disparities in maternal and infant health.	Hospitals will be required to provide information to patients on how to file complaints, empowering clients and ensuring additional accountability systems for addressing implicit bias.

Considerations for effective trainings

- Ongoing, and not a one-time event
- Include specific strategies so individuals are empowered to make changes
- Be grounded in an analysis framework of racial oppression and social change
- Provide opportunities to practice
- Build in accountability structures
- Have specific, measurable goals and expected outcomes
- Evaluate effectiveness!
- Facilitate self-reflection

Citations:

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