Health Equity and Implicit Versus Unconscious Bias

Kelly Welton, BA, RRT-NPS

Because we do not have enough annual hospital competencies to complete, the past 2 or 3 years have given us even more. I thought we had outdone ourselves when Active Shooter got added to the annual list. Some hospitals require a host of other sensitivity training classes such as health equity and implicit versus unconscious bias.

Suppose I am in the middle of my unconscious bias training when a Code C is called overhead. Here is what rolls through my head

1. This online class platform better save my place in this module because I am not starting over from the beginning.
2. Hurry.
3. All the NRP questions (How many babies? Gestational age? Etc.)
4. Who is my backup
5. Do I have time to take the elevator, or should I take the stairs and panic everyone because I can hardly breathe?

All kidding aside, here is what is NOT going through my mind:

What color is mom/baby? Are they disadvantaged? What is their health literacy level?

I resuscitate each baby the same way. Follow the steps. Communicate with the team. A bigger picture may emerge once the baby is stabilized and transported to the NICU.

If I have an unconscious bias, it is usually based on my previous experience, coupled with science.

For example, moms who use cocaine during pregnancy are more likely to deliver prematurely.

Black babies are more likely to have SCT than other babies.

RSV is highly prevalent in disadvantaged and minority populations with limited access to care resources.

Bias does indeed enter into policy. When the socio-economic disparity is ignored (crowded living conditions, pollution, issues of intact vs. broken families), these babies at risk for disparities suffer.

Once I am back in NICU and taking care of that baby, and the whole story emerges, does my level of care or caring change? No. Do I treat Mom or Dad or the baby differently because they do not speak English or are on MediCal or Medicaid? All I care about is that the parents get educated during their NICU stay to care for their newborn and avoid repeating the same mistakes, if possible. The things that feed my bias and judgment are people who do not learn. That is just how we are as humans. When we tell mom her baby's prematurity and subsequent issues are due to her substance abuse, and she returns ten months later in labor at 26 weeks with a second addicted child, we struggle to understand.

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We could all use more training in improving communications skills and better awareness of how we initially see people. But please do not ask me to bend over backward for a specific ethnic or socio-economic group. I already do my very best for every patient I see. All babies' lives matter, and I have complete faith and confidence that anyone that works with babies day in and day out has the baby's and the family's best interests at heart, no matter how the parents look or their actions.

References:

1. https://www.cdc.gov/reproductivehealth/maternalinfanthealth/substance-abuse/substance-abuse-during-pregnancy.htm
2. https://www.ucsfhealth.org/education/substance-use-during-pregnancy
3. https://peacelearningcenter.org/implicit-bias-workshops/?gclid=Cj0KCQiAoY-PBhCNARIsABcz772L3RYtAvOHNIxMfU-EuRjQQfLhg2MGzBL1LfYOM46mJ-LsH5rpH00aAog9EALw_wcB

Disclosures: The author is President of the Academy of Neonatal Care, A Delaware 501 C (3) not for profit corporation.

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Corresponding Author

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Kelly Welton, BA, RRT-NPS
President,
Academy of Neonatal Care
La Quinta, California, United States
Website: www.AcademyofNeonatalCare.org
Phone: 877-884-4587
Email: Educator@academyofneonatalcare.org