"Shifting the culture and the way that we practice": Perinatal clinicians' cognitive, behavioral, and collaborative changes in response to antiracism and antibias interventions

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Research Objective

In a bid to reduce longstanding maternal health inequities, many health systems are implementing interventions intended to reduce interpersonal and structural racism, bias, and their effects in perinatal healthcare. These include antiracism education; implicit bias training; financial incentives; limiting facility-based law enforcement; and similar programs. Healthcare workers may also encounter informal interventions in support of these goals (e.g., colleagues identifying and correcting microaggressions). There is little research on how clinicians and clinical teams may be changing amidst these novel efforts.

Study Design: Community-based participatory research study on stakeholder views of perinatal clinician antibias training and other antiracism interventions. We conducted iterative rounds of inductive and deductive thematic analysis of in-depth interview data to develop a taxonomy of the changes that respondents described.

Population studied: Perinatal clinicians working in community or safety-net hospitals in Northern California.

Principal Findings: Respondents (n=20) were certified nurse-midwives (6), physicians (6), registered nurses (5), and other staff (3). They self-identified as Black (4), multiracial (4), or white (12) women; two identified as Latinx or Hispanic. Twelve respondents discussed changes in themselves or colleagues following interventions such as antiracism talks, antibias trainings, and colleagues' requests to reform biased behavior. We characterized these as:

1. Cognitive changes, including: Recognizing one's own biased thinking and behavior *("It was a very subtle shift for me…Instead of saying, 'I'm not a racist, I don't have biases,' saying, 'Yes, you do, and that's okay. Let's acknowledge them… and then you can start shifting them*'"); and better understanding the role of race and racism in disparities ("*It's made a deep impression on me to learn some of the data about the discrepant perinatal outcomes… It's not education and income. Blackness, that makes the difference in poor outcomes, and in not believing women"*).

2. Individual behavior changes, including: Evaluating whether one is providing unbiased care ("*I think for an extra second about, like, would I treat this patient differently were they to be more similar to me*"); working to change biased speech and behavior *("[Colleague] told me about the things people have said that are actually showing levels of racism… I'm trying to un-train myself out of it because of the racial connotations"*); communicating concern about colleagues' biased speech or behavior ("*If I hear something I definitely say something*"); and identifying ways to better support patient autonomy.

3. Team behavior changes, including: More intra-colleague discussion of racism, bias, and respectful care; and collaborating to assess and optimize treatment for individuals in racial/ethnic groups with

higher rates of perinatal complications ("*The doctor stopped, 'Is there anything that we're not covering to make sure that we're decreasing her risk?' I hadn't heard a doctor verbalize it before*").

Conclusions: Perinatal clinicians observe cognitive, behavioral, and individual- and team-level changes following antiracism/antibias interventions. Some of these shifts exceed mere allyship and approach structural change.

Implications for policy or practice: Contemporary hospital-based antibias/antiracism efforts may be producing observable individual and structural changes in the perinatal workforce. Future research should investigate which type(s) of changes benefit the care and outcomes of patient populations disproportionately burdened by maternal health inequities, and identify which interventions, in which contexts, produce these changes.