



Optimizing perinatal clinician implicit bias training: Findings & recommendations from the **MEND** Study

Background

Compared to non-Hispanic white women, Black women are more than 3 times as likely to die of pregnancy-related causes nationally.¹ Their inequitable burden of severe maternal morbidity and mortality exists across the socioeconomic spectrum.^{2,3} Black women, Indigenous women, and birthing people of color, more broadly, report higher rates of mistreatment than white women and birthing people⁴ and disrespectful interactions with perinatal providers.⁵⁻⁸

These patterns exist in California as well. Black mothers in California experience 3-6 times the rate of maternal mortality and double the rate of severe maternal morbidity compared to white women and birthing people.⁹ Structural racism and racial bias in healthcare settings are key contributors to these inequitable health outcomes.^{6,8,10-12}

With the goal of improving care and clinical outcomes for Black women and birthing people, California, in late 2019, passed Senate Bill 464 (SB464), which among other things requires that hospitals and alternative birthing centers provide implicit bias training (IBT) to perinatal clinicians. This is an historic opportunity to reduce bias in maternity care, but it is unknown whether IBT will affect these outcomes or what approaches may maximize its impact.

The **MEND** study reached out to key stakeholders — the Black women and birthing people whom SB464 was designed to benefit and the perinatal clinicians who will engage in IBT — to understand the challenges and recommendations for designing and implementing impactful clinician IBT.

Change is a hard thing to do, even positive change. I hope people take the time to reflect on that they have implicit biases — because we all do.

Registered Nurse
MEND study participant

19 of 20

Clinician participants agreed or strongly agreed that they wanted to take SB464 implicit bias training

19 of 20

Black mother participants agreed or strongly agreed that they wanted their providers to take SB464 implicit bias training

Our Research & Findings

MEND is a community-based participatory research study in the San Francisco Bay Area. We conducted focus groups and surveys with Black women who had a hospital birth (n=20) and in-depth interviews and surveys with multidisciplinary perinatal clinicians who worked in community or safety-net hospitals (n=20; e.g., CNMs, RNs, MDs).

Patients and clinicians alike had concerns about whether clinician IBT could produce better care and clinical outcomes. They identified challenges related to state law (SB464), the training, healthcare facilities, and to the clinician learners (full report forthcoming). However, they supported IBT's use and identified many ways to maximize its effectiveness.

Guidance from Key Stakeholders

Recommendations from MEND patient and clinician respondents overlapped substantially and focused on:

- **Scope & Nature of State Law** — Create clear and effective enforcement mechanisms; expand scope, intensity, and funding of IBT; mandate IBT for entire maternity healthcare workforce; and create accountability for improved patient care and outcomes — a particularly high priority for patient respondents.
- **Training Content & Format** - Enhance content (e.g., data customized to facility; real patient stories; history of racism in U.S.); employ interactive training format; and support ongoing practical/applied antiracism skills-building.
- **Provider Actions** - Engage training seriously and with an open mind; recognize own biases; and participate in supplemental training for complaints of biased behavior.
- **Healthcare Facility Culture & Environment** - Foster safe spaces for ongoing learning and discussion; ease logistics to facilitate focused participation; enhance the IBT legitimacy through respected facility champions and trainers; create accountability systems to support IBT participation and reductions in biased care; and implement complementary interventions (e.g., healthcare workforce diversification).

In a September 2022 survey of past and current healthcare workers unaffiliated with the **MEND** study (n = 54), respondents indicated substantial support for the recommendations shared here. Levels of support were similarly high both within and outside of the Bay Area study region.

For healthcare facilities looking for detailed and actionable recommendations, see "Resources" below.

I really do hope it helps. I feel like it's definitely a good start towards making a difference

Black mother | **MEND** study participant

A Call to Action for California Policy-makers

Based on study findings, our own analysis, and consultation with community, health systems, and health policy stakeholders, we see a gap between the intent of the legislation and its meaningful implementation. This gap could be filled by the **creation of a state task force that would be empowered to conduct initial coordination and oversight of SB464 implementation efforts**. To ensure efficacy and community-responsiveness, the task force should consist of members of affected communities, specifically Black women and birthing people, as well as other healthcare, community, and research stakeholders. This body would be tasked with gathering information to provide recommendations to the state regarding:

1. Evidence-based practices for design and implementation of IBT curriculum and related quality improvement efforts;
2. Initiatives to foster transparency around IBT implementation and outcomes;
3. Strategies to incentivize and enforce IBT requirements; and
4. Designation of a state agency for long-term oversight of implementation and enforcement of the goals of SB464.

Our full policy analysis describes each of these steps and presents specific and actionable guidance for improving IBT legislation and implementation. We hope healthcare leaders and policy-makers will use these stakeholder-generated insights to enhance antiracism efforts and advance maternal health equity for Black women and birthing people.

Resources

For more about **MEND** research findings, as well as resources for patients, providers, and healthcare leaders, [click here](#)

Study Team

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