More Than a One-Time Training:
Implementation Guide for SB-464

UCSF California Preterm Birth Initiative

In California where the maternal mortality rate has decreased by fifty-five percent between 2006 and 2013, racial disparities in birthing outcomes persist. Black women and birthing people are dying due to pregnancy-related issues at over three times the rate of white women, and are more likely to experience a preterm birth or low-risk or first-birth Cesarean (Joynt, 2019)[1]. Additionally, Black patients are more likely to report experiencing explicit discrimination, disrespect, or disregard from providers during their perinatal and postpartum healthcare interactions (Listening to Black Mothers in California, 2018)[2]. These disparities in healthcare experience cannot be fully explained by different access to education or healthcare or differing income levels (Taylor, J. K., 2020)[3]. ***Racial disparities in birthing experiences must be viewed as far more than data points; they reflect unimaginable tragedies for families and preventable harm.***

In an effort to address obstetric racism and shift responsibility for racial disparities in birthing outcomes away from patients and towards healthcare institutions, ***the California Dignity in Pregnancy and Childbirth Act or SB-464*** (Mitchell, 2019) made the following statewide mandates:

- Requires hospitals and facilities providing perinatal care to train all providers on implicit bias;
- Improves requirements around death certificate reporting in order to provide a more accurate understanding of mortality due to pregnancy-related factors;
- Improves CDPH reporting of maternal mortality/morbidity by race and other determinants in order to facilitate transparency and accountability for pregnancy-related deaths;
- Requires patient education about ways to report racial discrimination during their healthcare experience.

Implicit Bias Training Requirement

The bill requires licensed hospitals and other facilities providing perinatal care in California to train all perinatal care providers, and offer training to physicians not on staff, as well as provide certification of training completion upon request. Additional refresher courses are required every two years thereafter. The bill includes ten provisions for trainings that a module must include in order to be compliant.

A recent report conducted by an independent researcher at UC Berkeley on behalf of the UCSF California Preterm Birth Initiative draws on interviews with key informants in the birth equity and perinatal healthcare sector as well as a digital survey of hospital perinatal departments. The report uncovers the following ***facilitators*** and ***challenges*** to the implementation of SB-464 and implicit bias training with providers.

Common Facilitators For Implementation of SB-464

1. ***Integration:*** Go beyond a one-time training requirement to encompass anti-racist strategies, including but not limited to implicit bias interruption, ongoing education about historical and present-day structural racism, cultural humility, structural competency, and personal reflection about race, power, and privilege. Integrate this into workplace policies, clinical practice, and organizational culture.

2. ***Evaluation:*** Evaluate implicit bias training and other anti-racist capacity-building trainings with respect to patient-reported experience, alongside biomedical data disaggregated by race/ethnicity.

[1] Joynt, J. (2019). Maternity Care in California, 2019: A Bundle of Data. 46.
[2] Listening to Black Mothers in California (Issue Brief). (2018). National Partnership for Women and Families. <https://www.nationalpartnership.org/our-work/resources/health-care/maternity/listening-to-black-mothers-in-california.pdf>
[3] Taylor, J. K. (2020). Structural Racism and Maternal Health Among Black Women. The Journal of Law, Medicine & Ethics, 48(3), 506–517. https://doi.org/10.1177/1073110520958875

3. ***Black Leadership:*** Authentically listen to and follow Black leadership such as patients, community members, birth equity advocates, birthworkers and healthcare providers, and local community-based organizations.

4. ***Support BIPOC birthworkers:*** Support BIPOC perinatal care providers and birthworkers, and cultivate equitable pipelines to diversify the workforce.

5. ***Staff Champion:*** Be or support a staff champion that can serve as a bridge from the clinical setting to public health agencies or community-based organizations, and integrate the training into practice.

6. ***Transparency:*** Be transparent in internal and external communication about racism in the clinical setting and racism as a root cause for reproductive health disparities.

7. ***Funding:*** Dedicate ongoing funding to anti-racist capacity-building, and prioritize contracting local birth equity or Black-led community-based organizations for training.

Common Barriers to Implementation of SB-464

Organizational & Cultural barriers to Anti-Racist Workforce Capacity Building:

1. ***Slow Release:*** Largely due to COVID-19, the release of accessible implicit bias training modules has been delayed.
2. ***Constraints on Human Capacity:*** Both healthcare workers and community-based organizations, who might develop training, experience burnout and constraints on their staffing capacity.
3. ***Lack of Organizational Awareness or Buy-in:*** Perinatal staff may not be aware of the bill requirements or may exhibit resistance against the bill's intent in various forms including but not limited to dismissal, white fragility, and enlightenment hubris.
4. ***Healthcare System:*** The U.S. healthcare system represents a fractured continuum of care with disjointed services oriented around profit-seeking behavior, working against patient-centric modalities of care.
5. ***Traditional Medical Education:*** Traditional medical education is not anti-oppressive or patient-centered, but rather is focused around symptom alleviation, and often perpetuates racist stereotypes.

*Learn about the facilitators and challenges in more depth in the full report **here**. Additionally, UCSF is currently funding further research to identify stakeholder recommendations for bill implementation and guidance through the MEND study led by Dr. Sarah Garrett and Dr. Brittany Chambers. Learn more **here**.*

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