

Examining Obstetric Racism at North Memorial Hospital

Laura Lara, MD, Kate Neitzke, B.S., Kennita Solberg, MD
Dominique Earland, Rachel Feliciano, MD, Sophia Harris, B.S., Nafisa Ambo, B.S., Evelyn Steeves, B.S.



Department of Family
Medicine & Community Health

UNIVERSITY OF MINNESOTA

Driven to Discover®

Hospital Background

- Located in Robbinsdale, MN, North Memorial Health serves the Near North, Camden, Central, Northeast and a variety of other communities in Minneapolis.
- North Memorial provides care to a diverse population of patients that identify as White, Black or African American, Asian, American Indian or Alaska Native, Multiracial, and more.
- Between September 2022 and August 2023 on our Labor and Delivery unit, on average, 37 babies were born per month



Department of Family
Medicine & Community Health

UNIVERSITY OF MINNESOTA
Driven to Discover®

The Allina Study

“Respect and Disempowerment during Prenatal and Obstetric Care in a Community Setting” by Maura Jacobi MD, Jenny Zhang MD, Leah Alemu MD, Anna Dovre MD, Laura Hurley MD, Huda Mohamed

Feelings of being dismissed

Wondering if bias played a role
in their care

Assumptions about partners

Area for improvement:
communication



Department of Family
Medicine & Community Health

UNIVERSITY OF MINNESOTA
Driven to Discover®

Allina Study Impact

Information dissemination:
internal and external

Age match patients and
nurses
Prompt closed -loop
communication

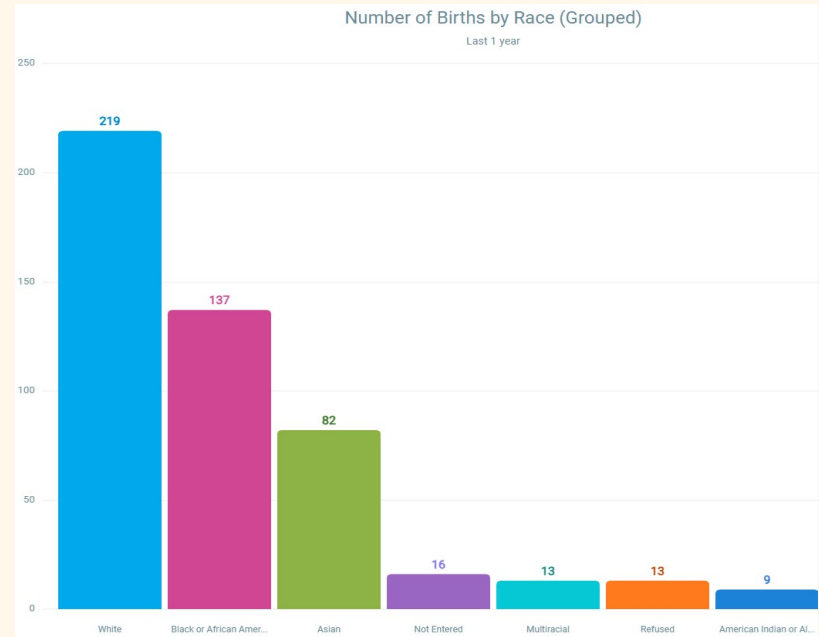
Improve communication
between Face to Face
and United

Jumping off point to
examine other areas of
bias in L&D (e.g.
substance use in
pregnancy)



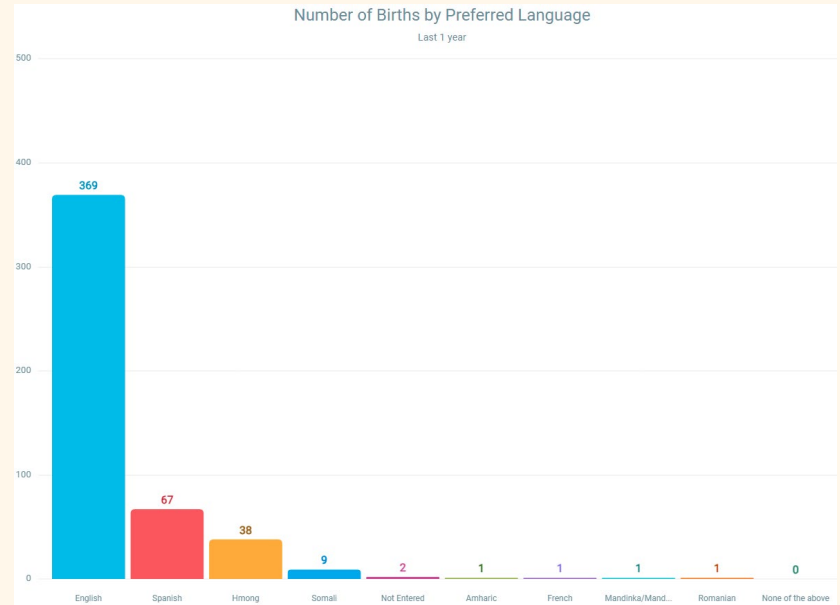
Who are we interviewing

- Goal: 20 participants
 - 10-15 Black, cis-gender women
 - 5-10 people who:
 - Do not prim. identify as white or do not match the first category.
 - Non-English speaking: Somali, Spanish, and Hmong



Interpreters

- Interpreters will be utilized for all patients who do not have English as their primary language.
- The interpreters will BE the interviewers. As such they will be from similar affinity groups.
- English is the number one primary language spoken by labor and delivery patients at North Memorial Health, followed by Spanish, then Hmong and Somali.



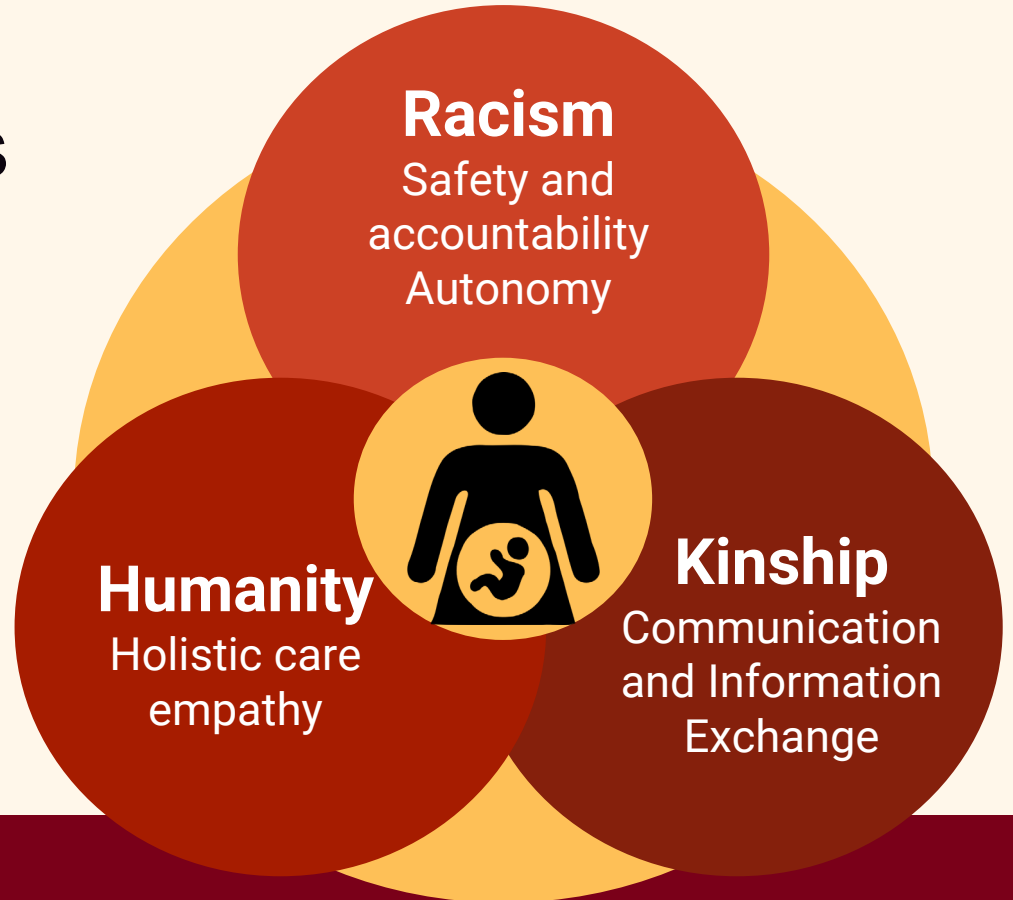
Affinity Interviewers

- Goal is to have interviewers who share aspects of identity, culture, language, life experiences with our study participants
 - Better ensure safety and comfort of participants
 - Better understanding and ability to glean important insight from participants



Qualitative methods

- Based on SACRED birth domains theory
- Semi-structured questions
- Thematic analysis



Interview Question Guide

- Were there times when you felt like you did NOT understand what was happening to you during your pregnancy -related care? If so, please explain more, if you are comfortable with sharing.
(*communication question*)
- Did you ever feel that you weren't appropriately involved in the medical decision -making? (*autonomy question*)
- Did you ever feel that there were any delays, denial, neglect, or dismissiveness during your birthing experience? (*safety question*)



The 5 Domains

1. Safety
 2. Autonomy
 3. Empathy
 4. Racism
 5. Kinship
- As observed in the PREM - OB Scale Suite.
 - <https://www.birthingculturalrigor.org/premobscale>

Table 1. Sample of the PREM-OB Scale Suite

Scale	Number of Items	Subdomain	Sample Themes
Humanity	31	Safety	Health care delay, denial, neglect, or dismissiveness
		Autonomy	Health care exclusion or erasure in medical decision making
		Empathy	Health care inquiry and elicitation of attitudes, feelings, and daily life
		Communication	Health care information, comprehension, transparency, and relevance in eliciting informed consent
Kinship	9	Nonapplicable	Health care team or system affirmation, disruption, or denial of biological or social relationship between Black birthing person and their newborn, partner, parent, or doula
Racism	12	Nonapplicable	Health care practice of biologic determinism and racial stereotyping in medical counseling and decision making

PREM-OB = Patient-Reported Experience Measure of Obstetric Racism.

Note: The PREM-OB Scale suite is proprietary and owned exclusively by Birthing Cultural Rigor, LLC. Please contact the authors for more information.

Community Involvement

- Goal to design a study and questions that are meaningful, respectful, and relevant for our patient population
- Input and feedback from community members was solicited while developing the study
- Interview questions were developed and reviewed by community physicians, medical students and residents, labor and delivery nurses, community members with diverse racial and ethnic identities, cultures, languages, and life experiences.



Future directions

- Share findings with North Memorial Health and make recommendations based on feedback regarding:
 - Interventions such as training programs/workshops for staff
 - Policy changes to improve patient care
- Develop infographics to disseminate findings
- Recruit a larger sample size and purchase a validated scale suite
- Repeat the study and ultimately have a way that we can check/implement our recommendations and gauge progress.



Policy Recommendations

Some equity -based policy recommendations would be:

- Cross-cultural training for healthcare professionals. ¹
 - Increased patient education policies as patients lacking knowledge and awareness of available services is an inherent barrier to equity-based healthcare.¹
 - Usage of trauma-informed care for adolescents receiving prenatal care services found success in prior studies with achieving equitable pregnancy outcomes.²
 - Implementation of better triage and provider policies, as long patient wait-times coupled with provider pressures to speed up visits have been studied to shape inequity in public US healthcare. ³



Future direction- gender diversity and obstetric prejudice

Based on the results of the study, we can extrapolate the study into other patient population demographics.

- Recent studies have shown that trans men who seek antenatal care face multifactorial discrimination including:
 - Institutionalization of motherhood norms within their EMR.
 - Such as creating a patient files with female personal identification despite legal recognition as male.
 - Inability to create EMR with proper gender identity which leads to lack of ability to place orders or see exams.
 - "In delivery they wanted to make a [...] CTG [exam to record fetal heartbeats and uterine contractions] and it was not possible to see the curve on the computer because they were not able to enter my id number. And they had to find a printer to use, but [at first] it did not work because they never use it"
 - Inconsistent pronoun usage which heightens patient anxiety.
 - Knowledge gaps particularly evident concerning nursing and delivery.
 - Providers unable to explain the interaction between top surgery for trans men and timing of breastfeeding leading to significantly lowered patient education from providers.
 - "Early in the pregnancy milk started coming, which was pretty interesting considering that I have done five mastectomies [...] the doctors could not explain it."
 - This leads to trans individuals unsure if they will receive proper care along with an overall lack of trust on needs being carried forward, including with rotating shift staff.
- Many additional disparities exist

Source: Falck et al. (2020)



Department of Family
Medicine & Community Health

UNIVERSITY OF MINNESOTA
Driven to Discover®

Audience Q & A



Department of Family
Medicine & Community Health

UNIVERSITY OF MINNESOTA
Driven to Discover®

Acknowledgements

- Additional study team members: Mary Anne Powell, Dr. Kacey Justesen, Dr. Jason Ricco, Dr. Todd Stanhope, Lisa Carlson and North Memorial Labor and Delivery nursing team
- United Family Medicine Residency Program
- North Memorial Family Medicine Program
- North Memorial Hospital
- Broadway Family Medicine Clinic
- University of Minnesota Physicians
- And many others!



Funding Sources

Deep thanks to Broadway Family Medicine and the Reuter-Lien Foundation.



Department of Family
Medicine & Community Health

UNIVERSITY OF MINNESOTA

Driven to Discover®