



# Medical vs Implicit Bias and the Impact on Breastfeeding Women of Color

PRESENTED BY ROXANNE BOGALIS, CLC, CPE, LIFE DOULA

# Declarations

▶ None



# What is implicit bias?

- ▶ bias that results from the tendency to process information based on unconscious associations and feelings, even when these are contrary to one's conscious or declared beliefs:

Also called im·plic·it so·cial cog·ni·tion.

# How does this happen?

- ▶ Lack of positive representation in media
- ▶ Lack of diversity in schools and community settings
- ▶ Taught by parents, and peers



# What is medical bias?

- ▶ any kind of negative evaluation a medical professional may make that is linked to membership of a group or to a particular characteristic

# How does this happen?

- ▶ Implicit bias
- ▶ Cultural competency courses
- ▶ Word of mouth
- ▶ Lack of positive representation in media, clinical settings, professional learning arenas, workshops, etc.



# Cultural Competency Courses

- ▶ Classes are often taught by a white professor
- ▶ Cultural competency books are often written by white authors
- ▶ Literature is often a broad generalization of an ethnic group
- ▶ Literature is often outdated, published many years ago with each new edition being minor updates that do not update cultural changes
- ▶ Are necessary to give a baseline for care, or when offering resources



# Cultural Competency Courses cont'd

This handbook describes aggregate data on the dominant cultural characteristics of selected ethnocultural groups and provides a guide for assessing cultural beliefs and practices. Based on individuality and the variant cultural characteristics listed below, aggregate data will **not fit every individual in a cultural group**. Health-care providers who understand their own cultures and their patients' cultural values, beliefs, and practices are in a better position to interact with their patients and provide culturally acceptable care that increases opportunities for health promotion and wellness; illness, disease, and injury prevention; and health maintenance and restoration. To this end, health-care providers need both general and specific cultural knowledge. The more one knows about a cultural



# Example 1

In comparison to the non-Hispanic white population, the African American population has a higher proportion of younger people, its members are less likely to be married, a large proportion of its households are maintained by women, and married couples in this group have larger families (McKinnon, 2003; U.S. Census Bureau, 2007c). In 2004, approximately 80 percent of African Americans aged 25 and older had completed high school and 17 percent had attained a bachelor's degree or higher level of education (U.S. Census Bureau, 2007c); yet these percentages are lower than the percentages obtained by their non-Hispanic white counterparts. Moreover, African Americans are less likely to be employed in management, professional, and related occupations (McKinnon, 2003; U.S. Census Bureau, 2007c), and their unemployment rate is twice that for non-Hispanic whites (OMH, 2007). Consequently, in 2005, the average African American family median income was less than the non-Hispanic white family median, and one-fourth of African American families were living at the poverty level (OMH, 2007). Finally, the life expectancy for African Americans is six years shorter than the life expectancy for the rest of the population (McKinnon, 2003; U.S. Census Bureau, 2007c). According to the Office of Minority Health (2007), in 2003 the death rate for African Americans was higher than the rate for non-Hispanic whites for heart disease, stroke, cancer, asthma, influenza and pneumonia, diabetes, HIV/AIDS, and homicide.



# Example 2

## Communications

- The dominant language of African Americans is English. However, many refer to an informal language known as Black or African American English (AAE), or Ebonics. For example, some may pronounce *th* as *d*. Therefore, the word *these* may be pronounced *dese*. **Health-care providers must not stereotype African Americans as speaking only in Black English because most African Americans are articulate and competent in the formal English.**
- Many tend to be high-keyed, animated, confrontational, and interpersonal, expressing their feelings openly to trusted friends or family. What transpires within the family is viewed as private and not appropriate for discussion with strangers. A common phrase that reflects this perspective is, “Don’t air your dirty laundry.”
- Speech is dynamic and expressive with a volume that is often loud compared with other cultural groups. Body movements are involved when communicating with others. Facial expressions can be very demonstrative.
- **Health-care providers should note that this loud voice volume does not necessarily reflect anger, but merely dynamic expressions.**



# Example 3

## Family Roles and Organization

- A high percentage of families are matriarchal and live below the poverty level. A single head of household is accepted without stigma. When nuclear families are unable to provide emotional and physical support for their children, grandmothers, aunts, and extended or augmented families readily provide assistance or take responsibility for the children. **Even though many African American families are headed by single women and are economically disadvantaged, it does not equate them with broken family structures.**



# Example 4

- The high frequency of misdiagnosis among blacks/ African Americans contributes to their reluctance to trust mental health providers. Many are more likely to report hallucinations when suffering from an affective disorder, which may lead to the misdiagnosis of schizophrenia.
- Some may have general distrust of health-care providers and the health-care system. The unequal distribution or underrepresentation of ethnic minority health-care providers can be a barrier to care for some. **When possible, encourage the support of similar ethnic minorities to promote healthy interactions.**



"[Harriet A. Washington] has unearthed an enormous amount of shocking information and shaped it into a riveting, carefully documented book."

—*NEW YORK TIMES*

# MEDICAL APARTHEID

The Dark History of Medical Experimentation on  
Black Americans from Colonial Times to the Present

HARRIET A.  
WASHINGTON

NATIONAL  
BOOK CRITICS  
CIRCLE AWARD  
WINNER

# Steps for Initiating and Maintaining Breastfeeding

- ▶ Skin to skin as soon as possible after birth
- ▶ Delay newborn assessments for the first hour of birth
- ▶ Latch baby to breast within half an hour of birth
- ▶ If unable to latch baby initiate pumping within 4 hours of delivery
- ▶ Avoid bottles or pacifiers
- ▶ If baby needs supplementation attempt alternate methods of supplementation (cup, finger, syringe, etc)
- ▶ Access to lactation support/specialists



# Personal Experience with Breastfeeding

- ▶ No lactation education or support at the hospital
- ▶ Premature infant rushed to NICU – unable to do skin to skin
- ▶ No pump was offered until 7 hours after delivery
- ▶ No option for donor milk
- ▶ Was told formula is “just as good as breastmilk”
- ▶ No policy in place to help with initiating breastfeeding once baby was able to receive nutrition by mouth
- ▶ Medical professionals uninformed about the benefits, and composition of breastmilk, or personal bias against breastfeeding
- ▶ No breastfeeding specific discharge plans or information given

# Barriers to Breastfeeding

- ▶ Finances
  - ▶ Needing to reenter the workforce before 6 weeks
  - ▶ Lack of paid maternal leave
- ▶ Childcare
  - ▶ Many daycare facilities ignorant on how to support breastfeeding
  - ▶ Many families are ignorant on how to support breastfeeding - biased
- ▶ Education
  - ▶ Lack of education on breastmilk benefits and how to
- ▶ Trauma
  - ▶ Sexual assault
  - ▶ Generational



# Barriers to Breastfeeding cont'd

- ▶ Familial Bias
  - ▶ Uneducated on breastfeeding
  - ▶ Feel breastfeeding is something “black women don’t do”
  - ▶ Unaware of the benefits of breastmilk, or proper infant feeding
- ▶ Societal Bias
  - ▶ Lack of positive representation in media (advertisement, movies, TV, etc.)
  - ▶ Black women often vilified for breastfeeding in public, or on social media
- ▶ Medical Bias
  - ▶ Belief black women do not breastfeed
  - ▶ Unnecessary early intervention (bottles, pacifiers)
  - ▶ Lack of lactation support/education for staff

# How can we help?

- ▶ Provide resources and educational materials representative of client base
- ▶ Actively seek to train and employ more breastfeeding professionals of color
- ▶ Donate to organizations that promote and support women of color
- ▶ Seek out paid education from people of color
- ▶ Actively seek to unpack your own implicit biases



# Resources

- ▶ A Birth to Remember (Hillsborough and Pasco)
- ▶ Brown Baby Brigade
- ▶ Champions for Children at Layla's House
- ▶ Gaetane Joseph-Rhodd, CLC (North Tampa and Pasco)
- ▶ One Love Doula Services
- ▶ Three Gems Birth Services (Saint Petersburg Area)

# Sources

- ▶ Fitzgerald, Chloe, and Samia Hurst. "Implicit Bias in Healthcare Professionals: a Systematic Review." *National Center for Biotechnology Information*, PubMed Central, 1 Mar. 2017, [www.ncbi.nlm.nih.gov/pmc/articles/PMC5333436/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC5333436/).
- ▶ Purnell, Larry D. *Guide to Culturally Competent Health Care* (3rd Ed.). FA Davis Company, 2014.
- ▶ Washington, Harriet A. *Medical Apartheid The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present*. Paw Prints, 2010.