Understanding experiences of bias in hospital lactation support from African American and BIPOC women: Data from an 18-month study of the IRTH project

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Implicit bias has been well documented as directly linked to the black maternal mortality crises and high rates of black infant deaths.[1] While many recent critical efforts to examine these challenges include studies to understand bias in prenatal care; hospital birthing experiences resulting in inequity in breastfeeding initiation and support structures for new mothers are rooted in systemic racism. We lack qualitative knowledge of initial hospital experiences of lactation support to better understand how these early interactions with lactation support professionals influence ongoing support-seeking by Black lactating people. We have lacked details on what bias looks and feels like from the perspective of Black women and other BIPOC women, so we can improve those "ground zero" experiences to better support increased breastfeeding duration and support-seeking by Black women.

This presentation will focus on a review of an 18-month study conducted through the IRTH project. A new digital project, Irth (as in birth, but without the B for bias) has received multiple grants and investments to develop its technology to undertake on-the-ground review collection campaigns to capture the lived experience of maternity and infant care by BIPOC, including feedback on their specific interactions with lactation support professionals in hospital settings. Using a reproductive justice framework, Irth centers on the communities most burdened by the problem of biased care. As such, its development plan includes using a community participatory action project to conduct an immersive five-city review collection campaign of actual experiences of care among black women and others who more often experience biased care.

References

1. Alkema L, Chou D, Hogan D, et al. Global, regional, and national levels and trends in maternal mortality between 1990 and 2015, with scenario-based projections to 2030: A systematic analysis by the UN Maternal Mortality Estimation Inter-Agency Group. Lancet. 2016;387(10017):462-474.