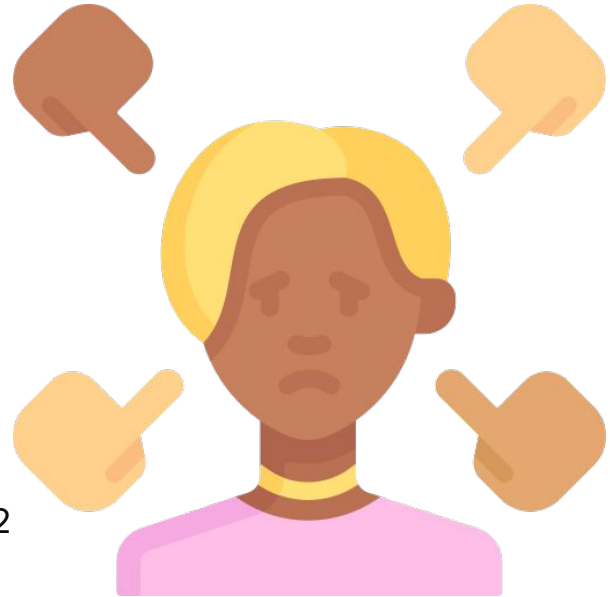


Interrupting Unconscious Bias In Midwifery Care

CMRC Competency: 1.C.1 & 1.A.3.4.2 & 1.E.1.1.1 & 1.E.1.1.2

Duration: 15 minutes



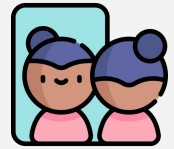
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GUIDING QUESTION

How can I **interrupt unconscious bias** in care delivery?



Self-Reflection



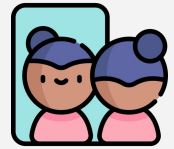
Do I hold unconscious biases?

Select the response that most relates to your own situation.

- A)** Only sometimes, especially when I am in a new place, facing a new situation, or when I haven't had enough time to prepare for my next meeting with a client.
- B)** Yes, unconscious bias is always present and can influence decisions and interactions.
- C)** No, I've held unconscious biases in my personal life but never in my work caring for clients.

Click to the next page to check your answer.

Self-Reflection Exercise



Correct answer

B) Yes, unconscious bias is always present and can influence decisions and interactions.

Unconscious bias is persistent and has an impact on healthcare interactions. That's why we talk about “interrupting” unconscious bias rather than preventing it or eradicating it. It's important to recognize that even well-intentioned healthcare providers can be influenced by biases, highlighting the importance of ongoing awareness, self-reflection, and efforts to mitigate bias in client care.

Choice A and Choice C are incorrect. You may have a misunderstanding of unconscious bias by either limiting its occurrence to personal life or specific situations. On the other hand, choice B represents a correct understanding of unconscious bias, recognizing its pervasive nature and potential influence in all aspects of professional practice, including client-centred care.



What is Unconscious Bias?

Unconscious biases are deeply-rooted stereotypes and attitudes that are outside of conscious awareness. Unconscious biases influence our understanding, actions, and decisions without us being aware of their influence.

Impacts of unconscious bias may be underestimated by healthcare providers. In Canada, the midwifery model of care promotes strong partnerships with clients to ensure that care responds to the client's unique needs and experiences. However, unconscious bias may still influence interactions between midwives and clients and/or impact the care midwives provide, despite good intentions.

Some Practical Examples of Unconscious Bias



Assuming Normativity

Unconsciously favoring or assuming that certain characteristics (e.g., heterosexual, cisgender, able-bodied) are the norm, which can lead to overlooking the unique needs and experiences of clients who do not fit these assumptions.

Stereotyping Based on Appearance:

Unconsciously making assumptions about a client's health status, lifestyle, or preferences based on their appearance, ethnicity, age, or socioeconomic background, which may influence care decisions and interactions.

Language and Communication Bias:

Unconsciously using language or communication styles that may not resonate with clients from diverse cultural or linguistic backgrounds, potentially affecting rapport-building and understanding during consultations.

Implicit Bias About Age or Experience:

Unconsciously attributing certain characteristics or behaviors to clients based on their age or perceived life stage (e.g., assuming older clients are less tech-savvy or younger clients are less knowledgeable about pregnancy and childbirth), which can impact the quality of care provided.

Unconscious Gender Bias:

Unconsciously treating clients differently based on assumptions about their gender, such as assuming specific roles or responsibilities for male partners or making assumptions about family structures & dynamics based on gender norms.

Some Consequences of **Unconscious Bias** in Client Care

- Delayed or Denied Care
- Misdiagnosis, Delayed Diagnosis, or Inappropriate Treatment
- Lack of Referrals, Untimely Referrals, or Improper Referrals
- Negative Impact on Client-Midwife Relationship
- Limited Access to Specialized Care
- Negative Health Outcomes
- Negative Emotional and Psychological Impact





Scenario Question: Unconscious Bias

During a prenatal appointment, a midwife assumes that a young Indigenous client is less knowledgeable about pregnancy and parenting due to their age and cultural background. This assumption leads the midwife to provide minimal information and not engage the client in decision-making.

What are the immediate consequences of the unconscious bias present in this scenario?

- A) Delayed or denied access to essential prenatal education and resources.
- B) Limited access to specialized care for addressing specific health needs during pregnancy.
- C) Misdiagnosis of pregnancy-related conditions due to lack of thorough assessment.
- D) Negative impact on the client-midwife relationship resulting in decreased trust and communication.

Click to the next page to check your answer.



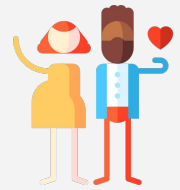
Scenario Question: Unconscious Bias

Correct answer

D) Negative impact on the client-midwife relationship resulting in decreased trust and communication.

Option D represents the most immediate consequence of the unconscious bias exhibited by the midwife. Assuming the client's knowledge and not engaging them in decision-making can indeed result in a negative impact on the patient-provider relationship, leading to decreased trust and communication.

Options A, B, and C highlight other potential consequences of unconscious bias in client care, illustrating the importance of recognizing and addressing bias to ensure equitable and respectful maternity care. Participants would select option D as the correct response, emphasizing the significance of fostering inclusive and unbiased interactions in midwifery practice.



How You Can Interrupt Unconscious Bias

1. Implement systems to check your biases with **every client interaction**.
2. Ensure client and family engagement in decision-making.
3. Practice empathy, active listening, and build relationships with patients.
4. **Avoid making assumptions and pathologizing** based on stereotypes.
5. Address the unique needs of clients impacted by intersectional oppression.
6. **Identify & address microaggressions**, and build a supportive work environment.
7. Encourage staff to **"call in"** others when observing biased behavior.

"Calling-in" involves privately addressing biased behaviour with the intention of fostering understanding and growth, while "calling-out" typically involves publicly confronting biased behaviour with the aim of holding individuals accountable for their actions.

Diving Deeper: Implementing a system to check my biases

How can I implement a system to check my biases with every client interaction?

Acknowledge the Existence of Bias

Recognize that everyone has biases, including unconscious ones that may not align with our values or intentions.

Commit to Being Mindful

Make a conscious commitment to be mindful of your thoughts, attitudes, and assumptions when interacting with clients.

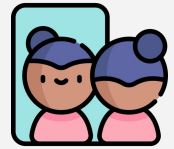
Reflect on Personal Biases

Take time for self-reflection and identify any biases you may hold. Reflect on past experiences and interactions that might have influenced your biases.

Seek Feedback and Accountability

Encourage feedback from colleagues, clients, and others about your interactions. Be open to constructive criticism and learn from mistakes.

5-Minute Reflection Exercise



Instructions: Read and reflect upon the prompt below. Feel free to write your thoughts down.

Reflect on a time when you might have unknowingly exhibited unconscious bias in client care. What were the possible consequences? How could you have handled the situation differently?



Helpful Points to Remember

- Unconscious biases are automatic & deeply ingrained attitudes or stereotypes that influence our interactions without our conscious awareness.
- Examples of unconscious bias in midwifery include assumptions about normativity, stereotyping based on appearance, language biases, implicit biases about age or experience, and gender biases.
- Consequences of unconscious bias for clients include delayed or denied care, misdiagnosis, communication barriers, strained relationships, limited access to specialized care, negative health outcomes, and emotional distress.
- Strategies to address unconscious bias include mandatory training, implementing systems to identify & address biases, promoting approaches that enhance health equity, prioritizing client engagement, and fostering empathy and active listening.
- Cultivating self-awareness, engaging in continuing education, and embracing client-centred care are essential to interrupt unconscious bias and to promote equitable and respectful midwifery care.

Want to continue learning? These additional resources are for you.



- **Reducing Implicit Bias in Maternity Care: A Framework for Action, by Siden et al.**
<https://www.whijournal.com/action/showPdf?pii=S1049-3867%2821%2900161-4>
- **Implicit bias in healthcare: clinical practice, research and decision making, by Gopal et al.**
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8004354/pdf/futurehealth-8-1-40.pdf>
- **Tackling Implicit Bias in Healthcare**
<https://www.nejm.org/doi/full/10.1056/NEJMp2201180>