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Title

Structural Racism Impacts Newborn Drug Testing: Comparing the Perspectives of Birthing People and Professionals

Priority 1 (Research Category)

Health Care Disparities

Presenters

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Abstract

Context: Michigan is among 37 states and the District of Columbia that mandate health care professionals (HCPs) to report prenatal substance exposure to Child Protective Services (CPS). While reports can facilitate substance use treatment, they can also lead to disproportionate criminalization, family separation, and termination of parental rights for Black families.

Objective: In this qualitative phase of a larger mixed methods study, we aimed to compare the experiences and perspectives between birthing people and healthcare and CPS professionals on how structural racism influenced racial inequities in newborn drug testing.

Study Design and Analysis: We performed semi-structured qualitative interviews and conducted inductive, thematic analysis of the transcribed interviews. The study was grounded in antiracist praxis and guided by a community participatory council.

Setting or Dataset: Michigan Medicine, a large tertiary care health care system located in Washtenaw County, Michigan

Population Studied: Participants (n = 42) included 12 English-speaking patients aged 18 and older who gave birth at Michigan Medicine from November 2020 through January 2023; 30 health care professionals (HCPs) affiliated with our institution: five certified nurse midwives, four nurses, one social

worker, 16 physicians in Family Medicine, Medicine-Pediatrics, Obstetrics and Gynecology and Pediatrics; and four CPS professionals.

Intervention/Instrument: Thematic analysis was conducted using an inductive, interpretivist approach to analyze interview transcripts aided by Dedoose 9.0 software.

Outcome Measures: qualitative perspectives

Results: Three primary themes emerged: (A) Both patients and HCPs recognized that structural and obstetric racism contributed to higher rates of newborn drug testing in Black newborns, (B) HCPs applied newborn drug testing inconsistently, and patients desired transparency and communication about drug testing policies, and (C) HCPs lacked insight into the disproportionate harms of CPS reporting for Black families, while patients reported fear of being separated from their newborns by CPS.

Conclusions: Patients and health care professionals agreed that racial bias affected newborn drug testing but differed in their perceptions regarding CPS reporting. Policy approaches that center Black families are urgently needed to improve substance treatment during pregnancy and reduce harms of CPS reporting.