

## Evaluating Racial Disparities in a Neonatal Intensive Care Unit Parental Support Bundle

### ABSTRACT

Are there racial disparities in parental support in the Neonatal Intensive Care Unit (NICU)? A review of literature was performed to examine current racial disparities to providing parental support to Black neonates and their families in the NICU. Black neonates are defined as non-White, non-Hispanic, and non-Asian. Black neonates receive healthcare in lower quality NICU and they receive suboptimal care within any NICU. Contributing factors to racial disparities in the NICU include racism and disadvantages related to social determinants of health. Four themes emerged after the analysis of the current literature; 1) the presence of gaps in the literature regarding the experience specific to Black neonates and their families in the NICU, 2) Black parents need to be consulted, included, and have regular communication with the healthcare team, 3) clinicians should establish relationships of trust and respect the needs of Black neonates and their families, 4) there are multiple factors contributing to Black mother's usage of human milk, their own as well as donated. The purpose of this program evaluation is to examine for the presence of racial disparities in a parental support bundle in a Level IV, 72 bed NICU in a children's hospital in Southeastern Virginia. The Easy Evaluation framework was chosen as it requires value and judgements regarding the merit and worth of a program. The methods and design of the program evaluation included the comparison and analysis of the parental support bundle from a random sample of Black and NonBlack neonates and their families within a six-week period. The parental support bundle included; 1) parental attendance in daily rounds, 2) parental daily visitation, 3) NICU class attendance, 4) breastfeeding/breastfeeding minutes, and 5) the usage of human milk (mother's own or donated human milk). Racial disparities were found in three of the five categories in the parental support bundle: parental visitation, breastfeeding/breastfeeding minutes, and the usage of human milk. Implications for practice include the need for more studies with measurable data for Black neonates and their families. To provide appropriate support to our Black neonates and their families, clinicians must accept our job is not only to provide respiratory support, medications, nutrition, and thermoregulation to neonates, but to address racial and socioeconomic variables that are contributing to health disparities. Implementing improved practices related to racial disparities in a NICU parental support bundle will aid in minimizing social disadvantage and improve outcomes through all three levels of racism for Black neonates and their families.