

AAP DISTRICT VIII SECTION ON NEONATAL PERINATAL MEDICINE

**2021 ANNUAL CONFERENCE ORIGINAL RESEARCH (BASIC SCIENCE or CLINICAL)
ABSTRACT SUBMISSION FORM**

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Trainee? Yes No

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DEADLINE FOR RECEIPT OF ABSTRACT IS FEBRUARY 19, 2021. Submissions will be accepted for either poster or oral presentation. Authors will be notified of acceptance and format for presentation (poster or poster symposium) by **March 12, 2021.**

Title: “Parents are vigilant and have trust concerns”: What do NICU social histories tell us?

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Background:

Inequities in neonatal outcomes based on social factors are well-documented. Social histories can enhance medical care but may also describe behaviors and attributes that evoke negative biases. Little literature exists on how bias is perpetuated in social history documentation for neonatal intensive care unit (NICU) patients. We analyzed NICU progress note social histories to describe: a) commonly documented details, and b) emotional valences and biases that documentation may elicit.

Methods:

We performed a retrospective chart review of free text social histories in attending progress notes for infants hospitalized ≥ 15 days at a tertiary NICU between Jan 2018-Dec 2019. We categorized included details using content analysis and calculated frequencies by category. Two reviewers independently assigned each history a positive, negative, or neutral emotional valence based on how content matched 4 positive and 4 negative criteria. We calculated the frequency of each overall valence and subclassification.

Results:

Of 460 included infants, 265 (58%) had social documentation. We identified 36 categories of documented details, with parent names (70%), place of residence (42%), other children (25%), primary language (14%), marital status (14%), substance use (8%), and CPS/custody status (8%) included most frequently. 53 (20%) of histories were assigned a negative valence. Details not relevant to the infant’s current medical care were the most commonly cited criteria for a negative valence (51 notes, 19%). Examples included “*mother aggressive to staff at delivery hospital,*” and “*at risk for neonatal abstinence syndrome,*” a condition not typically diagnosed on hospital day 15. Insinuation of parental neglectfulness, for example, “*visit infrequently,*” and “*father not involved,*” was in 29 notes (11%). Disapproval of care preferences, such as, “*want ‘everything done even if he has severe neurodevelopmental prognosis,*” and suggestions of a difficult family, such as, “*parents are vigilant and have trust concerns,*” were cited for 10 (4%) and 7 notes (3%), respectively.

Conclusion:

Almost half of our NICU patients had no social history documented, and among those who did, content varied significantly. Inherent subjectivity in assessing emotional valence limits this study, however, a striking one-fifth of social histories elicited a negative response. Carefully considering which factors merit inclusion in the social history, why, and how, may reduce implicit bias and improve health equity for NICU patients.