
**CULTIVATING COMPASSION:
ENHANCING NICU FAMILY
EXPERIENCES &
ADDRESSING BIAS IN
HEALTHCARE**

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FAMILY-CENTERED CARE
TASKFORCE



Mom & Me MD
DR. JESS DAIGLE

SPEAKER:
JESSICA DAIGLE, MD, FAAP

- Mom of 2 preemies
- NICU/Pediatric Hospitalist for 10 years
- Former Medical Director of a Level 2 NICU
- Founder/CEO of Mom and Me, LLC
- Healthcare Partner, Family-Centered Care Taskforce
- Fierce advocate for trauma-informed, compassionate, family-centered care in the NICU
- **No Conflicts of Interest**



OBJECTIVES

- **Recognize the unique challenges faced by NICU families, particularly those from underrepresented communities, and how these challenges impact their overall experience and needs.**
- **Examine the role of compassion and effective communication in delivering high-quality, family-centered care in the NICU.**
- **Identify two forms of bias in healthcare and demonstrate how these biases can influence communication with NICU families, ultimately affecting the quality of care provided.**
- **Introduce a practical tool and corrective strategy to help identify and correct bias in real time and foster culturally sensitive, trust-building communication with diverse NICU families.**

LET ME TELL YOU A STORY ...

- 29 yo G2P0 presents to the hospital at 22 weeks gestation with concern for preterm labor
- Past medical hx significant for miscarriage of 1st pregnancy at 19 weeks
- Followed by MFM this pregnancy; on Procardia tabs & Progesterone shots
- Placed in the hospital on bedrest for 9 weeks due to cervical length shortening
- Birthed a son prematurely at 31 weeks, birthweight 3lbs 15oz



THE STORY CONTINUES ...

- Baby was in the NICU for 5 weeks.
- After discharge, placed back on nasogastric (NG) feedings a week later by speech therapy for aspiration.
- Multiple medical visits with pediatrician & gastroenterologist
- Followed by Speech Therapy and Babies Can't Wait (early intervention program)

You've heard a similar story before, right?

THIS IS MY STORY.

- Me with my son, Liam.
- But there is always **MORE** to the story, more to the HPI we are taught to take in medicine.



ON BOTH SIDES

My story changed me.
Made me more *aware*. More *curious*. More *human*.

Having a baby in the NICU is a journey.

Compassion is *necessary*.
Communication is *key*.

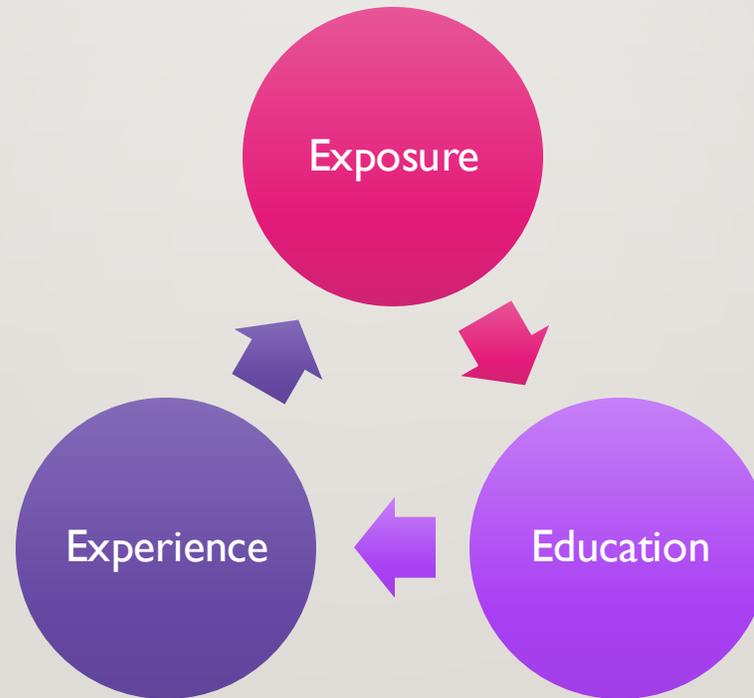
And it starts from the **FIRST** encounter.



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What do you **SEE** when a baby is admitted to the **NICU**?

NICU FAMILIES COME TO US WITH A *HISTORY*.



IMAGINE ...

You are entering a new world you didn't know existed.

- You don't know the **PLACE**
- You don't know the **PEOPLE**
- You don't speak the **LANGUAGE**
- You don't know the **CULTURE**



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Wouldn't you be **stressed** too?

WHAT IS THE **IMPACT?**

- **Mental/Emotional**

- Anxiety, fear, uncertainty about baby's survival & long-term health
- Depression and PTSD

- **Physical**

- Postpartum healing, exhaustion from lack of sleep, worry, travel

- **Financial**

- Medical bills, time off work, travel expenses

- **Social**

- Isolation from social support networks, strain on relationships

- **Cultural**

- Need for specialized care may conflict with beliefs and practices

HOW DO WE ENHANCE THE NICU EXPERIENCE FOR ALL FAMILIES?

BY DELIVERING
COMPASSIONATE CARE,
UTILIZING SENSITIVE, CULTURALLY INTELLIGENT COMMUNICATION
AND ADDRESSING PERSONAL BIASES.

IT MUST BE *INTENTIONAL*.

COMPASSION AS THE CORE OF CARE

Compassion is the “sympathetic **consciousness of others'**
distress together with a **desire to alleviate it.**”



COMPASSION

4 KEY TRUTHS ABOUT COMPASSION

- Compassion doesn't require shared experiences.
- Compassion is distinct from empathy.
- Compassion requires ACTION.
- Compassion can be CULTIVATED.

COMMUNICATION: OUR WORDS HAVE POWER

2 Key Points to Consider:

1. The language we use carries immense weight.
2. Intent does not always equal impact.

COMMON PHRASES USED THAT CAN BE HARMFUL

“Your baby is a fighter.”

“We’ve seen babies much smaller or sicker than yours go home healthy!”

“We’ve got this, you don’t need to worry.”

“You need to be strong for your baby.”

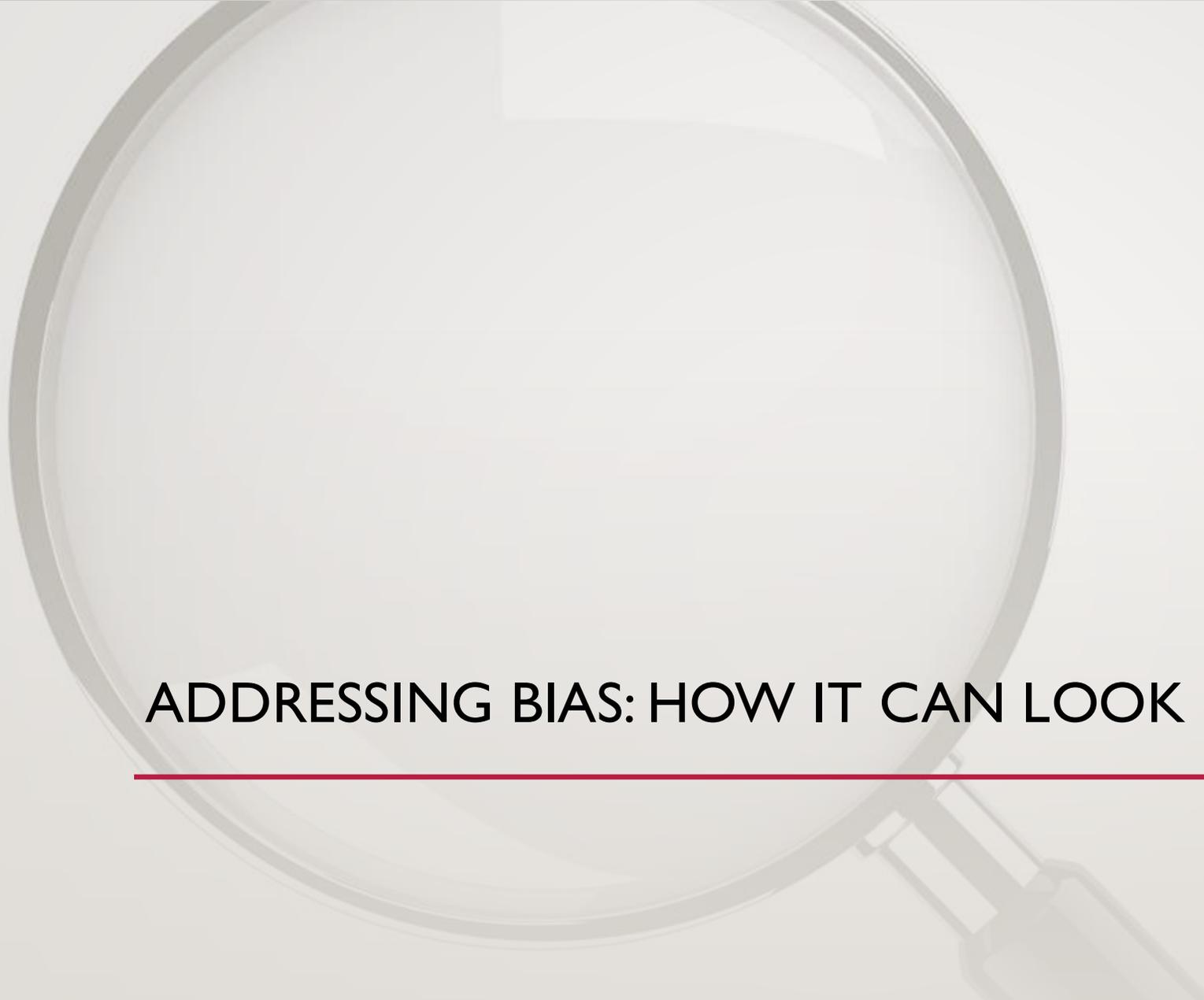
WORDS
MATTER



TIPS FOR GOOD COMMUNICATION

- **Practice Active Listening** – Focus on the speaker, validate their emotions, and respond thoughtfully.
- **Use Inclusive and Respectful Language** – Choose words that honor diversity & foster connection. Avoid assumptions.
- **Communicate with Cultural Intelligence** – Recognize and adapt to different cultural norms, values, and communication styles. Be mindful of **TONE**.
- **Be Clear, Honest, and Transparent** – Provide accurate, compassionate information while ensuring families fully understand their baby's care.





ADDRESSING BIAS: HOW IT CAN LOOK IN THE NICU

SCENARIO #1

- A **29-week gestation** baby boy is born to a **single mother of Hispanic descent** and admitted to the **NICU for respiratory distress**.
- Given his prematurity, he is expected to have a **lengthy hospital stay**.
- The **mother, who speaks English fluently, is a first-time parent** and appears overwhelmed by the medical environment. She asks questions but sometimes struggles with the **complexity of medical explanations**.
- The **NICU team**—including doctors, nurses, and social workers—**is committed to providing the best care**. However, during rounds, **some members unconsciously assume** that due to her **ethnicity, single parent status, and perceived socioeconomic background**, she has limited education.

SCENARIO #1

- Instead of **assessing her level of understanding** or using **open-ended questions to gauge comprehension**, the team **oversimplifies medical information**. While their intent is to make communication easier, their approach **unintentionally excludes** the mother from fully understanding her baby's condition.
- As a result, she **feels patronized and left out of critical decisions** regarding her child's care.
- Though the medical team believes they are being helpful, their actions lead to **assumptions** that **undermine trust, limit shared decision-making, and reduce the mother's confidence** in advocating for her baby.

IMPLICIT BIAS

UNCONSCIOUS ATTITUDES OR STEREOTYPES THAT AFFECT OUR UNDERSTANDING, ACTIONS, AND DECISIONS IN AN UNCONSCIOUS MANNER

SCENARIO #2

- The **same mother** from Scenario #1 **misses two days** of visiting her baby in the NICU. Initially, she does not explain why.
- Given her prior experience of feeling patronized and excluded from detailed discussions, she **hesitates to share that transportation issues are the reason**. She worries that if she discloses her challenges, she will be judged or seen as an unfit parent.
- Some members of the medical team **notice her absence and assume** that she is **not fully invested in her baby's care**.
- Instead of **checking in with her** or exploring potential barriers, they compare her to past cases where parents who missed visits were less engaged.

SCENARIO #2

- Staff begin to **provide fewer detailed updates** about her baby's condition.
- Offer **less encouragement for her involvement** in daily care decisions.
- Assume her **commitment is lacking**, rather than considering external factors.
- This creates a **self-perpetuating cycle**—the less included she feels, the more reluctant she becomes to ask questions or assert herself.
- Without realizing it, the healthcare team's assumptions **further isolate her**, reinforcing the very disengagement they expect to see.

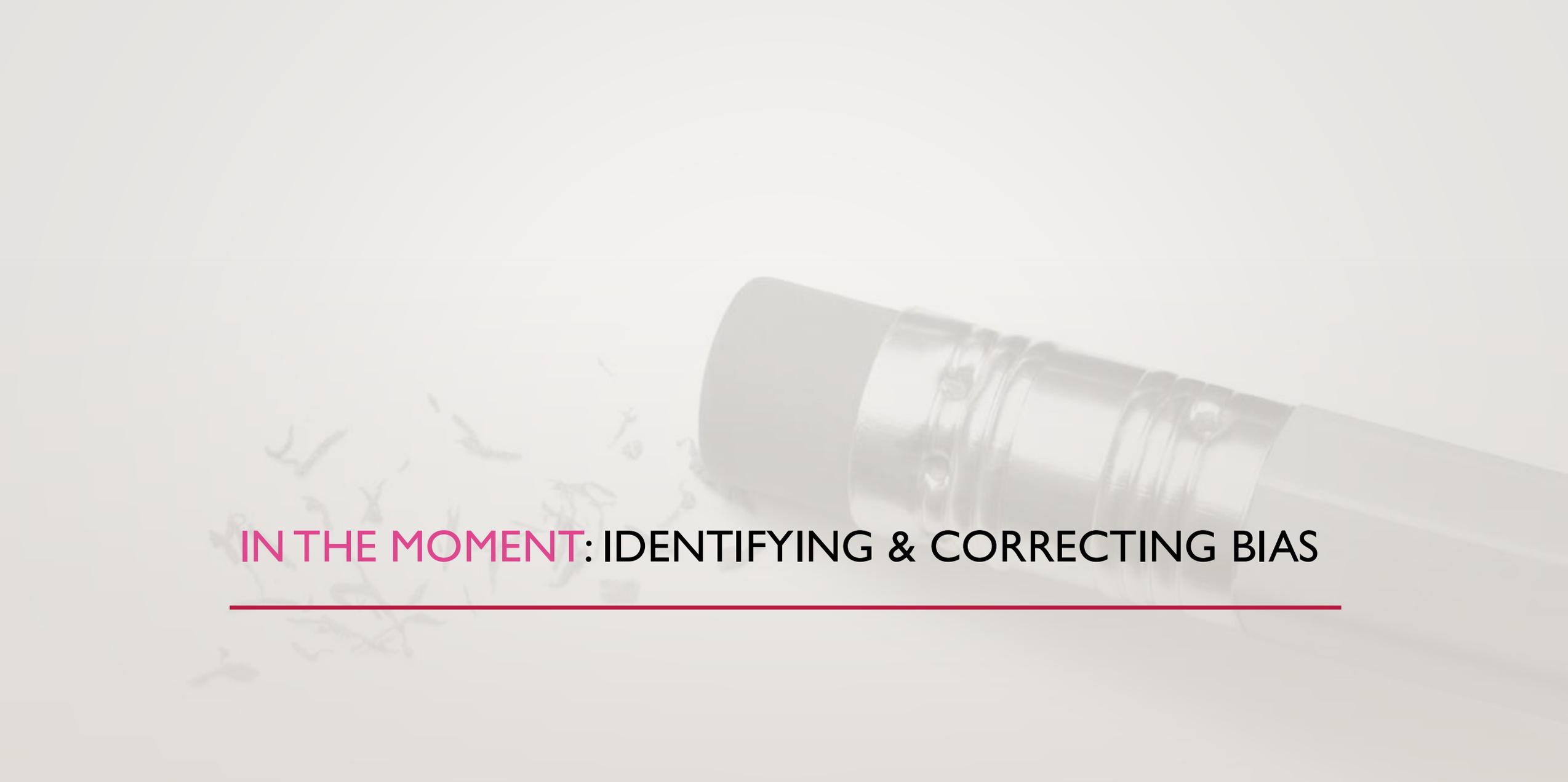
CONFIRMATION BIAS

WHEN INDIVIDUALS SEEK OUT OR INTERPRET INFORMATION IN A WAY
THAT CONFIRMS THEIR PRE-EXISTING BELIEFS OR ASSUMPTIONS

THE IMPACT OF BIAS ON NICU COMMUNICATION AND CARE

- **Implicit bias** can lead healthcare professionals to make **assumptions** about a family's ability to understand or engage in their baby's care **based on background, language, or appearance** rather than individual needs.
- **Confirmation bias** reinforces those assumptions by **interpreting behaviors**—such as missed visits—**through a lens of preconceived beliefs** rather than considering external factors or seeking further context.
- Both biases contribute to **breakdowns in communication and trust**, leaving families **feeling excluded and misunderstood**.
- This can negatively affect **parental involvement, emotional well-being, and ultimately, the baby's health outcomes**, while also straining relationships between NICU staff and families.

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IN THE MOMENT: IDENTIFYING & CORRECTING BIAS

P.A.U.S.E TO IDENTIFY & CORRECT BIAS IN THE NICU

- Vanderbilt* developed the **P.A.U.S.E. framework** to help healthcare professionals recognize and disrupt bias.
- **P.A.U.S.E. Steps:**
 - **P – Pay attention** to your initial reactions and assumptions.
 - **A – Acknowledge your assumptions** and consider where they come from.
 - **U – Understand your perspective** by reflecting on past experiences and influences.
 - **S – Seek different perspectives & reframe** to challenge biases and broaden your understanding.
 - **E – Examine your options & redirect your response**, adjust your approach to ensure fair, compassionate care.
- Before **making an assumption** or responding to a patient, **take 3-5 seconds to ask yourself:**
 - *What assumption am I making about this person or their situation?*
 - *What evidence do I have to support this assumption? Is there an alternative perspective?*
 - *How might my assumption impact the way I communicate or provide care?*

*<https://medschool.vanderbilt.edu/mstp/2020/08/26/pause-a-framework-to-disrupt-everyday-bias/>

BRINGING IT ALL TOGETHER: **PAUSE TO CARE, CARE TO PAUSE**

To enhance NICU family experiences, we must **pause to recognize bias** and **care with intention**.

- **P.A.U.S.E. to Address Bias**

- ✓ **Pay attention** to your reactions
- ✓ **Acknowledge** assumptions
- ✓ **Understand** your perspective
- ✓ **Seek** different viewpoints
- ✓ **Examine** & adjust your approach

- **C.A.R.E. to Cultivate Compassion**

- ✓ **Continuous** self-reflection
- ✓ **Ask** for feedback
- ✓ **Recognize** cultural differences
- ✓ **Engage** in mindfulness

Let's deliver the Compassionate CARE our NICU families **DESERVE.**

KEY TAKEAWAYS

- ✓ **NICU families face unique challenges.** Stay mindful of their diverse experiences.
- ✓ **Compassion is the foundation of care.** It shapes both communication and outcomes.
- ✓ **Be intentional with language.** Recognize parents' emotional states and communicate with sensitivity and cultural intelligence.
- ✓ **Bias impacts interactions.** Both implicit and confirmation biases can lead to disparities in care and it's important to regularly be aware of your own biases.
- ✓ **Use P.A.U.S.E. & C.A.R.E.** These tools can help address bias and cultivate compassion in real time.

“THE SECRET OF THE CARE OF THE PATIENT IS IN
CARING FOR THE PATIENT”
— DR. FRANCIS PEABODY

SUGGESTED READINGS

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- Brown-Madan Y, Williams A, Langston S. **Correction: Addressing implicit bias and health disparities in a level IV NICU.** J Perinatol. 2023 Dec;43(12):1556. doi: 10.1038/s41372-023-01768-4. Erratum for: J Perinatol. 2023 Dec;43(12):1494-1496. doi: 10.1038/s41372-023-01736-y. PMID: 37723230; PMCID: PMC10716033.
- Torr C. **Culturally competent care in the neonatal intensive care unit, strategies to address outcome disparities.** J Perinatol. 2022 Oct;42(10):1424-1427. doi: 10.1038/s41372-022-01360-2. Epub 2022 Mar 3. PMID: 35241768.

SUGGESTED READINGS

- **“Compassionomics: The Revolutionary Scientific Evidence That Caring Makes a Difference”** – Stephen Trzeciak & Anthony Mazzeoli
- **“Seeing Patients: Unconscious Bias in Health Care”** – Augustus A. White III, MD
- **“For the Love of Babies: One Doctor’s Stories About Life in the Neonatal ICU”** – Sue L. Hall, MD
- **“Holding Space: A Guide to Supporting Parents in the NICU”** – Brooke D. Barlow
- **“Bearing the Unbearable: Love, Loss, and the Heartbreaking Path of Grief”** – Joanne Cacciatore, PhD

THANK YOU!

QUESTIONS? COMMENTS?

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