A Case-Based Approach to Racial Health Disparities in Infertility Diagnosis and Management—From Reproductive Life Planning to Treating Infertility

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ABSTRACT

Background: Increasing attention has been paid to medical racial health disparities, though limited attention has been paid to mitigating these disparities in access to fertility care and reproductive life planning. Workshops previously have been shown to increase physician awareness and practice improvements.

Objective: We sought to develop an education tool to provide structured, case-based learning for physicians to reflect on bias in fertility assessment and treatment and discuss changes in practice.

Methods: Authors created reproductive life planning and infertility management cases and arranged them for review informed by reproductive justice and fertility scholars. The resulting workshop was piloted to a group of 10 residents in person at a single academic institution. The cases were presented in a large group style and participants discussed cases in pairs. At the workshop's conclusion, participants were prompted to provide feedback via a survey.

Results: One hundred percent (10/10) of respondents reported that the workshop helped them think about bias in medicine. Ninety percent (9/10) of respondents reported that after the workshop, they will think differently about how they approach marginalized patients in their practice. Eighty percent (8/10) of participants reported that the workshop gave them tools on how to approach marginalized patients in their practice.

Discussion/Conclusions: Participants reported overwhelmingly that they found the workshop valuable and that it assisted them in making goals to change their practice to improve fertility care for racially marginalized patients.

BACKGROUND

While increased attention has been paid to health disparities in medicine, racial and ethnic health disparities in infertility care and management persist,[1] despite 15% of couples experiencing difficulty conceiving. Previous infertility researchers have described this as both a pipeline and education problem. Limited racial diversity in the field of infertility has been cited as a reason for ongoing racial disparities,[2] as well as Black individuals' limited reproductive health knowledge and education due to limited access to these fields. Therefore, it is difficult for this patient population to advocate for themselves, especially when no advocate exists in the medical system.[3]

Many lectures have been developed to address racial bias, but few utilized a reproductive justice framework in the field of medicine. This framework specifically utilizes a human rights framework to understand and define goals and issues related to abortion access, maternal mortality, access to children's health care, and access to economical and living resources, such as clean drinking water and clear air.[4] However, to date, there have been no published curricula or lectures that have specifically discussed the root of reproductive health disparities, including clinical decision-making, referral patterns, and managing unique challenges that Black and Brown patients pursuing fertility treatment may face. As a result, clinicians—regardless of their backgrounds—may be ill-equipped and ill-prepared to best support Black and Brown patients seeking fertility treatment.

We sought to develop an education tool to provide structured,

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case-based learning for physicians to reflect on bias in medicine and discuss how they might change their practice.

METHODS

Authors created cases based on prior experiences with Black and Brown women in the field of obstetrics and gynecology and arranged them for review informed by the work of reproductive justice and fertility scholars including Gloria Richard-Davis, Loretta Ross, Ricki Solinger, Harriet Washington, and Dorothy Roberts. The cases were expert prepared and reviewed and had not been validated previously. Reflection questions and goal-setting prompts also were developed. The cases were then arranged into a PowerPoint presentation that also could be used as a facilitator's guide to improve accessibility for educators in the future (Appendix A).

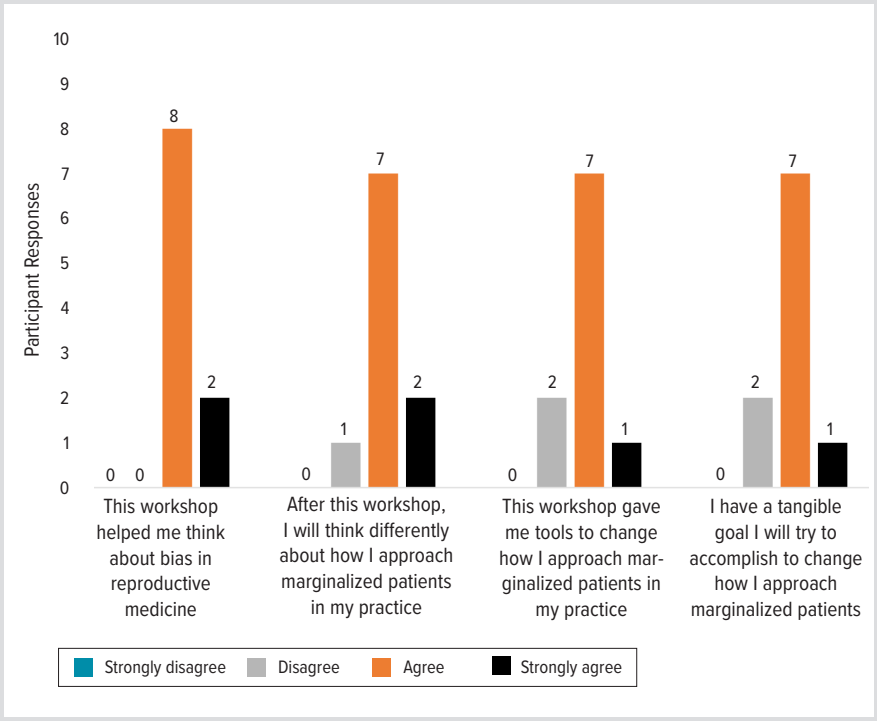
The resulting workshop was piloted to a group of 10 residents in person at a single academic institution as part of a mandatory resident didactic session. The PowerPoint slides were presented to them in a large group, and when discussions were prompted, participants were split into groups with partners seated by them physically. The workshop was 60 minutes long and the group consisted of 1 male and 9 females. Three Black and 7 White residents were present; there were no transgender residents present. Between small group discussions, participants were encouraged to share in a large group what they had discussed, and the primary author encouraged ongoing participation and reflection from other participants. After the workshop, participants were promoted to take a short survey about their thoughts on the workshop. The survey assessed participants' comfort level with the topic and whether or not the workshop improved their thinking about racial bias and approach to managing care for marginalized patients.

This project was approved as a quality improvement study by the Medical College of Wisconsin Obstetrics and Gynecology division. It was deemed not to require Institutional Review Board approval.

RESULTS

Feedback after the workshop demonstrated that participants found it valuable. One hundred percent (10/10) of respondents reported that it helped them think about bias in medicine and 90% (9/10) reported that they will think differently about how they approach marginalized patients in their practice. Similarly, 80% (8/10) reported that the workshop gave them tools for approaching marginalized patients in their practice and that they now had a tangible goal for how to approach marginalized patients they would see in the future (Figure).

Figure. Post-workshop Survey Responses



DISCUSSION

Through this workshop, we were able to gain sufficient engagement from our audience to create goals and commit participants to improving practice in the future. We also were able to have positive discussions to strategize improving access to fertility care and reducing physician-created barriers to fertility care. High levels of engagement demonstrated that the overwhelming majority of participants found that the workshop assisted in their efforts to refine their practice to help marginalized patients access fertility services. Previous reports have demonstrated that implementing similar antiracist workshops and training modules improved physician attitudes[5] and their ability to recognize racism in practice.[6] However, with this unique workshop model, we are able to engage in goal setting, which will further allow change to take place in the workplace, as participants leave with tangible goals moving forward.

The primary limitation to this study is our small sample size, which included only 10 participants. Ongoing education and research opportunities can create and evaluate an entire curriculum to address additional health disparities in infertility, such as for patients who are differently abled and those who are lesbian, gay, bisexual, transgender, and queer. Additionally, ongoing research may include assessing how implementation of larger scale workshops affect trends in care in certain areas with physician participants.

CONCLUSIONS

The resident physicians who participated in this workshop generally found it valuable and reported that it added to their ability to appropriately provide reproductive and fertility care to Black and Brown patients.

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Appendix: Available at www.wmjonling.org

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