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Pre Survey

Please use the QR code to take the presurvey for our workshop.







To review the presented cases here and discuss how health disparities and bias can show up under these circumstances



To make action plans for long term change we hope and plan to enact.

Goals for today's discussion



Readings To Start With

- 1. Disparities in access to effective treatment for infertility in the United States: an Ethics Committee opinion.
- 2. Disparities in accessing infertility care in the United States: results from the National Health and Nutrition Examination Survey, 2013–16. *Fertility and Sterility*, 112(3), 562-568.
- 3. Systemic racism exists in Reproductive Endocrinology and Infertility: We are part of the problem. *Fertil Steril*.
- 4. Chin HB, Howards PP, Kramer MR, Mertens AC, Spencer JB. Racial Disparities in Seeking Care for Help Getting Pregnant. Paediatr Perinat Epidemiol. 2015 Sep;29(5):416-25. doi: 10.1111/ppe.12210. Epub 2015 Jul 22. PMID: 26201443; PMCID: PMC4630798.



Background

Approximately 10-15% of couples in the United States experience infertility

Black women tend to have experienced infertility for longer periods of time prior to presenting for fertility treatment and tend to present at older ages

Black women have lower clinical pregnancy rates than other groups when undergoing fertility treatment



Before we get started



What are your initial thoughts about health disparities reproductive healthcare?



How did your personal experiences inform how you think about infertility?



Do you think it is especially important to talk about disparities in infertility?



What do you want to know more about?



What do you think you will immediately do differently?



Case 1

A 15 year old Black girl presents to your clinic because she is sexually active and would like to start some kind of contraception. She has never been pregnant, but does have a history of gonorrhea and was treated last year. She tells you that she is thinking about having children and doesn't "want to be old" when she has her first child. She thinks she would like to become pregnant for the first time by the time she is 18.

- What kinds of questions would you ask her about her reproductive health?
- What kind of contraception would you offer her?
- What do you think of her initial reproductive life plan?
- Do you routinely counsel on reproductive life plans with patients? Why or why not?
- How do you think her race and age would influence you and your colleagues in your counseling decisions?



Case 2

The same patient from case 1 presents to you, now 10 years later. She has been having unprotected intercourse with the same partner for the past 9 years and has not become pregnant. She has not been tracking her ovulation, but reports that she does have a period about once every month without changes in her cycles since she was 16. There is a note in her chart from social work that she receives food assistance and has Medicaid for health insurance. She tells you she would like to become pregnant.

- What questions would you ask her?
- What work up or treatment would you offer her?
- Would you refer her to see an REI doctor? Why or why not?
- How does her financial and social impact how you would counsel and manage her?



Case 3

The patient in Case 2 was seen by a different provider in the community and was told that they did believe she would be able to pay to see a fertility doctor, so they never referred her. They recommended that she continue trying on her own until she is 35. She read on the internet that she should see a fertility doctor given how long it has taken her and scheduled an appointment at the with a fertility clinic. She is now seeing you for a work up.

- Why do you think her doctor did not refer her for treatment?
- What kind of things would you be thinking about socially during her work up?
- Would you offer this patient a full evaluation? Why or why not?
- How would you navigate barriers to her care?

Thinking about your own bias

How much time do you do reproductive life planning with patients? What are some reasons you might not do reproductive life planning?

Have you ever not referred someone to treatment because you didn't think they could afford it?

Do you ever not do a full work up because you're unsure of how much it costs?

If you're unsure of how much a work up costs, what do you do about that? How do you present it to patients?

When patients have multiple children but screen positive for infertility, would you refer them to fertility treatment?

Do you ever decline to send people for more expensive tests or treatment intentionally? Why or why not?

Thinking about how you'll be different



What did you take away from today?



What do you think you need to do differently in the future? Why are these things important?

Setting a goal

Identify why you need to be different. What are the potential outcomes of your choice to change?

How do you think your patients will benefit?

What are three steps you can take to make this change happen?

What are some barriers you think you'll find to changing your behaviors? How will you overcome those barriers?

How will you measure the impact of these changed behaviors?

Readings for Going Deeper

- 1. Reproductive Justice: An Introduction by Rickie Solinger and Loretta Ross
- 2. Radical Reproductive Justice Edited by Loretta Ross, Lynn Roberts, Erika Derkas, Whitney Peoples, and Pamela Bridgewater
- 3. Siegel DR, Sheeder J, Polotsky AJ. Racial and Ethnic Disparities in Fertility Awareness Among Reproductive-Aged Women. Womens Health Rep (New Rochelle). 2021 Aug 19;2(1):347-354. doi: 10.1089/whr.2021.0034. PMID: 34476417; PMCID: PMC8409232.
- 4. Komorowski, A.S., Jain, T. A review of disparities in access to infertility care and treatment outcomes among Hispanic women. *Reprod Biol Endocrinol* **20**, 1 (2022). https://doi.org/10.1186/s12958-021-00875-1



Post Survey

Please use this link to take this post survey after our workshop



Thank you!

