

MEDICAL ERACISM – STOP RACE-BASED VBAC COUNSELING

November 2020

CONTEXT:



- + Clinicians may use a risk tool – known as **Vaginal Birth After Cesarean-section (VBAC)** calculators – to estimate the risk and likely success of a trial of labor for a vaginal delivery after an earlier C-section in a prior pregnancy.
- + Formulated in 2007, the VBAC calculation includes risk factors, such as age, BMI, and clinical history of delivery. These algorithms also consider whether the patient is of **Black race** or **Hispanic ethnicity**. For **Black women** it decreases the estimated success rate of vaginal deliveries by 67% and for **Hispanic women** by **68%**.
- + The functional consequence is to insinuate a biological cause for Black & Hispanic women’s bodies being fundamentally different from a “normal” body. This reinforces the false idea that race itself is a biologically significant risk factor for illness and minimizes the real effects of racism and health inequity on minoritized people.

CONTRIBUTING FACTORS:



- Black women remain **3x – 4x** more likely to die from pregnancy-related causes than White women in America.¹
- While both the clinician and patient decide together whether a TOLAC or elective CS should be performed, the decision to pursue either may be influenced by medical bias.



KEY TAKEAWAYS:

- **The Women’s Health Council feels strongly that the inclusion of race as an objective proxy for a patient’s VBAC complication risk calculation does not meet the scientific rigor required at NYC Health + Hospitals for our diagnostic screening tools.**
- **The Women’s Health Council applauds NYC Health + Hospitals clinicians for forgoing the use of the race-based VBAC calculators in their VBAC counseling.** Additionally, the American College of Obstetricians & Gynecologists also stresses that individual complications must be assessed on a case-by-case basis.

PLANS FOR FURTHER ACTION:

- We must continue to eliminate health inequities from within Women’s Health in the United States. A key first step is identifying how implicit biases affect the way we view, interact with and counsel our patients. De-implementation of race-based clinical calculators in favor of more equitable approaches that address both women’s social determinants of health (e.g. insurance type, zip code, low income, racism) and their biological clinical measures (e.g. prior labor course, age, BMI).
- This is evidenced in NYC H+H’s Cesarean-section rates below the NY state average (19%, vs. 22.9%) and successful VBAC rates greater than the NY state average (19%, vs. 13.3%). NYC Health + Hospitals remains committed to using the most empirically-relevant information to inform our diagnostic screening tools.



1. <https://doi.org/10.1016/j.whi.2019.04.007>

