NYC Coalition to End Racism in Clinical Algorithms
Meeting 4

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Agenda

01 Welcome – Dr. Michelle Morse

02 VBAC Literature Review – Drs. Amita Murthy & Tara Stein

03 Overview of CERCA Inaugural Report – Dr. Rohan Khazanchi

05 Breakout Groups by Algorithms

06 Closing + Next Steps

VBAC Literature Review

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RACE/ETHNICITY AND VBAC CALCULATOR

AMITASRIGOWRI S. MURTHY, MD, MPH, FACOG

NYC DOHMH CERCA

MAY 20, 2022

RACE ADJUSTMENT IN CLINICAL ALGORITHMS

- Race often substituted for an observed difference seen between populations thought to be due to genetic or biologic difference
- Race is NOT a proxy for these differences
- Disparities seen in maternal health – due to results from structural racism and its effects on social determinants of health

Cerdena et al Lancet 2020
Vyas DA, et al. N Engl J Med 2020.

BACKGROUND

- As the number of repeat cesarean sections increased, vaginal birth after cesarean delivery was recommended
  - Reached a peak in 1998 32%

- Numbers have declined dramatically
  - Due to increase in uterine rupture
  - Concern about maternal and infant morbidity
    - Introduction of more stringent criteria for patients to undergo VBAC
    - More medicolegal pressures

BACKGROUND CONTINUED

- 2004 – publication of study comparing those undergoing TOLAC/VBAC to those undergoing planned repeat cesarean delivery
  - Found that TOLAC associated with greater perinatal risk than elective surgery
- 2007 – predictive tool was created to assess chance of successful VBAC after TOLAC
  - Race correction was first included here
  - Suggested that successful VBAC associated with being young and white
    - Cited an evaluation of same population used for 2004 study
    - White race, private insurance and BMI <30 were referent groups
  - Racial category labels not well defined
    - Only a binary category of yes/no
    - No room for mixed race/ethnicity

- No plausible reason for inclusion of race as a factor being used in predictive model

Landon et al, NEJM 2004
Grobman et al, Obstetrics and Gynecology 2007
Vyas et al, Women's Health Issues 2019

WHY INCLUDE RACE/ETHNICITY?

- Rooted in the erroneous belief that there existed “an ethnic variation in pelvic architecture” (Hollard et al, 2006)
  - Gynecoid pelvis is considered ideal for vaginal delivery
    - Non gynecoid pelvis associated with dystocia and other pelvic dysfunctions
  - Non white women have non gynecoid anatomy
    - Anthropoid pelvis narrower than gynecoid
    - Described as an “animalized arrangement” in “lower races” in 1886 (Turner)
- Historical context wanted “scientific” support for a racist hierarchy
- Race is more often a proxy for the effect of racism on income, access to education, health care

Vyas et al, Women’s Health Issues 2019

BACKGROUND

- VBAC calculator validated in other populations without use of race/ethnicity
- 2021 – same group published a tool to predict successful VBAC after TOLAC without race/ethnicity
  - Used the same study population
  - Added a different factor (treated chronic hypertension) to the tool

Vyas et al, Women's Health Issues 2020
Grobman et al, AJOG 2021

IMPACT OF OLD VBAC CALCULATOR

- Higher rates of cesarean delivery in African-American and Hispanic women
  - Calculator factors decrease the chance of successful VBAC by half
  - Thereby making it less likely that TOLAC/VBAC is offered to these women
    - Exacerbating the disparity in maternal morbidity
  - Undermined informed consent
    - Used the calculator to discourage women from TOLAC
- Increased the number of birthing locations that would use the score from calculator to discourage TOLAC/VBAC

Rubashkin, AMA Journal of Ethics 2022

IMPACT OF THE NEW VBAC CALCULATOR

- Treats every prior cesarean as clinically necessary
  - Racism may explain why there are more unnecessary cesarean deliveries in Black and Hispanic women
  - Now adds more Black and Hispanic women into the VBAC prediction tool
- New indicator of chronic hypertension often shaped by structural racism
  - As is BMI
  - Disconnects the risk factors from structural forces and shifts responsibility onto the individual
  - Choice between TOLAC/VBAC vs repeat cesarean section no longer carries dual equipoise

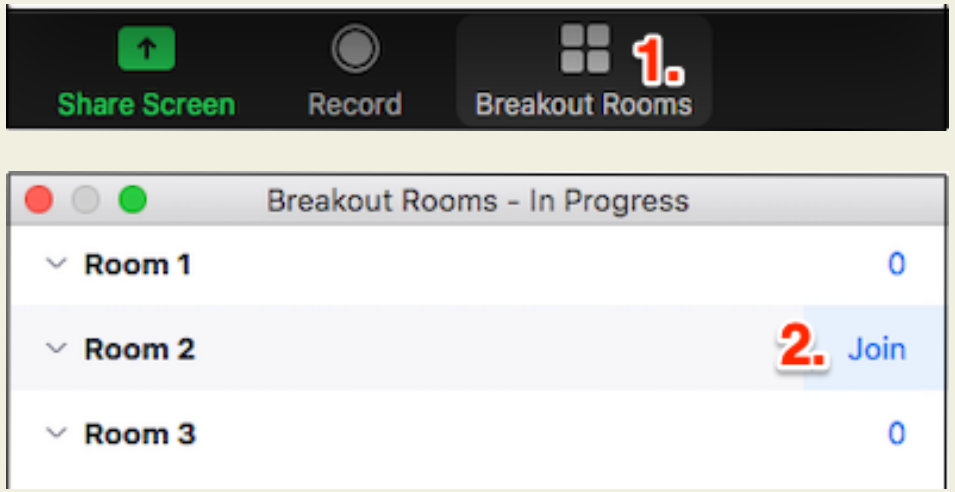
Rubashkin AMA Journal of Ethics 2022

We'll reconvene in 5 minutes.

Breakout Groups by Clinical Algorithm

Facilitators:

- eGFR - Dr. Charlene Ngamwajasat
- VBAC - Drs. Michelle Morse & Amita Murthy
- PFT - Dr. Duncan Maru



To join breakout rooms:

1. Click the Breakout Rooms icon in your Zoom toolbar

2. Hover your pointer over number to the right of desired breakout room, click **Join,** then click **Yes**

Next steps:

- CERCA meeting #5 will be **July 22nd, 2022**
- Request 2 – 3 sentence describing importance of CERCA within your institutions for inaugural report **due May 30th to ajoseph4@health.nyc.gov**
- Final evaluation plan (template to follow) **due on July 22nd at 12pm EST**

Thank You!