



RACE/ETHNICITY AND VBAC CALCULATOR

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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

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

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