



The American College of  
Obstetricians and Gynecologists  
WOMEN'S HEALTH CARE PHYSICIANS

**ACOG**  
THE AMERICAN CONGRESS  
OF OBSTETRICIANS  
AND GYNECOLOGISTS

# *Statement of Policy*

As Issued by the Executive Board of the  
American College of Obstetricians and Gynecologists and the  
American Congress of Obstetricians and Gynecologists

## **ACOG STATEMENT OF POLICY ON RACIAL BIAS**

There is a growing body of literature that validates the public health impact of racial bias, implicit and explicit, on the lives and health of people of color. As women's health care physicians, obstetrician-gynecologists (ob-gyns) must work to clearly understand the impact of racial bias and how it manifests in our lives and in the lives of our patients.

Racial bias is an issue that affects our patients, either directly by subjecting them or their families to inequitable treatment, or indirectly by creating a stressful and unhealthy environment. It is critical that physicians are aware of this reality for patients of color regardless of the patient's financial position.

Many professions, including medicine, are beset by implicit and explicit racial bias. Medicine, including the field of obstetrics and gynecology, has engaged in practices that were very harmful to women of color. These practices include performing experimental gynecologic surgery on enslaved women in the mid-1800s and the testing of high-dose hormonal contraceptives on Puerto Rican women and other women of color in the 1950s. More recently, from 2005 to 2013, numerous incarcerated women in California, who are disproportionately women of color, were sterilized without lawful consent.

In less obvious ways, implicit bias may affect the way ob-gyns counsel patients about treatment options such as contraception, vaginal birth after cesarean, and the management of fibroids. Implicit biases are subconscious assumptions we all make about the world around us. They are formed from our life experiences – who we are, how and where we grew up, who our friends and family are – and all of these experiences influence how we view and interpret the world. Implicit bias has been documented to affect the patient-physician relationship as well as treatment decisions and outcomes. It is our duty to acknowledge that implicit bias affects how we take care of women and to consciously ensure that we treat all patients equitably.

The racial and ethnic disparities in women's health (including higher rates of preterm birth, maternal mortality, and breast, cervical, and endometrial cancer deaths among Black women<sup>1</sup>) cannot be reversed without addressing racial bias, both implicit and explicit. We recognize that structural and institutional racism contribute to and exacerbate these biases, which further marginalize women of color in the health care system. Without acknowledging the historical context from which these

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disparities grew, and examining these disparities through a lens that takes into account race, gender, and class, an equitable health care system that serves all women cannot be realized.

The history and daily experiences of our patients of color may negatively affect their perceptions of the health care system. This may be manifested as mistrust of health care providers, avoidance of care, and not following medical advice.<sup>2-4</sup> As ob-gyns, we must stand up against policies that disadvantage women and show our patients that we will not tolerate discrimination based on race, color, national origin, disability, age, religion, marital status, sexual orientation, perceived gender, or any other basis.

Further, the American College of Obstetricians and Gynecologists is committed to addressing racial bias and discrimination and their impact on our patients. Below are examples of how women's health care physicians can work to confront these issues:

- Be aware of one's own biases when caring for patients
- Perform research on how biases, implicit and explicit, and discrimination are associated with health outcomes in women
- Conduct research with improved outcomes for women of color as a primary objective
- Integrate issues of racial injustice, including recognition of provider bias, into our teaching of students, residents, fellows, and practitioners
- Engage with activists and advocates within communities of color to foster communication about addressing health disparities
- Examine and address the ways health care systems perpetuate inequity in communities of color
- Encourage racial and ethnic diversity at all levels of our profession, from medical school to residency to practice to leadership positions at the American College of Obstetricians and Gynecologists
- Create an Alliance for Innovation on Maternal Health (AIM) disparity bundle for obstetrics

Racial bias is an issue that affects our patients and our colleagues. We must commit to working together to address this issue and create an equitable health care system that serves all women. Our patients deserve no less.

## References

<sup>1</sup> ACOG Committee Opinion No. 649: Racial and Ethnic Disparities in Obstetrics and Gynecology. *Obstet Gynecol* 2015;126(6):e130-4.

<sup>2</sup> Casagrande SS, Gary TL, LaVeist TA, Gaskin DJ, Cooper LA. Perceived discrimination and adherence to medical care in a racially integrated community. *J Gen Intern Med*. 2007 Mar;22(3):389-95.

<sup>3</sup> O'Malley AS, Sheppard VB, Schwartz M, Mandelblatt J. The role of trust in use of preventive services among low-income African-American women. *Prev Med*. 2004 Jun;38(6):777-85.

<sup>4</sup> Van Houtven CH, Voils CI, Oddone EZ, Weinfurt KP, Friedman JY, Schulman KA, Bosworth HB. Perceived discrimination and reported delay of pharmacy prescriptions and medical tests. *J Gen Intern Med*. 2005 Jul;20(7):578-83.