



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

October 10, 2020

The Honorable Richard Neal
Chairman
Committee on Ways and Means
U.S. House of Representatives
1102 Longworth House Office Building
Washington, DC 20515

Dear Chairman Neal:

On behalf of the American College of Obstetricians and Gynecologists (ACOG), representing more than 60,000 physicians and partners dedicated to advancing women's health, including equitable care for all patients, thank you for your September 3, 2020 letter concerning the misuse of race and ethnicity data in clinical tools. ACOG appreciates the important attention that the Committee on Ways and Means has devoted to addressing inequitable health care outcomes, particularly in maternal health. ACOG is committed to changing the culture of medicine and addressing bias and racism in health care. ACOG welcomes the opportunity to share our work and perspective with the Committee.

The Committee's May 16, 2019 hearing on "Overcoming Racial Disparities and Social Determinants in the Maternal Mortality Crisis" helped to shine a needed spotlight at the federal level on the racial inequities in maternal health outcomes. Our country is experiencing a maternal mortality crisis, and the United States is the only developed country with a rising maternal death rate.ⁱ Further, Black and American Indian/Alaska Native women are roughly three times more likely to die from pregnancy-related causes than white women.ⁱⁱ While the public discourse has rightfully been focused on these inequities in maternal health outcomes, the COVID-19 pandemic, and associated racial inequities in infection and death rates, are stark reminders of the effects of systemic racism that exists in our health care system. As ACOG Past President Lisa M. Hollier, MD, MPH, FACOG shared in her testimony during the May 2019 hearing, "We recognize that we – and all care providers – have work to do and are committed to addressing implicit bias and increasing the provision of culturally competent care to our patients."

ACOG is the foremost professional membership organization for obstetrician-gynecologists and our membership also includes other health care professionals dedicated to the provision of women's health. With 60,000 members spanning the entire career lifecycle, ACOG's activities include producing practice guidelines for clinicians and educational materials for patients, providing practice management and career support, facilitating programs and initiatives aimed at improving women's health, and advocating on behalf of members and patients. As an organization dedicated to the advancement of women's health care and the betterment of the profession of obstetrics and gynecology, ACOG values:

- Access to high quality and safe health care for all women;

- Professionalism for our membership through high ethical standards, collegiality, communication, mentoring, leadership development, diversity, and life-long learning;
- Scholarship in medical science through health research and education;
- Advocacy for women and our members in our role as the authority on the specialty and on women's health information for patients, health care professionals, organizations, and government; and
- Equity as demonstrated by our commitment to changing the culture of medicine and eliminating racial inequities in women's health outcomes.

These values guide the work of our organization and inform our efforts, outlined in more detail below, to change the culture of medicine, work to eliminate racism and racial inequities that lead to disparate health outcomes, and promote equity in women's health and health care.

1. Please update me on ACOG's efforts to educate its members and raise awareness about health inequities affecting Black, Latinx, Indigenous, and other communities of color. How is ACOG supporting racial and ethnic diversity of leading voices in the discussions and strategy development relating to health equity?

Promoting diverse voices and perspectives, educating women's health physicians and medical professionals, and raising awareness about health inequities and ways they can be addressed are paramount in ACOG's work at all levels of the organization and our membership. The work is championed by our leaders at the highest echelons of the organization and profession and is actively ongoing. We provide an overview of aspects of this work below:

Leadership and Coalition Building

ACOG recognizes our position as a leading national organization of physicians and partners dedicated to women's health and we treat this responsibility with reverence and humility. ACOG's clinical guidance has long recognized the significant racial inequities in the delivery of health care and health care outcomes and has supported our members in addressing them.^{iii,iv} More recently, in December 2019 ACOG issued a *Commitment to Changing the Culture of Medicine & Eliminating Racial Disparities in Women's Health Outcomes* and enhanced our partnership and work with individuals and stakeholders working to promote health equity.^v Since that time ACOG has led more than twenty medical organizations in women's health in launching a *Collective Action Addressing Racism*, detailing the steps that ACOG and the broader obstetrics and gynecology community are taking to address racism and inequities.^{vi}

The *Collective Action* engages the entire obstetrics and gynecology profession. It represents the first time the broader women's health medical community formally acknowledged that certain foundational advances in obstetrics and gynecology were rooted in a system of racism and oppression, including a system that permitted surgical experimentation on enslaved Black women. ACOG is working with coalition members to educate the profession on this history and on strategies to address continued, unjust legacies. ACOG and our collaborating organizations have also committed to revising publication standards to ensure publications are not reinforcing racism. This effort could, over time, become one of the most significant moments in obstetrics and gynecology; by changing how academicians and health care professionals understand the field, creating a more equitable framework for care. We attach the *Collective Action* outline to this letter.

ACOG Committees and Clinical Guidance

ACOG's clinical guidance helps women's health professionals provide evidence-based clinical care. It is developed by clinical Committees at ACOG comprised of distinguished leaders with high professional standards and deep knowledge of women's health care. ACOG routinely raises awareness about health inequities within clinical practice guidelines, including Practice Bulletins, Committee Opinions, Practice Advisories, and most recently COVID-19 recommendations, Position Statements, and frequently asked questions. In addition, specific documents developed by ACOG's Committee on Health Care for Underserved Women are dedicated to providing recommendations to improve outcomes for underserved populations. Throughout the COVID-19 pandemic, ACOG has produced timely clinical documents and resources, including those addressing inequities experienced by marginalized communities in the public health crisis. As outlined in more detail below, ACOG is undertaking a review of existing clinical guidance to ensure that race and race-related factors are discussed with appropriate context and with an acknowledgement of the role that systemic and institutional racism plays in health outcomes.

Educating Physicians and the Medical Community

ACOG educates obstetrician-gynecologists and the larger women's health community through many events, meetings, online educational resources, and informational materials. Our meetings are continuing to take place – albeit virtually – during the COVID-19 pandemic. In particular, the Annual Clinical and Scientific Meeting, which has the largest attendance and broadest reach, provides an opportunity to educate, connect, and highlight the latest breakthroughs and most pressing topics in obstetrics and gynecology.

Addressing racial inequities in obstetric and gynecologic health outcomes has been an important focus of recent Annual Clinical and Scientific Meetings, which is aligned with the presidential initiatives of recent ACOG Presidents Haywood Brown, MD, FACOG (reducing disparities for women in rural areas and optimizing health in the postpartum period) and Lisa M. Hollier, MD, MPH, FACOG (reducing preventable maternal mortality). The upcoming “ACOG 2020 Virtual Conference: Educate and Engage” will also feature lectures from noted researchers and leaders on topics including “Disparities in Maternal Morbidity/Mortality,” “Achieving Diversity, Equity and Inclusive Excellence: a step forward to eliminating inequities in women's health,” and “The Benson and Pamela Harer Seminar on History: Understanding the Genealogy of American Gynecology.”

The annual Congressional Leadership Conference, which is the largest advocacy gathering of women's health physicians in the country, is another key educational opportunity. The Congressional Leadership Conference brings together obstetrician-gynecologist leaders, young physicians, and residents from across the country to advocate for key federal policies to improve women's health. Programming at recent conferences has featured plenary sessions including “Let's Talk About Implicit Bias,” “Racial Disparities: Access & Equality,” and “Maternal Mortality: Insight from the Experts,” which highlighted patient experiences along with insights from researchers and federal agency officials. In the coming weeks, ACOG will also be educating state physician leaders at our annual State Legislative Roundtable, where panels will include topics addressing the maternal mortality crisis and efforts to combat racism.

In addition, throughout the year ACOG offers webinars and other educational initiatives for our members. A recent webinar, titled “Providing Patient-Centered, Respectful Care During COVID-19 and Beyond,” provided an open space for obstetrician-gynecologists to discuss the current public health crisis, the disproportionately negative impact on communities of color, racism and bias in medicine and the need for respectful, patient-centered care in everyday clinical practice. This webinar was the first in a series that is focused on respectful care. Our members are active in all states throughout the country and create local and regionally focused opportunities for education and promotion of health equity. Recent education offerings have included panels and discussions on combating racism, understanding the history of racism in medicine and the specialty, and promoting patient-centered respectful care.

American Indian/Alaska Native Women’s Health Programs

April 2020 marked 50 years of collaboration and partnership between ACOG and the Indian Health Service (IHS), a long-term, proactive engagement to improve American Indian/Alaska Native (AI/AN) women’s health. The original charge of this work was to “offer professional support to colleagues providing women’s health care to American Indians and Alaska Natives and to constitute a point of liaison and a source of consultation for the Indian Health Service and other Indian health programs.”^{vii} This ongoing work includes professional education initiatives for physicians, certified nurse-midwives, and other allied health professionals on practical, evidence-based approaches to the recognition, management, consultation, and referral of health problems facing AI/AN women. ACOG also regularly conducts quality assessment reviews of women’s health care at IHS facilities and subsequently makes recommendations to improve women’s health care.

Alliance for Innovation on Maternal Health Program

Armed with the knowledge that significant disparate outcomes exist for birthing people who are Black, Latinx, Indigenous, or from other communities of color, ACOG has worked through the HRSA-funded Alliance for Innovation on Maternal Health (AIM) program and other community facing efforts to both raise awareness and develop programming to address these inequities. Since 2014, the AIM program has worked to decrease preventable maternal mortality and severe morbidity in the United States through technical assistance and capacity building of state-based, multidisciplinary teams implementing patient safety bundles, or evidence-informed, standardized best practices for clinical teams. As the AIM program evolved, it became increasingly evident that inequities in care and social determinants of health play a significant role in the outcomes that the program seeks to address. As a result, the AIM program has shifted over the last 12-18 months to an approach that seeks to integrate equity concepts into all aspects of our work.

Specific steps to support AIM state-based teams, and by extension ACOG members, include:

- Revising all patient safety bundles to fully integrate concepts that support equitable care for all people.¹ Examples include recommendations related to disaggregation of collected patient outcome data by race and ethnicity, education on culturally congruent care, and the inclusion of diverse people and bodies in simulation training for medical emergencies

¹ Patient safety bundles are structured ways to improve care processes and patient outcomes. They are built upon established best practices and are intended to help reduce variation and facilitate the standardization process.

and planning teams.

- Modifying the existing four “R” patient safety bundle framework to include a fifth “R” for “Respectful Care,” or the concept of intersectional, whole-person centered care in all conditions. Existing care recommendations are built around the concepts of Readiness, Recognition, Response, and Reporting and Systems Learning; as new patient safety bundles are developed and existing bundles are updated, the framework will be expanded to integrate respectful care concepts from inception. This addition prioritizes equitable approaches as the standard in all AIM work.
- Amplifying the voices of Black women’s birthing experiences and including diverse and representative subject matter experts with unique lived experiences in all stages of patient safety bundle development and in all possible areas of AIM work. This includes exploring partnerships with community organizations.
- Hiring a Respectful Care Project Coordinator to support both the respectful care concept integration in the AIM patient safety bundles and more broadly across ACOG. The individual hired has education in medical anthropology and cross-cultural practice and is participating in all bundle updates and development. They are also contributing to ACOG member trainings and education opportunities to more fully bring the concept of respectful care to all of the work that ACOG does. This position is supported by the AIM program and other HRSA funded initiatives.

Diversity, Equity, and Inclusive Excellence Workgroup

While much of ACOG’s work is focused on making patient care more equitable, ACOG understands that it is critically important to promote racial and ethnic diversity and inclusion at all levels of our organization. Established by ACOG’s Board of Directors in fall 2019, ACOG’s Diversity, Equity, and Inclusive Excellence Workgroup is developing a blueprint to inform and guide ACOG in fostering a dynamic, diverse, and inclusive community where every member thrives and where the perspective of every member is heard, supported, and valued. The Workgroup is actively soliciting feedback from members and identifying inequities and barriers to inclusion so that they can be addressed to achieve a more inclusive and vibrant community at all levels of the organization – including in staffing, membership, and leadership at all levels; within committees and programming; and through culture and policies.

2. *What efforts are being undertaking to review and reevaluate the use of race and ethnicity in clinical algorithms like the VBAC risk calculator? How will ACOG work to support, encourage, and coordinate with other specialty organizations that are also conducting a reevaluation?*

ACOG recognizes that race is a social construct and that efforts to predict risk based on race are medically inaccurate and ill-advised. Unfortunately, the incorporation of race as a biological risk factor appears frequently in clinical research. ACOG takes very seriously the responsibility of supporting, encouraging, and coordinating with the medical community in changing the culture of medicine and eliminating racism and racial inequities that lead to disparate outcomes. Earlier this year, ACOG led the women’s health medical community in committing to a comprehensive review of scholarship, clinical documents, research, and publications guidelines that it produces

or directs to ensure that when race is referenced in clinical documents or scholarship that it is not treated as a biological risk factor.^{viii} This initiative is ongoing and includes a retrospective process to identify when race is used in the setting of risk or predictive factor, and a process to subsequently update clinical guidance documents appropriately. In addition, ACOG has had preliminary conversations with the American Medical Association and looks forward to participating in their future convening to address how medical societies can evaluate prior data and studies that may have used poor assumptions of race and are considered building blocks of clinical guidance.

With respect to the Vaginal Birth After Cesarean Delivery (“VBAC”) risk calculator, ACOG has not and does not endorse the VBAC risk calculator, nor its use of race in its algorithm. A reference to the calculator appears in one of ACOG’s Practice Bulletins, which is currently under review for revision.^{ix} Prospectively, ACOG’s clinical document development process is being modified to intentionally incorporate an equity framework at every level of development, including outline development, clinical questions to be evaluated for a literature search, evidence evaluation and synthesis, recommendation development, and inclusion of diverse representation on document review panels.

Although ACOG does not conduct primary research, we advocate for improvements throughout the clinical research infrastructure, including study design, protocol development, grant application requirements, and manuscript publishing. We are committed to making intentional and concerted efforts to support research that ethically addresses the needs of Black, Latinx, Indigenous, and other communities of color and to promote the work and scholarship of physicians, clinicians, and public health professionals of color.^x

3. *While reevaluating and ending the misuse of race/ethnicity in these algorithms could take some time, what guidance can ACOG issue quickly to redirect clinicians’ use of these algorithms? How will ACOG inform clinicians of the impact of these algorithms on racial health inequities? What guidance would ACOG offer on how this should be communicated to patients?*

ACOG does not endorse use of the VBAC algorithm referenced in this letter and is seeking to raise awareness through our *Collective Action* and other initiatives about the misuse of race and/or ethnicity as a biological factor in scholarship and clinical care. ACOG’s Committee on Clinical Practice Guidelines—Obstetrics is reviewing ACOG’s Practice Bulletin where reference to the calculator appears and considering appropriate modifications. This work is occurring at the same time that ACOG is also engaged in both a retrospective and prospective clinical guidance evaluation. As updates to clinical documents are made, they will be widely communicated via all available channels, including ACOG’s website, email communication and weekly newsletters, social media, and ACOG’s official publication, *Obstetrics & Gynecology* or the “Green Journal.”

In the interim, ACOG continues to educate our members, and by extension their patients, about the role of racism, structural and institutional barriers to care, and social determinants of health in affecting clinical outcomes. In particular, we are educating our membership and audiences through the initiatives outlined in response to inquiries above that race is a social construct and not a biologically meaningful factor in assessing risk.

4. *What are some of the various options for remedies that could be implemented prospectively to ensure appropriate care for patients who have not received it because of the misuse of race and ethnicity? What role could the federal government play in this implementation? What role should ACOG play in the implementation?*

ACOG's work to positively influence patient care and improve health outcomes is done through the ongoing work of educating and supporting our members. We continue to promote health equity and transparency by the commitments we made in the *Collective Action* statement. While obstetric care is time limited, and therefore does not allow for prospective implementation of alternative treatment plans, ACOG remains committed to this critical work to increase access to equitable care.

The federal government has an important role to play, especially in the development of high-quality research to inform clinical practice guidelines. ACOG relies on peer-reviewed research to develop our clinical guidance, and we need that research to be accurate and conducted in accordance with the highest standards. Specifically, it is critical that federal dollars are directed toward research that meets certain standards and is appropriately designed. In addition, Congress can support ongoing efforts at the National Institutes of Health to increase research workforce equity and diversity.

Thank you for the opportunity to share ACOG's ongoing work to address health inequities experienced by Black, Latinx, Indigenous, and other communities of color. ACOG is fully committed to changing the culture of medicine and improving women's health outcomes. We welcome the continued partnership with the Committee on Ways and Means as we prioritize this critical work, and hope you will continue to view ACOG as a resource on this and other women's health and physician practice issues. If we can help answer any additional questions or to discuss further please contact Rachel Tetlow, Director of Federal Affairs, at rtetlow@acog.org.

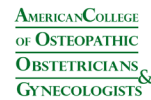
Sincerely,



Maureen G. Phipps, MD, MPH, FACOG
Chief Executive Officer
American College of Obstetricians and Gynecologists

Enclosure: Obstetrics and Gynecology: Collective Action Addressing Racism

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— JOINT STATEMENT —

Obstetrics and Gynecology: Collective Action Addressing Racism

As our nation confronts systemic racism and consequences of persistent inequities and disparate outcomes in health care, our organizations—which include the leading professional organizations in the fields of obstetrics and gynecology—are committed to changing the culture of medicine, eliminating racism and racial inequities that lead to disparate health outcomes, and promoting equity in women's health and health care. Our commitment to a better future requires an honest examination of the past and the present.

Recognizing that race is a social construct, not biologically based, is important to understanding that racism, not race, impacts health care, health, and health outcomes. Systemic and institutional racism are pervasive in our country and in our country's health care institutions, including the fields of obstetrics and gynecology.

Many examples of foundational advances in the specialty of obstetrics and gynecology are rooted in racism and oppression. For example, the mid-1800s surgical experimentation of James Marion Sims leading to successful treatment of vesicovaginal fistula was performed on enslaved Black women, including three women, Betsey, Lucy, and Anarcha, who underwent repetitive gynecologic procedures without consent.

Additionally, among many injustices, women of color have been subject to sterilization and experimentation with high-dose hormonal contraception without consent.

It is beyond the scope of this document to describe all the injustices inextricably linked to the fields of obstetrics and gynecology or recognize all the contributions made both willingly and unwillingly by oppressed and marginalized persons. Our organizations commit to working with scholars, advocates, and activists with diverse expertise and experiences as part of an intentional, sustained, and team-based effort to more extensively acknowledge the wide range of injustices.

We recognize that history weighs upon the present and the future. Racism in overt and covert forms persists in the delivery of health care. Black women are three times more likely to experience maternal mortality or severe maternal morbidity than white women. American Indian and Alaska Native women experience adverse maternal outcomes at a greater rate than white women. Black and Latinx populations experience higher rates of mortality from cervical cancer than white women. Unacceptable inequities in access to care and outcomes are not limited to these examples; inequities are found across our specialty including reproductive and gynecological health care. Differences in outcomes result from many factors, including racism and bias in access to and delivery of quality health care, and must be acknowledged and addressed.

Eliminating inequities in women's health care requires transformational change. Our organizations are committed to making this change and pledge, individually and collectively, to undertake the following initial actions:

- **Collaboration:** Our organizations recognize that transformative work is being done within the profession and the broader public health community by committed advocates, activists, scholars, and leaders. We will collaboratively consult, support, and partner with those presently engaged and leading work to achieve racial justice, reproductive justice, and equity in women's health care.
- **Education:** We are committed to active listening and education in obstetrics and gynecology and in the broader women's health community about the profession's history and role in the oppression and mistreatment of Black enslaved women, Black women, and other women of color in the name of scientific advancement. Drawing upon the expertise of scholars, advocates, and activists, curricula will be developed and available to medical and health professional students, residents, faculty, practicing obstetricians, gynecologists, and all health care professionals.
- **Recognition:** We are committed to officially designating February 28 and March 1, the dates that bridge Black History and Women's History months, as days for formal acknowledgement of Betsey, Lucy, and Anarcha, the enslaved women operated on by Dr. J. Marion Sims, and other enslaved Black women who were subjected to abuse in the name of advancing science.
- **Scholarship, research, publication, guidance:** Racism continues to be prevalent in research, in its conduct as well as its scholarship and publication. We will promote the conduct of research, publications, presentations, and other types of programming that incorporate anti-racism and address systemic and institutional racism manifested through disparate outcomes. We will make intentional and concerted efforts to support research that ethically addresses the needs of Black and Indigenous populations and populations of color and to promote the work and scholarship of physicians, clinicians, and public health professionals of color. We are committed to a comprehensive review of scholarship, clinical documents, research, and publications guidelines produced or directed through our organizations to address racism, in particular ensuring that race is not treated as a biological factor.
- **Inclusive Excellence:** We will work to achieve greater diversity and inclusion in the leadership of our own organizations at all levels. We will adopt policies and procedures that facilitate these goals and create an equitable and inclusive organizational culture. Within the specialty of obstetrics and gynecology, we will support policies, procedures, and the development of professional cultures where people of color are supported and promoted.
- **Caring for patients and communities:** We will work to ensure that health care is free from racism and bias. We will recognize the impact that history, racism, and violence have on our patients and their communities. We will treat discrimination and racism as evidence-based risk factors for poor health outcomes and will teach and encourage clinicians to recognize this in caring for patients. We will lift up, support, and amplify the work that community-based organizations, advocates, and activists are doing to advance reproductive justice and equity in the delivery of health care.
- **Policy and advocacy:** We will collectively advocate for public policies that seek to eliminate racial and other inequities in the delivery of health care and in health outcomes, including policies addressing systemic and institutional inequities outside of health care that lead to poor health outcomes.

Our organizations recognize that these actions require sustained, intentional commitment. We also recognize that to embark on this work will require team-based approaches with measurable goals and accountability structures. We also recognize that while these initial actions are a starting point, more work will need to be done. Through active listening, discernment, and humility, we will—individually and collectively—expand upon these actions and objectives as we undertake a commitment to embrace antiracism, learn and unlearn, change the culture of medicine, and eliminate racism and racial bias in the delivery of women's health care.