Disparities in Timeliness of Endometrial Cancer Care: A Scoping Review

KEY TAKEAWAY: The authors use the person-centered Pathway to Treatment framework to assess the scope of evidence on disparities in endometrial cancer stage at diagnosis.
Remote Monitoring Compared With In-Office Surveillance of Blood Pressure in Patients With Pregnancy-Related Hypertension: A Randomized Controlled Trial

**KEY DATA:** Black patients had lower rates of blood pressure ascertainment than White patients when assigned to in-office surveillance (41.2% [n=14] vs 69.5% [n=41], \( P = .007 \)), but there was no difference in the remote management group (92.9% [n=26] vs 92.9% [n=52], \( P > .99 \)).

**KEY TAKEAWAY:** Remote monitoring can increase postpartum blood pressure ascertainment within 10 days of discharge for women with hypertensive disorders of pregnancy and has the potential to promote health equity.
Development of a Maternal Equity Safety Bundle to Eliminate Racial Inequities in Massachusetts

KEY TAKEAWAYS:

- Establishing structure, process, and outcome measures through expert consensus creates the infrastructure for a maternal safety bundle to reduce inequities in maternal health.
- There is no high-quality care without equity.
- Quality improvement methods focused on equity must carefully select measures to evaluate implementation and efficacy.

Selected measures

1. Equity team
2. Equity goals
3. REaL data collection by self-report
4. Data disaggregation by REaL
5. PREMs

6. % of staff trained in bias and respectful care
7-9. % of perinatal care standard met by REaL: 1) obstetric hemorrhage risk assessment, 2) quantitative blood loss use, 3) timely treatment for hypertension

10. SMM 2020–2021 rates by REaL
Structural Racism and Adverse Pregnancy Outcomes Through the Lens of the Maternal Microbiome

KEY TAKEAWAY: A person’s lived environment in the United States is shaped by racial disparities and affects the microbiome and pregnancy outcomes.
Transcending Language Barriers in Obstetrics and Gynecology: A Critical Dimension for Health Equity

KEY TAKEAWAY:
Language is a critical dimension of health equity. Drivers of language-related health inequities and opportunities to advance equity for this population should be examined at the clinician, health system, and societal levels.
Why Causation Matters:
Rethinking “Race” as a Risk Factor

KEY MESSAGES:

- Achieving birth equity requires naming anti-Black racism—not “race”—as the urgent risk factor.
- Mislabeling Black “race” as the risk factor obscures important, highly treatable pathways leading to maternal health disparities—chronic stress and implicit bias.
KEY TAKEAWAYS: Social-structural and clinical characteristics at the time of delivery explain 14% of the increased risk of postpartum diabetes among South and Southeast Asian women, 27% among Black women, and 46% among Hispanic women, creating an opportunity to intervene on lifelong cardiometabolic inequities.

Within 8 years after experiencing gestational diabetes in pregnancy, an estimated 1 in 5 Black patients, 1 in 6 South or South Asian patients, 1 in 7 Hispanic patients, and 1 in 20 non-Hispanic White patients will have type 2 diabetes.
Trends in Uterine Cancer Mortality in the United States: A 50-Year Population-Based Analysis

Uterine cancer mortality has increased across all racial and ethnic and age groups from 2001 to 2018. This increase, however, has disproportionately affected non-Hispanic Black women across age groups. In this article, the authors explore some of the complex systemic, social, environmental, and molecular factors that might be contributing to these disparities.
Bridging Health Disparities and Improving Reproductive Outcomes With Health Center-Affiliated Doula Programs

- Making doula care more accessible to Black birthing people and other historically marginalized communities is one way to address disparities in maternal outcomes.

- Doulas serve as patient advocates and provide patients with informational, physical, and emotional support throughout all aspects of pregnancy.

- This article provides guidance to health systems and practitioners on how to increase the accessibility of doulas to their patients by providing descriptions of a variety of models used in the US.
Chronic Hypertension in Pregnancy and Racial–Ethnic Disparities in Complications

KEY DATA:

- For severe maternal morbidity cases, chronic hypertension was estimated to contribute to 5.0% in American Indian–Alaska Native, 3.7% in Asian, 9.0% in Black, 3.9% in Latino, 11.6% in Native Hawaiian or Pacific Islander, 3.2% in White, and 5.5% in Multiracial or Other people – after adjusting for confounding variables.

- Chronic hypertension was estimated to contribute to 22% of severe preeclampsia cases overall, but 28% in Black people compared with 20% in White people.

KEY TAKEAWAYS:

- Chronic hypertension accounts for a substantial fraction of obstetric and neonatal complications, particularly for people who are Black or Native Hawaiian or Pacific Islander.
The Power of Language in Hospital Care for Pregnant and Birthing People: A Vision for Change

KEY TAKEAWAYS:

- Stigmatizing language can communicate unintended meaning that perpetuate socially constructed power dynamics and result in bias.
- This bias may harm pregnant and birthing people by centering positions of power and privilege.
- Language in written documentation, verbal communication, and behaviors associated with caring for pregnant people in hospital settings can be changed to promote birth joy and equity.
- Using the relationship-centered care and reproductive justice frameworks, we analyze:
  - How language may contribute to perinatal inequities
  - Multi-level recommendations for change

An Intervention-Based Approach to Achieve Racial Equity in Gynecologic Oncology Oncology

KEY TAKEAWAY: This review highlights successful, evidence-based interventions from within and outside of gynecologic oncology that alleviate health disparities, providing a call to action for further research and implementation efforts within the field.

Navigating Unequal Paths: Racial Disparities in the Infertility Journey

KEY TAKEAWAYS:

- Historically marginalized women with infertility face inequities at every stage of the path to parenthood.
- These disparities manifest as lower health care service utilization rates, lower pregnancy rates, and lower live birth rates compared to White women.
- We explore the current state of evidence at each step and propose solutions to create an equitable, accessible, and supportive path in reproductive medicine.
Racial and Ethnic Disparities in Anemia and Severe Maternal Morbidity

KEY MESSAGES:

- Antepartum anemia is modifiable and addressing anemia with an equity lens may close disparity gaps in severe maternal morbidity.
- Disparities in anemia suggest implicit inequalities in how historically marginalized communities are assessed and treated for anemia.
- Antepartum anemia is modifiable and addressing anemia with an equity lens has potential for closing disparity gaps in severe maternal morbidity.

KEY DATA:

- Anemia contributed to severe maternal morbidity for nearly 1 in 6 cases among Black pregnant patients.