Cultural and Ethical Considerations in Obstetrics & Gynaecology: A Narrative Review

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Abstract

The field of obstetrics and gynecology (OBGYN) is integral to women's health, encompassing preventive care, pregnancy, and reproductive health. However, significant cultural, racial, and ethical challenges persist, impacting patient outcomes and equity. This narrative review highlights key issues in OBGYN care, including disparities driven by communication barriers, racial bias, and restricted access to reproductive services. The relationship between language discordance and obstetric trauma for non-English speakers, emphasizes the need for interpreter services and bilingual proficiency among providers. Racial bias manifests in higher maternal mortality rates for Black women and inadequate pain management due to unfounded beliefs about biological differences. Ethical challenges also arise, concerning access to abortion and prenatal screening services, with wide global variation in legislation and implementation. In Ireland, restrictive laws and a lack of universal non-invasive prenatal testing (NIPT) highlights barriers to informed decision-making. Future directives emphasize fostering diversity in healthcare teams, implementing educational programs to address stigma, and advocating for inclusive policies that ensure equitable care. By addressing these challenges, OBGYN care can evolve to reflect the principles of equity, representation, and inclusivity, ultimately improving outcomes for diverse patient populations.

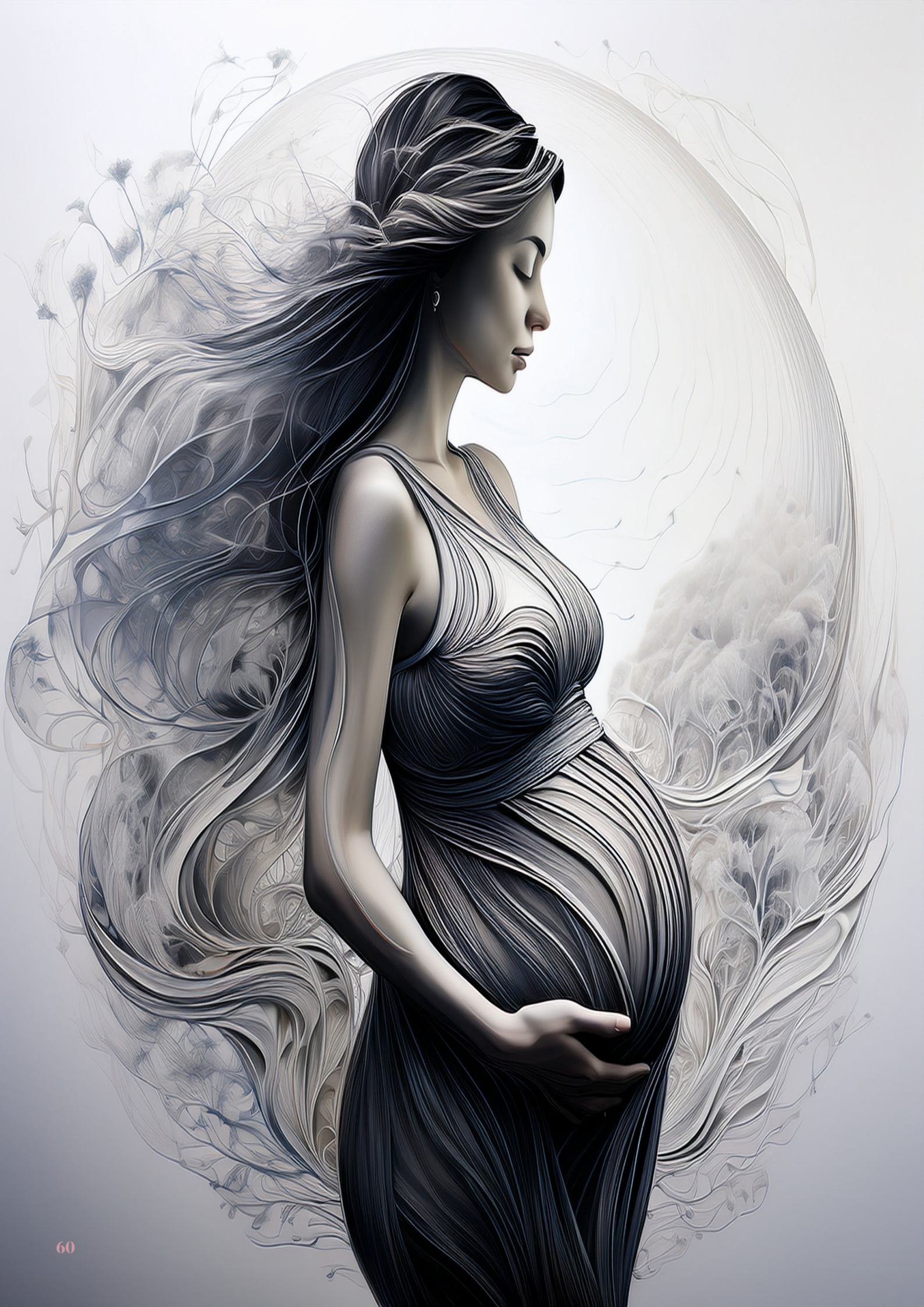
Introduction

Obstetrics and Gynecology (OBGYN) is a medical specialty focused on the health of the female reproductive system, pregnancy, and childbirth. It encompasses a broad range of care, from preventive screenings and hormonal management to surgical interventions and prenatal care. In the dynamic landscape of healthcare, cultural awareness plays a pivotal role in ensuring effective, equitable, and compassionate care. The World Health Organization's (WHO) "Health for All" mandate emphasizes universal access to quality healthcare, equity in health opportunities, and the elimination of disparities in care, regardless of socioeconomic status, gender, or cultural background.1 In the field of OBGYN, this principle underscores the need to address inclusivity limitations by ensuring that all individuals can access comprehensive and respectful reproductive healthcare. However, many cultural and ethical challenges persist in the field of OBGYN. In this narrative review, we discuss cultural and racial considerations in OBGYN care, OBGYN policies restricting patient access to reproductive care, and future directives in the field. More specifically, this article describes communication barriers influenced by cultural and linguistic differences, disparities in provider-patient dynamics, racial bias, and restricted access to abortion services and prenatal screening.

Cultural and Racial Considerations in OBGYN Care

Cultural and racial awareness is crucial in the field of OBGYN to ensure the delivery of quality care while respecting the unique needs of diverse populations. Effective communication between patients and physicians is critical for quality care and safety. Language discordance significantly impacts outcomes, with non-English speakers facing double the risk of obstetric trauma and increased high-risk deliveries compared to English speakers.[2] Additionally, a systematic review of patient experiences during childbirth reported that patient satisfaction during childbirth is more influenced by support from caregivers through open communication and inclusion in decision making than medical interventions.[3] Strategies to improve communication in OBGYN at the individual level are gaining awareness including providing care in languages with professional proficiency via interpreter services and incentivizing staff to obtain qualified bilingual certifications.[4] Community collaborations and national-level language policies are also necessary to drive diversity, equity, and inclusion in OBGYN.

Provider gender is another topic that intersects with patient preferences and culture. Some patients associate care with opposite-gender providers as uncomfortable or inappropriate. Individuals of the Islamic faith minimize eye and physical contact with providers of the opposite sex in accordance with their religious guidelines, and have reported poor maternity care indicated by stereotypical and discriminatory behaviour.[5] Understanding the unique values of patients in OBGYN is a step towards improving patient rapport and outcomes.



Racial bias in OBGYN is a well-documented issue, manifesting in disparities in care, treatment outcomes, and patient experiences. Research indicates that racial and ethnic minority groups face inequities due to biases among healthcare providers and systemic factors. In the United States in 2021 the maternal mortality for Black women was 2.[6] times higher than that for non-Hispanic White women.[6] Another racial discrepancy is inadequate pain management among patients of colour. Healthcare providers have been shown to underestimate the pain of Black and Hispanic patients compared to White patients because of perceived biological differences among races.[7] Another study, found that White medical students and residents incorrectly believed that Black patients have a higher pain tolerance than White patients, suggesting biased medical judgement even among early medical trainees.[7] It is important to actively work against personal and systemic racial biases as it can affect morbidity and mortality of patients.

Ethical Challenges in OBGYN Care

While reproductive health and access to safe termination of pregnancy (TOP) services are widely recognized as basic human rights, enormous variation exists with regards to access to contraception and abortion services.[8-10] The global discourse surrounding ethical principles governing pregnancy and TOP has largely been divided between protecting or restricting reproductive services. The US has enacted state-specific legislation restricting or criminalizing TOP, whereas France has entrenched the right to abortion services in their constitution.[11] National differences in legislation, policies and standards of care are key determinants affecting access to reproductive healthcare.

In Ireland, as of December 2018 under The Health (Regulation of Termination of Pregnancy) Act, TOP was made legal under the following circumstances: up to 12 weeks gestation, fatal fetal anomaly present, and/or risk to life or health of the pregnant woman.[12,13] With regards to a fatal fetal anomaly, specific criteria requires one obstetrician and one other medical practitioner to agree the anomaly would result in death within 28 days of life.[12] Following implementation of this in clinical practice, research revealed clinician fear of persecution for sub-fatal diagnoses, strained interprofessional communications, and conflicting personal and psychological challenges faced by practitioners.[14] This highlights that legislation alone does not equate to clear clinical decision making - clinician support must follow.

Furthermore, in the context of TOP, concerns have been raised regarding prenatal screening in Ireland. There is no national program for non-invasive prenatal testing (NIPT), however, in certain centres the Health Service Executive (HSE) offers blood tests and fetal anatomy ultrasound scans at 18-20 weeks gestation for a fee.[15] This screening identifies physical and chromosomal abnormalities. However, screening is not foolproof, as certain fatal conditions may not be detectable until later in gestation. This presents a potential barrier to fully informed decision making. Governing bodies, such as the American College of Obstetricians and Gynecologists, and the Royal College of Obstetricians and Gynaecologists, agree that there is a lack of universal access to prenatal screening.[16-19] Additionally, surveys in Ireland have shown a desire for NIPT to be included as part of prenatal care.[20] Conversely, there are divided opinions between healthcare providers and pregnant people with regards to routinization of NIPT.[21] Further discussion to address the controversy of opinions must take place, with considerations to the ethical impacts of NIPT routinization.[21]

Future Directives

Improving care in OBGYN is an ongoing effort that includes enhancing representation, education, and policy. Lack of inclusive representation in healthcare settings deters patients from accessing reproductive care. A study of fertility centers in Europe found that clinic websites often fail to reflect the racial, gender, and class diversity of their patient populations.[22] Efforts to address this issue include programs aimed at recruiting and supporting underrepresented minorities in the medical profession, and increasing the diversity of clinical staff.[23,24] These measures aim to improve accessibility and outcomes in reproductive care by fostering diversity in both patient populations and clinical settings.

A handful of educational programs have been put forward in OBGYN to address the discrimination and stigma often faced by patients of minority. Some centers have successfully implemented diversity-based grand rounds and curriculum changes in OBGYN clerkships, which increased providers' knowledge of sexual and ethnic minorities.[25,26] However, these initiatives are limited, and a broader push for such programs in healthcare institutions is necessary to make a lasting impact on accessibility.

Policy changes also hold great potential to improve inclusive care for underrepresented OBGYN patients. In the US, sexual minorities are less likely to seek prenatal care in states lacking legal protections, while the reverse occurs in states with such protections.[27] This highlights the importance of policies that foster trust and reduce fear among patients. Research has also suggested improvements such as better referral methods for ethnic minorities, access to interpreters, and physical accommodations for patients with disabilities.[28,29] Future directives in inclusive OBGYN care should focus on more than just bedside care, by prioritizing representation, education, and policy to improve accessibility for diverse populations.

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