Racial bias in cesarean decision making

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Abstract

PURPOSE: Since Black patients have higher rates of cesarean birth, and implicit racial bias in clinical decision-making has been demonstrated in multiple contexts, we sought to determine if implicit racial bias is present in providers' decisions about cesarean birth due to category II fetal heart tracings.

METHODS: We constructed an online survey study consisting of two clinical scenarios of patients in labor with category II tracings. One vignette described a patient with a history of cesarean birth (undergoing trial of labor after cesarean, or TOLAC); one described a patient without this history. Patient race was randomized to Black and White; vignettes were otherwise identical. Participants had the option to continue with labor or proceed with cesarean birth at 3 decision points in each scenario. Participants reported their own demographics anonymously. This survey was distributed to OB-GYN providers via email, listserv, and social media. Data were analyzed using chi-square tests at each decision point looking first at the overall sample and then in subgroup analyses by various participant demographics. In this analysis, we investigated differences by provider type (e.g. resident, fellow, attending) and by practice setting.

RESULTS: A total of 726 participants contributed to the study. We did not find significant racial bias in cesarean decision-making overall. However, we found that attending physicians were more likely to opt for cesarean at the 3rd decision point overall in the vignette describing TOLAC. In addition, fellows were less likely to opt for cesarean delivery for Black patients in the TOLAC vignette in Bonferroni-corrected post-hoc analyses [$X2 (228)=14.18$, $p<.01$]. Responders describing their role as "other" were less likely to opt for cesarean in the non-TOLAC vignette for Black patients [$X2 (245)=14.15$, $p<.01$]. We did not note differences in decision to perform a cesarean section across practice setting.

CONCLUSIONS: Providers overall did not demonstrate racial bias in cesarean decision-making in our analysis. Participants did not demonstrate differences in decision-making based on practice setting. Attending physicians were overall more likely to opt for cesarean birth at the 3rd decision point for patients undergoing TOLAC. Participants identifying themselves as fellows demonstrated less racial bias in cesarean-decision making. In addition, participants describing their provider type as "other" demonstrated less racial bias than other participants when making a decision about cesarean for a nulliparous patient.