INTRODUCTION

- There are significant disparities between Black and non-Black women in the US in cesarean delivery (CD) rate, maternal morbidity, and neonatal morbidity.
  - Black women in the US are 2x likely to experience a fetal mortality and nearly 4x more likely to die themselves in and around a pregnancy.
  - Black women have higher CD rates than White women even when accounting for sociodemographic and clinical differences.
- During labor, there is a paucity of data on interventions meant to reduce racial disparities in delivery outcomes.
- Standardization of care has been shown to reduce unconscious bias and decrease racial disparities in other fields.

METHODS

- Cohort was divided into two groups:
  - The “labor protocol” group: 491 women enrolled in a randomized trial (FOR MOMI) comparing time to delivery among four different induction methods.
  - Labor was managed with a standardized protocol for interventions (e.g., oxytocin, amniotomy, and cesarean).
  - The “observational” group: 364 women who were eligible for, but declined enrollment into the randomized trial.
  - Labor was managed at provider discretion.
- Results were stratified by race (self-reported Black vs. non-Black).
- Bivariate comparisons were performed chi square for categorical variables and t-tests or Wilcoxon rank sum tests for continuous variables.
- Logistic and multinomial regression were utilized to test an interaction between the IOL protocol and race.

RESULTS

- While there was no difference in cesarean rate for non-Black women with and without the labor protocol, there was a significant decrease in CD rate for Black women when using the protocol compared to the observational group (Figure 1).
- While no difference was seen for non-Black women, a significant reduction in neonatal morbidity was seen for Black women when the labor protocol was utilized (Figure 2).
- The labor protocol did not significantly impact maternal morbidity for non-Black or Black women (Figure 3).

CONCLUSIONS

- Utilization of a standardized labor induction protocol leads to: (1) a 30% reduction in cesarean delivery rate and (2) a 70% reduction in neonatal morbidity for Black women undergoing induction of labor.
- These same effects were not seen for non-Black women.
- Further studies should determine if implementation of standardized induction protocols in diverse settings could reduce national racial disparities in labor outcomes and morbidity.