

Eliminating health inequities in reproductive medicine: ensuring care for all

In the summer of 2020, America was overwhelmed by a worldwide pandemic and another issue that has plagued this country for centuries: racism. Under the leadership of its president, Dr Camara Jones, the American Public Health Association launched a campaign recognizing that racism was a public health crisis in 2015 (1). However, medical societies have been much less vocal—and, in fact, have often been completely silent—on this topic. As protests erupted around the world to stand against the racist mistreatment of Black people in America, the medical community (including the American Society for Reproductive Medicine) also spoke out. Over 20 medical societies that are involved in women's health released a statement calling attention to the impact of racism on health care (2). Additionally, the American Society for Reproductive Medicine created the Diversity, Equity, and Inclusion Taskforce to better examine, understand, and address inequities in reproductive endocrinology and infertility.

The stark reality is that health inequities are prevalent across all medical specialties. However, some of the most dramatic disparities in outcomes occur in the field of reproductive health (3, 4). In obstetrics, Black and Native American women are more likely to die during childbirth (3). In the field of gynecology, Black women suffer from worse outcomes when faced with the diagnosis gynecologic cancer (3) and experience inferior outcomes while being treated for infertility (4).

This special issue was conceived as a way to highlight issues specific to health disparities, compile original research in this field, provide answers, and attempt to offer some solutions. In an insightful article, Liu et al. provide an overview of how racism-related stress may contribute to disparities in birth outcomes. This special issue also explores social-cultural stigmas about infertility in Asian Americans (Vu et al.) and the lack of access to third-party reproduction in Black women (Wiltshire et al.).

Health inequities in our field are not just limited to race and ethnicity. Although access to care remains a major consideration for many seeking evaluation and/or treatment for infertility, access may be particularly challenging for people in rural communities and those in the lesbian, gay, bisexual, and transgender community. This special issue includes original research on lesbian, gay, bisexual, and transgender individuals. Hanson et al. present the results of a study conducted among gay and bisexual men to better understand their family-building priorities. Research studies such as these provide important information and represent tools that can improve the way in which clinicians provide care to this population.

This special issue also highlights some innovative ways in which training programs can improve access to care for underserved individuals who need assistance to conceive.

Socioeconomic status and the ability to pay for costly treatment are major problems. Infertility is a disease; yet, coverage for the treatment of this condition is very limited across the United States. Another excellent article in this special issue attempts to understand public attitudes regarding the coverage of in vitro fertilization for lower-income patients (Herndon et al.). An increased effort to offer public education about fertility and infertility is warranted to help prevent infertility and improve knowledge and attitudes regarding infertility.

Martin Luther King Jr once said, “of all the forms of inequality, injustice in health care is the most shocking and most inhumane.” Reproduction is a basic human right (5). The lack of assistance to conceive for those in need is a fundamental reproductive justice issue (Eugene and Perritt). It is time that we used our voices and resources to expand options and offer appropriate services to all individuals seeking to expand their families regardless of race, ethnicity, sexual orientation, marital status, or geographic location. Only then can we establish reproductive justice for all.

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