Healthcare inequities result in poor outcomes for Black women and their communities. Breast cancer is the second cause mortality from cancer in woman. The rate of diagnosis for white women is increased compared with Black women and the mortality rate for Black women reaches 42%. There have been successful creations of breast cancer prevention through risk assessment, genetic testing, and screening but there continues to be a disproportionate uptake, application and offer of these services by primary care providers and patients. As Obstetrics and Gynecology (ObGyn) practitioners, we focus on providing both specialized care and primary care to our patients and have the unique opportunity to close racial disparities in health outcomes. By addressing changes in breast cancer screening, ObGyns can make an impact on breast cancer morbidity and mortality.

5 Main Areas to Address

1) Access to consistent enhanced primary care with physicians who provide standard of care treatments, implement the most recent screening guidelines, and include Black patients in the decision-making process.

2) Preventative care throughout the extended postpartum period of 1 year post-delivery, which is a unique opportunity for ObGyns to apply preventative care guidelines. Here, we can address risk factors for breast cancer including breast feeding, parity, type of contraception, obesity, and physical activity.

3) Appropriate breast cancer screening using family history, personal history, and the American College of Obstetricians and Gynecologists (ACOG) guidelines for breast cancer screening. When following ACOG guidelines it is best to discuss them with language that appropriate for their educational status and culture as this increases screening uptake in Black women.

4) Targeted risk assessment and genetic counseling including an in-depth personal and family history as well as addressing risk factors that may increase risk of breast cancer.

5) Culturally competent patient education and dismantling of systemic racism to allow for trusted provider-patient rapport, improved application of preventative strategies, and elimination of harmful bias. This focuses on individual providers and what they can do to improve their care of Black women, with a caveat that changes in racial inequity in larger spheres requires a different approach.

Conclusion

The ObGyn has a dual role to play as both a PCP and specialty provider, and their unique position allows for greater access to women who may not consistently obtain maintenance healthcare. Specifically the postpartum period is a golden opportunity to optimize female health both in the short and long term. Breast cancer continues to be a major source of female morbidity and mortality with disparate amount of Black women being screened and diagnosed at later stages than white women. ObGyns are commonly involved in screening for risk factors or hereditary cancer and need for genetic testing. Our familiarity makes us principal instigators of a hereditary cancer work-up.