

Diversity and Inclusion in Leadership

An Official Position Statement of The Society For Maternal-Fetal Medicine

Position

The Society for Maternal-Fetal Medicine (SMFM) strongly supports diversity and inclusion within physician leadership as both an ethical imperative and a mechanism to improve the health of women. Convincing evidence demonstrates that in any field, diversity and inclusion in the workforce and leadership strengthens, improves, and enables greater realization of institutional goals.¹ Alternatively, the lack of a diverse and culturally competent healthcare workforce can be detrimental to the patient population that Maternal Fetal Medicine (MFM) physicians serve. SMFM is especially concerned with health outcomes for racial and ethnic minorities and low-income women.

Therefore, SMFM is committed to building a diverse and inclusive physician workforce and leadership cadre. SMFM's mission, vision, and strategic direction recognize that success is dependent upon reflecting the diversity of the communities that MFMs serve. SMFM will ensure that our advocacy efforts adopt and pursue such goals. Further, the Society will work to raise awareness among our membership of the importance of diversity and inclusion within the medical profession.

Background

Persistent health disparities associated with race, ethnicity, and socioeconomic status exist in the United States.² Because MFM physicians provide care to women who are trying to become pregnant or women who are pregnant, SMFM is primarily concerned with healthcare disparities in women of childbearing age. Many complications of pregnancy, such as prematurity, stillbirth, hypertensive disease, and diabetes are disproportionately borne by low-income women and women of color.³

Diversity and inclusion within the physician population at-large contributes to improved access to health care services for the underserved and greater satisfaction in patient care.⁴ Research demonstrates that patients are more likely to choose a physician with the same racial or ethnic background as themselves. Relationships between patients and physicians of the same racial or ethnic background are characterized by higher levels of trust and respect.⁵

Diversity and inclusion in medical leadership play an important role in ensuring that the health considerations of minority populations are brought to the forefront. Physician leaders in medical schools and hospitals are in positions to address health disparities by influencing how future physicians are educated and trained. They can serve as mentors, set research agendas, and develop policies that influence health systems as a whole.⁶ Yet, women and minorities trail White men when it comes to attaining full professorship at academic institutions⁵ and among the highest level health care positions.⁷ SMFM is therefore committed to working to decrease such disparities in leadership.

References

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**Approved by the SMFM Board of Directors
January 2017**