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SMFM Medical Student Scholars Program Application Essay

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As the humid breeze of Ghana's rainy season drifted in through the window of the maternity ward, I leaned forward on the edge of the hospital cot. I began the encounter by greeting my patient in Twi, the local Ghanaian dialect and my native tongue. "Eti sen?" I asked – "How are you?" Pregnant patients would typically reply in a familiar way: uncomfortable but fine, tired yet grateful to be nearing their baby's arrival. Following my project protocol, I then went over a list of newborn danger signs, using memorable gestures to illustrate each symptom. For "fever," I fanned myself; for "convulsions," I shimmied my shoulders. By the end of our sessions, the women and I were often in fits of laughter over our game of Twi charades. Their beaming smiles debunked any doubt about a "pregnancy glow."

This self-directed research fellowship, undertaken over two months during my undergraduate career, gave me a unique chance to empower mothers with crucial knowledge to recognize signs that should prompt further care for their babies. Five years later, I look back on this moment as the spark that ignited my passion for reducing disparities in maternal and neonatal outcomes, an interest that has evolved and deepened over time.

My passion for reducing these disparities has been shaped by personal identity. As a child of Ghanaian immigrants and a Black woman, I have witnessed firsthand the challenges posed by gaps in healthcare delivery. Frequent childhood visits to Ghana exposed me to the stark realities of its healthcare system, where access to quality care often depends on geography or income. Growing up and studying in the United States deepened my awareness of racial health inequalities, which feel personal and pervasive. Even within the Black community, disparities persist; for instance, U.S.-born Black individuals like myself face significantly worse health outcomes than foreign-born Black populations, such as my parents' generation. This contrast underscores how lifelong exposure to negative racial attitudes in the U.S. contributes to poorer health outcomes. Yet, rather than seeing these challenges as insurmountable, I view them as a call to action—an opportunity to drive meaningful change.

When asked how I would approach the challenge of reducing disparities in maternal health, my answer is not hypothetical—it reflects what I am already doing and aspire to expand upon as a future obstetrician-gynecologist. My project in Ghana, which examined regional differences in healthcare delivery, laid the foundation for much of my current work which explores racial disparities in maternal health in the United States. In my view, clinical outcomes research and quality improvement initiatives represent two powerful tools to confront the Black maternal health crisis.

My medical school's third-year research program has allowed me to dedicate a year to studying preterm birth, which disproportionately affects Black women and poses significant risks to both mothers and babies. While Cesarean sections at full dilatation are a known risk factor for preterm birth in subsequent pregnancies, my research investigates the mechanism behind this risk, namely whether C-sections at full dilatation are linked to cervical shortening in the next pregnancy. While I'm currently in the early stages of this retrospective cohort study, its clinical relevance has the potential to significantly impact physician practices and improve pregnancy outcomes, including those in patients from vulnerable backgrounds.

In the realm of quality improvement, I have spent the past two years contributing to an initiative focused on equitable drug screening for pregnant patients. Before our intervention, there was no standardized protocol for ordering drug tests, leaving decisions to individual providers. This allowed implicit biases to influence testing practices, resulting in Black women at our labor and delivery unit being disproportionately tested for drugs compared to their white counterparts, often without clinical indications. After implementation of a protocol based on National Institute on Drug Abuse (NIDA) criteria, I worked with a team spending countless hours combing through the collected data. Our initial

findings show reductions in unnecessary testing and racial disparities in the testing. Identifying this opportunity for improvement and implementing a solution has already proven to be a powerful step toward curbing provider bias and promoting equitable care. This initiative serves as a model for how I would continue to address systemic inequities and improve outcomes for Black birthing patients in my future practice.

Ultimately, research has been a cornerstone of my educational journey thus far, and I cannot imagine a career without it. I am so inspired by SMFM's mission to reduce disparities in pregnancy, which aligns perfectly with my own interests. I feel incredibly fortunate to have discovered my passion not only for OB/GYN, but specifically for high-risk pregnancies and perinatal outcomes, early in my medical journey. Although I've long been interested in this field, I have never had the opportunity to attend an SMFM meeting. I would be honored to attend the SMFM Annual Pregnancy Meeting as part of the new Medical Student Scholars program. The chance to learn from and network with leaders in the field would be invaluable. I'm especially excited about the mentorship opportunities, as I'm still early in my career and seeking guidance. Supporting my attendance would not only recognize the work I've done thus far in line with SMFM's mission, but also serve as an investment in my future as a clinician-scientist and advocate for change in women's health.