

Differences in obstetric outcomes and care related to race and ethnicity

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In a study to be presented on February 14 at the Society for Maternal-Fetal Medicine's annual meeting, The Pregnancy Meeting, in San Francisco, California, researchers will present data showing racial and ethnic disparities exist for adverse obstetric outcomes.

In his study Dr. William Grobman of Northwestern University, presenting for the Eunice Kennedy Shriver National Institute of Child Health and Human Development, studied 115,502 women over a three year period to see if adverse obstetric outcomes and provisions in obstetric care were affected by race or ethnicity. The study encompassed 25 hospitals and data on deliveries was gathered on 365 randomly selected days. Race and ethnicity were categorized as Non-Hispanic White (52,040), Non-Hispanic Black (23,878), Hispanic (27,291) or Asian (5,999).

Dr. Grobman then looked at associations between race/ethnicity and postpartum hemorrhage, peripartum infection, and severe perineal laceration; these were controlled for demographic differences between racial/ethnic groups and for hospital of delivery. Associations between race/ethnicity and types of obstetric care were also considered.

According to his findings, NHW women were least likely to experience postpartum [hemorrhage](#) or peripartum infection, and NHB women were least likely to experience severe perineal laceration. Dr. Grobman found these differences held after controlling for [demographic characteristics](#) and hospital of delivery.

"The key thing is there are differences in outcomes related to race or ethnicity not explained by patient characteristics or hospital," said Dr. Grobman. "There are also racial/[ethnic disparities](#) in types of intrapartum care that patients receive."

Aspects of care considered during the study included cesarean delivery, [labor induction](#), dilation at admission, length of pushing, and maximum dose of [oxytocin](#).

Provided by Society for Maternal-Fetal Medicine

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