

Racial disparities seen in rates of ER visits by newborns

May 19 2014, by Patricia Waldron

(Medical Xpress)—During the first month of life, African-American newborns are brought to emergency departments at roughly twice the average rate of all newborns, according to a study led by a researcher at the School of Medicine.

When newborns visit the emergency department, they can be exposed to infections carried by other patients, which can be deadly to their underdeveloped immune systems. "We don't want anybody going to the emergency room, but particularly for a baby in the first month of life, they're just very vulnerable," said Henry Lee, MD, assistant professor of pediatrics and lead author of the study.

The study did not delve into why black newborns visit the ER more often. The higher number of visits may stem from both medical and socioeconomic causes, Lee said. The researchers speculate that the parents of black newborns may not be getting the resources or help they need to transition care for their infants from the maternity ward to a primary-care clinic.

The researchers describe their findings in a paper published online May 2 in *Pediatric Emergency Care*.

In the study, Lee and his colleagues analyzed data from the National Hospital Ambulatory Medical Care Survey. This survey collects information from emergency department visits at hospitals nationwide. It's maintained by the National Center for Health Statistics. The

researchers looked at the age of the [babies](#), whether they were insured and the type of hospital they were brought to. The researchers also used the survey to distinguish visit rates by race.

The study found that each year, more than 320,000 newborns visit an emergency department during their first four weeks, representing 7.6 percent of all babies. But when the researchers took into account the race of the patients, they found that 14.4 percent of black babies visited an emergency department—a little less than double the rate of Hispanic babies at 7.7 percent. For non-Hispanic white babies, the rate of [emergency room visits](#) was 6.7 percent.

The researchers were unable to account for a family's income but found that black mothers were more likely to have given birth in safety-net hospitals, which serve larger numbers of low-income or uninsured patients, than white mothers. But this finding alone does not explain the discrepancy; Hispanic mothers also delivered in safety-net hospitals more often than white mothers.

"The reasons behind the observed differences in newborn visits are unclear," said Antonio Riera, MD, an assistant professor of pediatric emergency medicine at the Yale School of Medicine. "This is a great launching pad to start the conversation." Riera, who was not involved in the study, said now that researchers are aware of these patterns, they can investigate ways to "develop programs, services, education and prevention measures to help the newborns and their parents who are at greatest risk for emergency department visits at such a young and vulnerable age."

The number of emergency visits may be tied to economic difficulties and lack of access to medical care outside of the ER. Black and Hispanic babies are more likely to be born into low-income families than white babies, according to the U.S. Census Bureau, and poorer families often

have a hard time getting to check-ups and paying for [medical care](#). Also, some mothers may not have the same level of support from friends and family to advise them as to whether emergency care—as opposed to a regular visit to the clinic—is necessary, said Riera.

Sometimes babies have to visit the emergency department—for instance, if they have an infection or an inherited disorder that was not obvious at birth. In Lee's study, almost two-thirds of the emergency department visits were for issues that likely required emergency care. But some visits are preventable, such as when a baby has a problem that was missed by providers at the hospital or when the parents take their baby to an emergency department instead of to a clinic for well-baby checkups.

A pediatrician should examine all babies within the first week of life to assess whether they are growing and developing normally. "Ideally, when a baby leaves the hospital after birth, there is a first visit with the clinic pediatrician already scheduled," said Lee. During this follow-up visit, the pediatrician would check for common problems, such as jaundice, and ensure that the baby is feeding properly.

"Pediatricians would also help to answer any questions that the parents may have, particularly for first-time parents," Lee added. But if the hospital does not arrange a visit and parents do not have a pediatrician already picked out, then some babies could end up in the emergency room for routine care.

Additional research is needed to determine what percentage of emergency-department trips are unnecessary, and how those visits can be cut down to reduce health-care costs, Lee said. Earlier studies have shown that up to 60 percent of infant visits to the [emergency department](#) could have been handled at a clinic. Lee speculates that hospitals could decrease the number of visits by easing the transition from the hospital to a clinic. If families receive a referral to a pediatrician early on, they

may be less likely to use emergency medical services for nonurgent illnesses.

Increasing the quality of care at the birthing hospital for underserved families may be another way to cut down on emergency visits, said Lee. If hospitals properly screen infants for common problems, feeding issues and infection, then they may be able to reduce re-admissions. Doctors can also counsel new parents about when they should make a trip to the emergency room, and when an issue can wait until morning.

A better understanding of why black newborns visit the [emergency room](#) more often than other groups could also point out ways to simultaneously reduce visits and to provide better care. "Improving the quality of care for this higher-risk group could also help to improve disparities and outcomes as well," Lee said.

More information: "Emergency Department Visits in the Neonatal Period in the United States," Lee, Henry C.; Bardach, Naomi S.; Maselli, Judith H.; Gonzales, Ralph. *Pediatric Emergency Care*, May 2014 - Volume 30 - Issue 5. [DOI: 10.1097/PEC.0000000000000120](https://doi.org/10.1097/PEC.0000000000000120)

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