

Racial and ethnic disparities in rates of potentially lifesaving care practices are decreasing over time

June 29 2020, by Savannah Koplon



In a study led by a UAB neonatologist, findings showed that racial and ethnic disparities in preterm infants decreased.

Published in the *Journal of the American Medical Association* Network, a cohort study determined that racial and ethnic disparities in important care practices and outcomes—including antenatal corticosteroids, cesarean delivery, and late-onset sepsis—decreased over time in

extremely preterm infants.

The [cohort study](#) looked at more than 20,000 preterm infants from 25 [academic medical centers](#) born between 22 and 27 weeks' gestation from 2002 to 2016, looking to determine whether racial/ethnic disparities in care practices and outcomes were decreasing or increasing among extremely preterm infants.

The study found that improvements in mortality and most major morbidities did not differ by race or ethnicity of mother and baby. A major finding was the decrease in disparities in the use of [antenatal corticosteroids](#), which are given to mothers before delivery to improve survival and other major outcomes in preterm infants.

Furthermore, the rate of late-onset sepsis—which was initially higher among black and Hispanic infants—decreased more rapidly compared with white infants so that rates converged during the most recent years. However, rates of moderate to severe neurodevelopmental impairment increased over time in all groups regardless of race or ethnicity.

"It has been known that black mothers are more likely to deliver preterm and/or low birth weight infants, but this study helped us better understand the role that race and ethnicity play in outcomes," said Colm Travers, M.D., principal investigator of the study and an assistant professor in the Division of Neonatology at the University of Alabama at Birmingham. "The narrowing of racial and [ethnic disparities](#) in important care practices is a sign that continued adherence to evidence-based medicine and continued quality improvement efforts can continue to improve outcomes for extremely [preterm infants](#) among all racial and ethnic groups."

More information: Colm P. Travers et al. Racial/Ethnic Disparities Among Extremely Preterm Infants in the United States From 2002 to

2016, *JAMA Network Open* (2020). [DOI: 10.1001/jamanetworkopen.2020.6757](https://doi.org/10.1001/jamanetworkopen.2020.6757)

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