

# Disparities seen in receipt of postpartum care

October 19 2022

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Disparities exist in the receipt of recommended postpartum care by insurance type, rural or urban residence, and racial and ethnic identities, according to a study published online Oct. 14 in *JAMA Health Forum*.

Julia D. Interrante, M.P.H., from University of Minnesota in Minneapolis, and colleagues examined differences in the receipt of recommended [postpartum](#) care across health insurance type, rural or urban residence, and race and ethnicity. The analysis included [data](#) from the Pregnancy Risk Assessment Monitoring System (2016 to 2019; 138,073 patient-respondents).

The researchers found that receipt of both depression screening and contraceptive counseling were significantly lower for Medicaid-insured patients (1.2 percentage points lower than private), [rural residents](#) (1.3 percentage points lower than urban), and people of racially minoritized groups (0.8 percentage points lower than White individuals). Privately insured White urban residents had the highest receipt of both postpartum care components (80 percent), while the lowest receipt was seen among privately insured racially minoritized rural residents (75 percent). The highest receipt of smoking screening, abuse screening, birth spacing counseling, and eating and exercise discussions was among Medicaid-insured, racially minoritized urban residents (34 percent) and was lowest among privately insured White urban residents (19 percent).

"Inequities in the content of postpartum care received are extensive across patients' insurance type, rural or urban residence, and racial and ethnic identities, and these [disparities](#) are compounded for patients with multiple intersecting disadvantaged identities," conclude the authors.

One author disclosed personal fees from the University of Minnesota.

**More information:** [Abstract/Full Text \(subscription or payment may be required\)](#)

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Citation: Disparities seen in receipt of postpartum care (2022, October 19) retrieved 26 April 2024 from <https://medicalxpress.com/news/2022-10-disparities-receipt-postpartum.html>

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