

Telehealth considerably improved disparities in postpartum visit attendance for Black patients

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More than half of pregnancy-related deaths occur in the postpartum period, so when the COVID-19 pandemic caused postpartum obstetric

care to switch to using telemedicine, it was not without risk. With high maternal mortality rates and large racial disparities in maternal outcomes, the impact of this new care delivery model was unknown.

A recent study published in the *American Journal of Obstetrics and Gynecology Maternal-Fetal Medicine* showed that disparities in [postpartum](#) visit attendance improved considerably for Black patients after [telehealth](#) implementation. The authors also found promising gains in other postpartum care milestones such as disparities in depression screening.

These findings echo previous work showing that telehealth erased disparities for Black patients in post-discharge primary care visit completion rates and add to our growing understanding of the potential for telehealth to advance equity in [health care](#).

We asked the study's primary investigator and LDI Senior Fellow, Rebecca Feldman Hamm, about the research.

What motivated your study?

When the COVID-19 pandemic began, many areas of health care quickly transitioned to telehealth, and it was unclear how this would impact patients. We were very interested in how telehealth would impact different populations, particularly marginalized groups already challenged by social determinants of health. Structural racism—manifested in reinforcing systems of residential segregation, policing, and reduced access to transportation, housing, and food—affects engagement with postpartum care and interpregnancy health.

Postpartum care has always been an area of inequity, especially given how difficult it is to engage with medical care when you have a newborn

at home or in the neonatal intensive care unit. Our group, including Natasha Kumar, MD, a Maternal Fetal Medicine fellow here at Penn who was a [driving force](#) behind this study, wanted to know how telehealth impacted these disparities.

How did you choose the study comparator groups?

In this study, we compared Black to non-Black patients, rather than white to non-white patients. Our group feels this supports an equity-focused framework promoted by reproductive justice advocates and health equity researchers as to not establish the white population as an aspirational norm. The patients we care for are over 60% Black, and we felt strongly about centering this population in an evaluation of postpartum care and telehealth.

What do your findings mean for clinical care?

Our findings show that telehealth can have a large and positive impact on disparities. However, we know that there are two sides to telehealth. There are concerns that patients won't have the access or privacy to complete a telehealth visit from home. But this study supports the idea that telehealth increases access to postpartum care, possibly overcoming barriers to in-person care, such as the need for transportation or childcare.

Our study shows that telehealth can help Black patients get more of the care they need after delivery such as postpartum depression screening, Pap smears, contraception, and follow-up care with cardiology when needed. These health care services are important for long-term health.

What are the policy implications of your findings?

This work clearly shows the value of telehealth, especially in the postpartum setting, when leaving the house can be extremely difficult. I hope our work can be added to many other important studies to support continued reimbursement for telehealth care, even as we move past COVID-19 pandemic emergency policies. This needs to be an ongoing conversation with the insurers.

How did you get into your area of research?

I study the implementation of evidence-based practices in routine [obstetric care](#). There are profound disparities by race and ethnicity in maternity care. Some of this inequity stems from the inability to get evidence-based practices to the populations who need them. My work attempts to find out how to best close that gap. Yet, how to close the gap is likely different for each medication or intervention, and for each hospital or clinic. There are so many questions left to answer and so much work left to be done. I love this area because it feels really important and tangible; the research itself gets needed care to patients right away.

More information: Natasha R. Kumar et al, Assessing the impact of telehealth implementation on postpartum outcomes for Black birthing people, *American Journal of Obstetrics & Gynecology MFM* (2022). [DOI: 10.1016/j.ajogmf.2022.100831](#)

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