

Quality of Care and Disparities in Obstetrics



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KEYWORDS

• Disparities • Equity • Quality of care • Obstetrics • Quality improvement

KEY POINTS

- Quality of care in obstetrics varies widely and racial and ethnic disparities in obstetric and perinatal outcomes persist.
- Growing evidence suggests that quality of care contributes to racial and ethnic disparities in obstetric and perinatal outcomes.
- Quality measures should be used to track and reduce racial/ethnic disparities in obstetrics.

INTRODUCTION

Four million births occur annually in the United States and childbirth is a leading reason for hospitalization.¹ Childbirth is the largest category for hospital admissions for commercial payers and Medicaid programs and the estimated annual hospital costs associated with childbirth and newborns are more than \$100 billion.^{2,3} The United States spends more on maternity care than any other country in the world, yet the US maternal mortality and infant mortality rates are among the highest of all industrialized countries.^{4,5} Hospital quality is associated with obstetric and neonatal outcomes and

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growing attention is being paid to obstetric quality and safety as patients and payers are pressing the health care system to measure and improve quality of care.

At the same time there is a growing recognition of the intractable racial and ethnic disparities prevalent in obstetric and perinatal outcomes.⁶ Persistent racial and ethnic disparities in maternal and infant outcomes exist between white women and minority women.^{7,8} Infant mortality rates are twice as high and maternal mortality rates are 3 to 4 times higher in black women versus white women.^{7,9} Infant and maternal mortality rates are also higher in some Hispanic and other minority groups compared with white women. The obstetrics literature has documented racial and ethnic disparities across a range of obstetric and perinatal outcomes.¹⁰ Although there is a vast literature base documenting the association of social determinants of health (eg, poverty, lack of education, poor nutritional status, smoking, and neighborhoods) with adverse maternal and perinatal outcomes,¹¹ for the most part these factors are not modifiable solely by the health care system. Hospital quality is one of few modifiable factors that the health care system can address, yet few obstetric studies have linked quality of care with racial and ethnic disparities.

Data suggest that obstetric quality varies widely across US hospitals.^{12,13} Complications associated with childbirth occur in up to one-quarter of deliveries and rates for these complications vary widely across hospitals.^{14,15} Studies by Maternal-Fetal Medicine Units Network investigators have documented variation among the 25 hospitals in their network in postpartum hemorrhage (from 1% to 5%), peripartum infection (2%–10%), and severe perineal laceration among forceps deliveries (8%–48%).¹⁵ One in 10 term infants experiences a neonatal complication, such as hypoxia, shock, or birth injury, and investigators have found that these rates vary 7-fold across hospitals.^{16,17} Obstetric processes of care, such as use of oxytocin, episiotomy, and general anesthesia, have also been shown to vary widely across hospitals.¹⁸ Studies have found 10-fold variation in cesarean delivery rates across hospitals.¹⁹ In addition, variations in outcomes are related to structural measures of quality, such as personnel training and level of care. For instance, maternal complication rates are associated with obstetricians' residency programs and provider volume.^{12,20}

The wide variation in obstetric outcomes across hospitals, poor overall performance on perinatal indicators, and persistent racial and ethnic disparities in obstetric and perinatal outcomes require innovative remedies that tackle these challenges together. Equity is 1 of the 6 essential domains of quality according to the Institute of Medicine yet little attention in obstetrics has focused on the intersection between quality of care and disparities.²¹ A growing portfolio of perinatal quality metrics has been endorsed by governmental agencies and professional bodies and the Centers for Medicaid & Medicare Services now requires hospitals to report on a few of these metrics.²² Whether these metrics measure dimensions of care relevant to racial/ethnic disparities is, however, unknown.

This article reviews the definitions of quality of care, health disparities, and health equity as they relate to obstetric care and outcomes. Current efforts and challenges in obstetric quality measurement are described and then studies documenting racial and ethnic disparities in outcomes and quality by the authors and other investigators are discussed. Three strategies that may help reduce racial and ethnic disparities by focusing on quality of care are suggested.

QUALITY OF CARE

Definition

The Institute of Medicine defines health care quality as “the degree to which health services for individuals and populations increase the likelihood of desired health

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