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Quality outcomes by race in maternal health for patients treated by OB hospitalists

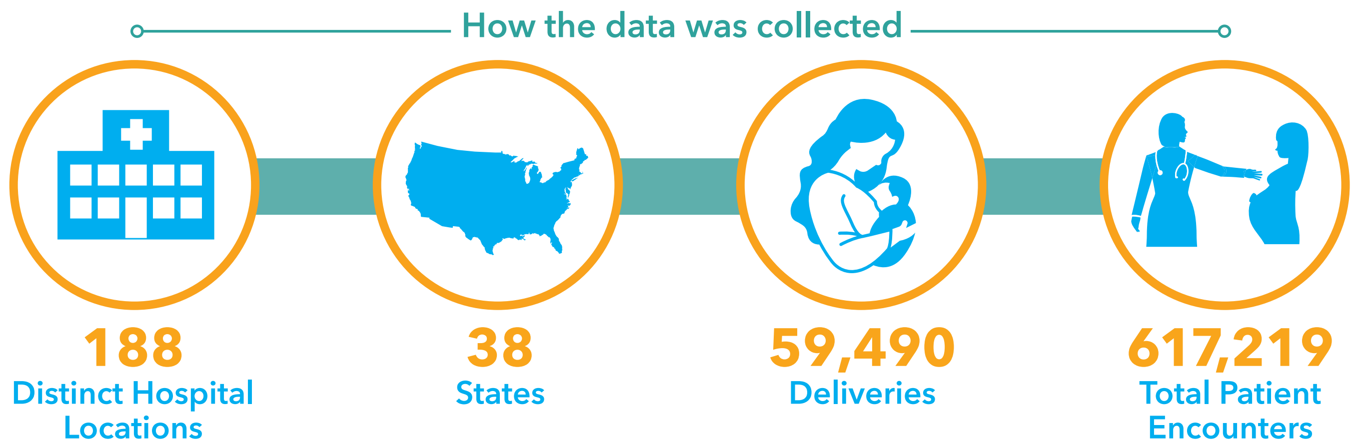
In the U.S., Black mothers are at least three times more likely to die due to a pregnancy-related cause compared to white mothers. Additionally, Black mothers are also at higher risk of pregnancy complications and report feeling ignored by their doctors or feel that their concerns are brushed off, leading to negative birth experiences, complications, or even death.

To better understand the inequalities and unconscious bias in obstetrical care and how the unique role of OB hospitalists can help address some of the racial disparities impacting patients, we collected data from almost 200 hospitals across the U.S. over the course of a year to look at clinical outcomes across race for patients treated by OB hospitalists.

OB hospitalists improve quality and safety for maternal patients as they care for any patient regardless of their source of prenatal care, insurance, or ability to pay, and don't have competing clinical interests. OB hospitalists bring extensive knowledge of well-established clinical protocols and ensure they are followed consistently regardless of a patient's racial background, establishing consistency in patient outcomes. This fundamental shift in the model of OB care, paired with a diverse provider workforce, improves patient satisfaction and outcomes.

Key findings

Patients cared for by OB hospitalists have better, more equitable outcomes than the national average, regardless of racial and ethnic identity. OB hospitalists are well positioned to provide unbiased care to any patient who presents to the labor and delivery unit.



During the study period, we were able to receive data including patient-reported race from **188 distinct hospital locations** across **38 states**. This data set represents **59,490 deliveries** and **617,219 total patient encounters.**

Cesarean sections

A cesarean section is a major abdominal procedure used to deliver babies surgically instead of vaginally. C-sections, when unnecessary, are associated with increased risk and complications, so experts recommend lower rates of surgical deliveries for low-risk patients. The report suggests that patients from all studied racial groups have Nulliparous, Term, Singleton, Vertex (NTSV) cesarean delivery rates below the national goal of 23.6% when cared for by an OB hospitalist, with no significant difference in outcomes between racial groups when compared with white patients.[1]

NTSV C-Section Delivery Rates when patients received care from OB hospitalist					
National goal	White	American Indian/ Alaskan Native	Asian	Black	Native Hawaiian/ Pacific Islander
23.6%	21.5%	19.9%	22.8%	23.2%	21.6%

Episiotomies

However, some metrics differed across racial groups, including episiotomies. An episiotomy is a surgical cut made below the vagina to make it easier for the baby's head to pass through and is typically only done when absolutely necessary. Black patients had a lower episiotomy rate than white patients, while Native Hawaiian and Pacific Islander patients' episiotomy rate was higher at 5.2%. This could be attributed to the population size evaluated, with only 232 NHPI patients evaluated compared to 17,561 white patients. However, overall measures of pelvic floor trauma were not statistically different between groups, which is consistent with other published data.[2]

Return to OB Emergency Departments or triage within 48 hours

In some instances, patients need to return to the OBED or triage if they are experiencing a complication. Black patients had a higher rate of returning to the obstetrical emergency department or triage within 48 hours as compared to white patients (2.3% vs. 2.0%). While this rate was still low overall, the difference may be due to the social and economic factors that disproportionately impact Black patients.3 At the same time, opposite factors may be why Asian patients have a significantly lower rate of return as compared to White patients (1.4% vs. 2.0%). This underscores the importance of OB hospitalists to ensure patients can be treated quickly and effectively in case of an emergency.

Looking to the future of maternal care

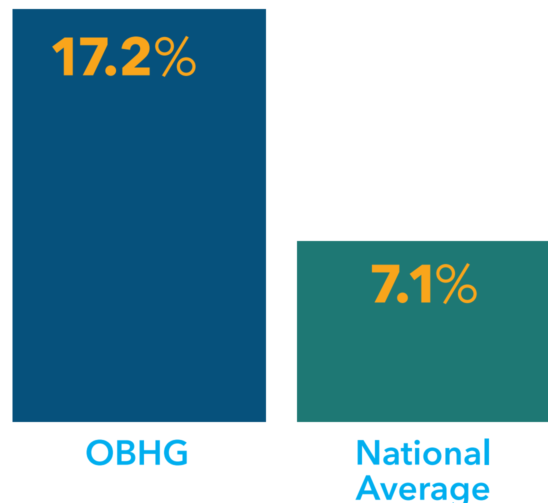
Overall, the data involving care led by OB hospitalists is encouraging and indicates that clinical outcomes as measured across seven different metrics were broadly similar across racial groups. But there is still more work to be done.

First, we know that a diverse clinical workforce leads to better outcomes for Black patients,[4] and that is why OBHG prioritizes hiring a workforce that is more representative of patients served. When compared with the national average reported by ACOG, OBHG's clinician workforce is 17.2% Black[5] compared to the national average of 7.1%.[6] It's also essential that healthcare workers are trained in implicit biases so they can recognize and eliminate disparities between patients.[7] As OBHG requires implicit bias training for clinicians on an annual basis, it is imperative for other health systems to follow suit, by implementing diverse hiring practices and up-to-date bias training for the benefit of their patients.

When health systems prioritize more equitable outcomes for maternal patients, everyone benefits. As a driving force for improved care within hospitals, this report adds to the growing evidence that OB hospitalists are part of the solution to reduce the rising maternal mortality rate.

Diversity in OBHG's clinical workforce

OBHG's clinician workforce includes 17.2% Black clinicians —more than double the national average of 7.1% reported by ACOG. OBHG is leading the way in increasing representation in healthcare.



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