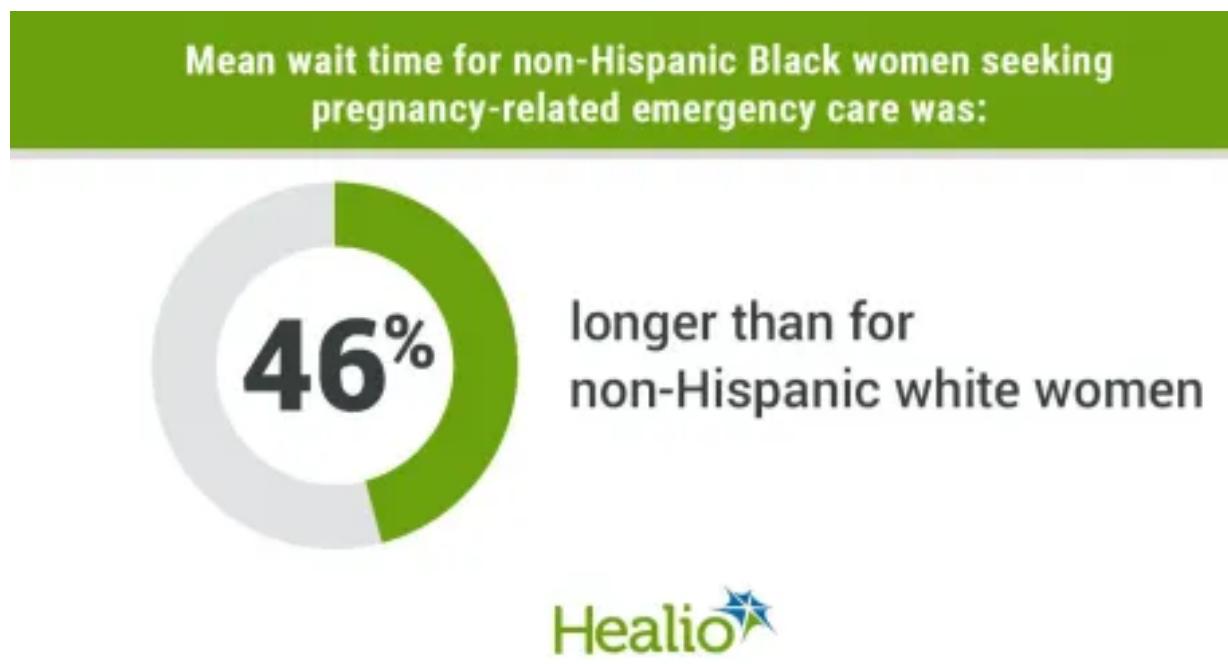


November 08, 2022 2 min read

Race, ethnicity associated with wait times for pregnancy-related emergency care

Compared with non-Hispanic white women, women of other races and ethnicities waited significantly longer for pregnancy-related emergency care, according to study data.

"The United States has dramatic inequities in [severe maternal morbidity](#) and mortality compared to other high-incor nations, with three to four Black women dying compared to every one white woman during the perinatal period," **Me E. Deichen Hansen, MSW, PhD**, research faculty in the department of behavioral sciences and social medicine at Flori State University College of Medicine, told Heilio. "Since access to high-quality emergency care is essential to address severe maternal morbidity and mortality, this study sought to examine whether inequities were present within emergency room wait times."



Data derived from Deichen Hansen ME, et al. *Womens Health (Lond)*. 2022;doi:10.1177/17455057221129388.

Deichen Hansen and colleagues used pooled data from the National Hospital Ambulatory Medical Care Survey, which collected information on a nationally representative sample of ED visits between 2016 and 2018. The researchers strat ED wait times by race and ethnicity to identify disparities.

In total, there were 821 pregnancy-related ED visits. These included 333 (40.6%) visits by non-Hispanic white women, 227 (27.7%) visits by non-Hispanic Black women, 226 (27.5%) visits by Hispanic women and 35 (4.3%) visits by women who reported a race other than Black or white.

The mean wait time among all women was 39.3 minutes. Non-Hispanic white women had the lowest mean wait time 32.6 minutes, followed by non-Hispanic Black women at 44.7 minutes, Hispanic women at 45.4 minutes and women other races at 52 minutes.

Adjusting for insurance type, year of visit, ambulance arrival and triage level, non-Hispanic Black women waited 46% longer for emergency care compared with non-Hispanic white women. For women of other races and ethnicities, the was 95% longer compared with non-Hispanic white women.



Megan E.
Deichen Hansen

“Research on [ED wait times](#) has found that longer wait times can lead to worse outcomes due to delays in care and women leaving the ED before being seen,” Deichen Hansen said. “In order to mitigate racial inequities in severe maternal morbidity and mortality, improvement science must investigate strategies enhancing equity in emergency obstetrics care. This study highlights the need for multisystemic improvements. Improvements should focus on bias mitigation within emergency triage, as well as access-related barriers which prohibit medically underserved populations from receiving high-quality care.”

Deichen Hansen said this study “laid the groundwork” for future studies, which should examine specific inequities in wait times — such as geographic differences in care.

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[Active treatment for extremely preterm infants on the rise, racial disparities remain](#)

[Despite provider support, vaccination in pregnancy remains low](#)

“Additional research should examine strategies for supporting Black women in accessing preventive care for nonemergency pregnancy health needs,” Deichen Hansen said.

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November 08, 2022 3 min read

Citizenship status may prevent women living in some states from accessing prenatal care

In states where Medicaid policies exclude immigrants, Asian and Hispanic women were less likely to have access to prenatal care in the first trimester, according to findings published in *JAMA Network Open*.

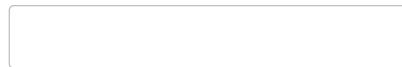
“Noncitizens face many obstacles to obtaining health coverage both during and outside of pregnancy,” **Ashley M. Fox, PhD, MA**, an associate professor of public administration and policy at the State University of New York at Albany, said in a press release. “The pathways available for immigrants to access care are often complex and vary based on qualifying factors such as state law, employer coverage, and individual income.”

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