

Racial and Ethnic Disparities in Hospital Readmissions After Delivery: *Time to Revisit?*

Women and Children's Committee of MAPOC
September 8, 2025

Mark S. DeFrancesco, MD, MBA, FACOG

Personal Introduction

- Private Practice Ob-Gyn 1984 – 2021
- Chief Medical Officer, Women's Health CT 1997 – 2014
- CMO Emeritus, WHC 2014 - present
- President of ACOG, 2015-2016
- State Rep, 99th district, 1973-75

Study Background

- Study was a collaboration of *UConn Health, Yale University* and the *Connecticut State Medical Society*
- Published in 2015
- Based on data from 2005-2012
- Funded by the *United Health Foundation* and the *Connecticut Health Foundation*.

Study Objective

- To examine the 30-day readmission rates after vaginal and cesarean delivery by race-ethnicity and insurance status.
 - Topic suggested by other studies suggesting disparities in readmission rates
 - Typically in other conditions like MI, heart failure, pneumonia, and other diags usually associated with older, less healthy people
- This is among the first study to focus on young, relatively healthy people.

Methods

- 8 years of data were analyzed (2005 – 2012)
- CT's Acute Care Hospital Inpatient Discharge Database (DPH)
- Retrospective analysis of readmissions within 30 days of d/c
- Patients 14 y.o. and older admitted for uncomplicated vag delivery or cesarean delivery without comp or co-morbidity were included
- Patients with significant pre-admission conditions were not included if readmitted for those conditions
- Zip code analysis used as a proxy for socioeconomic status

Results

- 167,857 total adm for vaginal delivery patients
 - 139,792 unique uncomplicated patients
- 75,552 total adm for cesarean delivery patients
 - 66,410 unique uncomplicated patients
- 30-day readmit rates were:
 - 8.8 per 1000 patients in the vag del group
 - 15.7 per 1000 patients in the cesarean group

Results

- Black and Hispanic patients were significantly more likely to be readmitted within 30 days of discharge
 - Odds ratio for Black women: 1.83 / 2.09 for vag del / cesarean respectively
 - Odds ratio for Hispanic women: 1.35 / 1.52 respectively
- When controlled for length of stay, socioeconomic status, comorbidities and insurance, numbers narrowed somewhat:
 - O/R for Black women 1.60 / 1.66 respectively
 - O/R for Hispanic women 1.20 / 1.29 respectively

Results

- Most common reasons for readmit:
 - For vag del group: hypertension, infection and postpartum bleeding
 - For cesarean group: similar, but most common reason related to surgical wound complications.
- Higher socioeconomic status less likely to be readmitted
- Medicaid covered patients more likely to be readmitted.

Discussion

- Study demonstrates evidence of substantial disparities in readmission after childbirth
- Even when various conditions are controlled for, such as co-morbidities, socioeconomic status, public vs private insurance, etc.
- Base rates for readmission after childbirth are fairly low compared to other conditions, but childbirth is one of the most frequent reasons for admissions

Discussion

- Followed up with a statewide meeting of stakeholders to discuss the findings
- General agreement that more studies were needed
- We need to dive more deeply into this and try to identify the root causes of the problem
 - Demographic differences?
 - Genetic variations?
 - Barriers to care?

Discussion

- No follow-up studies were done
- Some hospitals were not happy with the findings (shared privately with each hospital)
- Almost everyone was receptive to the findings and if any were facility-specific, recommendations generally were implemented.

Discussion

- Re-visiting this subject is way overdue.
- It's been more than 10 years, so at the very least, check to see if we've made any progress.
- Also, an opportunity to dig more deeply into fundamental factors contributing to the maternal morbidity and mortality crisis we have in this country.

Thank you very much for your attention.