MAKING EASTERN NORTH CAROLINA A BETTER PLACE TO BE BORN: IMPROVING HEALTH DISPARITIES IN PRETERM BIRTH AT VIDANT MEDICAL CENTER

K Milhouse, DO, MPH, N Jain, MSII, J Devente, MD, PhD

BACKGROUND/PROJECT GOALS

- Currently, the preterm birth rate (and subsequently, the infant mortality rate) is higher in people of color vs white people.

- The rate of preterm birth is highest for Black infants (14.2%), followed by American Indian/Alaskan (11.6%), Hispanics (9.8%), Whites (9.2%) and Asian/Pacific Islanders (8.8%).

- Goals: Gain understanding of the racial health disparities among preterm births and infant mortality at Vidant Medical Center and further determine if the disparity gaps have decreased since the implementation of perinatal/infant mortality intervention programs.

RESULTS

- Statistically significant reduction in “People of color” born at <32 weeks between the years of 2009-2019 (p = 0.0141).

- Reduction was not reflected in “People of color” born <37 weeks between the years of 2009-2019 (p = 0.0799).

- Reduction was not reflected for “Caucasian, other, and unknown” patients <32 weeks and <37 weeks between the years of 2009-2019 (p=0.0584).

CONCLUSION

- Overall, decrease in preterm births <32 weeks in “people of color” over 10-year period at Vidant Medical Center.

- Further research needed to understand what factors lead to improvement, and other confounding variables.

- Vidant Medical Center instituted a multi-level perinatal/infant mortality intervention programs during this period – our hope is that this improvement is a direct result.

METHODS

- Reviewed newborn patient demographic data from Vidant Medical Center from the years 2009-2019.

- Preterm births were categorized as <32 weeks and <37 weeks.

- Data analyzed and stratified to measure the relationship between race and preterm birth.

- Reviewed the timing of perinatal intervention programs implemented over the years of study and the relationship between preterm birth rates.

REFERENCES


