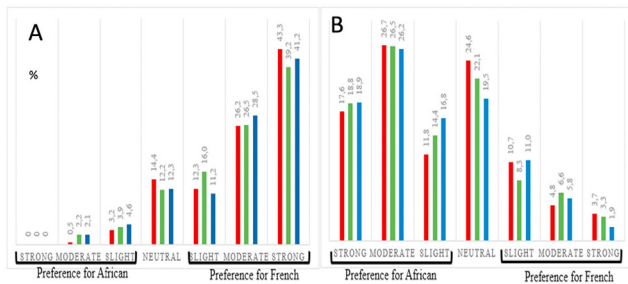


(implicit valence or strength) and the behavioral intention captured through vignettes responses.

CONCLUSION: This study shows a high level of implicit racial biases among obstetric care providers, but these biases were not associated with differential clinical decisions. This research program opens in France a field of research on certain forms of health discriminations that must be pursued and completed.

Figure 1. Distribution of implicit bias scores for A) Valence and B) Strength among healthcare professionals (Red: anesthesiologists; Green: obstetricians; Blue: Midwives)



43 Prospective survey of discrimination in pregnant persons and correlation with unplanned healthcare utilization

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OBJECTIVE: To determine the association between lifetime exposure to discrimination and unplanned healthcare utilization in pregnant persons.

STUDY DESIGN: This was a prospective cohort study of pregnant persons receiving care at a single Midwestern academic institution from 2021 to 2022. Primary data was collected from participants on sociodemographic factors and on Perceived Ethnic and Discrimination Questionnaire (PED-Q), a validated 17-item scale measuring perceived lifetime interpersonal racial and ethnic discrimination in four domains: work/school, social exclusion, stigmatization, and threat. The primary outcome was unplanned healthcare utilization, defined as unplanned labor and delivery admissions, triage, Emergency Department, or urgent care visits. Bivariate and multivariate analyses were done to examine the association between lifetime exposure to discrimination and unplanned healthcare utilization.

RESULTS: A total of 289 completed the PED-Q and were included in the analysis. Of these, 123 (42.6%) had unplanned healthcare utilization. Median [interquartile range] of lifetime discrimination was higher in the unplanned healthcare utilization group (1.6 [1.2, 1.9] vs. 1.4 [1.1-1.8], $p=0.017$) (Table 1). Univariate analysis showed that lifetime discrimination was significantly associated with unplanned healthcare utilization (OR 1.96, 95% CI 0.23-3.11). Significant associations were found between unplanned healthcare utilization and maternal age ($p=0.04$), insurance type ($p=0.01$), married status ($p<0.001$), education ($p=0.013$), household income ($p=0.001$), and chronic hypertension ($p=0.004$). After controlling for potential confounding factors (Table 2), perceived lifetime discrimination remained significantly associated with higher odds of unplanned healthcare utilization (aOR 1.78, CI 95% 1.01-3.11). Factors that remained associated with unplanned healthcare utilization were

maternal age, chronic hypertension, and number of prior pregnancies.

CONCLUSION: We found that a higher level of perceived lifetime discrimination was associated with increased unplanned healthcare utilization during pregnancy.

TABLE 1: Descriptive characteristics of patients during pregnancy attending a Midwestern US hospital

	Unplanned Healthcare Utilization during pregnancy		P-value
	Yes N=123 (42.6%)	No N=166 (57.4%)	
Maternal age in years			0.004
18-29	46 (37.4%)	33 (19.9%)	
30-39	70 (56.9%)	121 (72.9%)	
40-49	7 (5.7%)	12 (7.2%)	
Mother's type of insurance			0.001
Private	83 (67.5%)	137 (82.5%)	
Public	40 (32.5%)	26 (15.7%)	
No insurance	0 (0.0%)	3 (1.8%)	
Marriage status			<0.001
Married	76 (61.8%)	134 (80.7%)	
Non-married	47 (38.2%)	22 (19.3%)	
Race			0.082
White	86 (69.9%)	130 (78.3%)	
Black	24 (19.5%)	17 (10.2%)	
Multiracial/Native Hawaiian/American Indian/Asian	13 (10.6%)	19 (11.5%)	
Education level			0.013
High school	27 (22.0%)	16 (9.6%)	
College	59 (48.0%)	88 (53.0%)	
Graduate school	37 (30.1%)	62 (37.4%)	
Employment status			0.094
Employed	89 (72.4%)	134 (80.7%)	
Not employed	34 (27.6%)	32 (19.3%)	
Average household income			0.001
<\$30,000	29 (23.6%)	14 (8.5%)	
\$30,001 - \$50,000	16 (13.0%)	21 (12.8%)	
\$50,001 - \$75,000	22 (17.9%)	21 (12.8%)	
>\$75,000	56 (45.5%)	108 (65.9%)	
Chronic hypertension			0.004
Yes	19 (15.5%)	9 (5.4%)	
No	104 (84.6%)	157 (94.6%)	
Prior cesarean birth			0.449
Yes	29 (23.6%)	33 (19.9%)	
No	94 (76.4%)	133 (80.1%)	
Prior preterm birth			0.350
Yes	17 (13.8%)	17 (10.2%)	
No	106 (86.2%)	149 (89.8%)	
Number of prior pregnancies, median (interquartile range)	2.0 (1.0, 3.0)	1.0 (1.0, 2.0)	0.054
Total number of prenatal visits, median (interquartile range)	10.0 (9.0, 12.0)	10.0 (9.0, 12.0)	0.558
Perceived lifetime discrimination, median (interquartile range)	1.6 (1.2, 1.9)	1.4 (1.1, 1.8)	0.017
Workplace/school domain	1.8 (1.3, 2.5)	1.4 (1.0, 2.0)	0.003
Exclusion domain	1.8 (1.3, 2.5)	1.8 (1.0, 2.3)	0.132
Stigma domain	1.3 (1.0, 1.8)	1.3 (1.0, 1.5)	0.478
Threat domain	1.0 (1.0, 1.5)	1.0 (1.0, 1.3)	0.020
Body mass index ≥ 30 kg/m²			0.064
<30	59 (53.2%)	103 (64.4%)	
≥ 30	52 (46.8%)	57 (35.6%)	

TABLE 2: Unadjusted and adjusted logistic regression for factors associated with unplanned healthcare utilization during pregnancy

	Unadjusted OR (95% CI)	Adjusted OR (95% CI)
Perceived lifetime discrimination	1.96 (1.23-3.11)	1.78 (1.01-3.11)
Maternal age in years		
18-29	Ref	Ref
30-39	0.42 (0.24-0.71)	0.44 (0.22-0.88)
40-49	0.42 (0.15-1.18)	0.39 (0.11-1.39)
Mother's type of insurance (public + none, compared to private)	1.89 (1.13-3.16)	0.70 (0.30-1.63)
Married (compared to non-married)	2.59 (1.52-4.40)	1.29 (0.53-3.15)
Education		
College	Ref	Ref
High school	2.52 (1.25, 5.07)	1.12 (0.44-2.84)
Graduate school	0.89 (0.53, 1.50)	1.61 (0.83-3.13)
Employment (employed compared to non-employed)	1.60 (0.92-2.78)	1.00 (0.48-2.03)
Average household income		
<\$75,000	Ref	Ref
\$30,000	4.00 (1.95-8.17)	2.43 (0.67-8.78)
\$30,001 - \$50,000	1.47 (0.71-3.04)	1.09 (0.41-2.93)
\$50,001 - \$75,000	2.02 (1.02-4.00)	1.72 (0.75-3.95)
Chronic hypertension (compared to no chronic hypertension)	3.19 (1.39-7.32)	3.00 (1.18-7.64)
Prior cesarean birth (compared to no prior cesarean delivery)	1.24 (0.71-2.19)	1.47 (0.75-2.88)
Prior preterm birth (compared to no previous preterm birth)	1.40 (0.69-2.88)	0.95 (0.39-2.27)
Number of prior pregnancies	1.28 (1.03-1.59)	1.32 (1.02-1.70)
Total number of prenatal visits	0.97 (0.87-1.07)	1.01 (0.91-1.13)

Bold text indicates statistical significance.