

INTRODUCTION

- Social disparities in obstetric outcomes are well documented in the literature; however, there is limited data on the impact of race and insurance status on outcomes of patients with placenta accreta spectrum (PAS)

AIM

- We sought to determine whether race and insurance status are associated with adverse maternal perioperative outcomes in this setting

METHOD

- Retrospective cohort study included women diagnosed with PAS from 01/2013 to 12/2021 at a single academic institution
- Women were grouped based on race and insurance status; race and ethnicity were self-reported
- Primary outcome was intraoperative complications including PPH, uterine rupture, cystotomy, and ureteral injury
- Secondary outcomes included total blood products, length of stay, and post discharge complications (readmission, infection, DIC, and VTE)
- Statistical analysis was performed using Chi square tests, student T-tests, and logistic regression modelling, with statistical significance defined as $p < 0.05$

RESULTS

- Total of 72 pregnancies with PAS were included
- Majority of patients were Caucasian (69.0%), followed by Hispanic (14.1%), African American (11.3%), Asian/Pacific Islander (2.8%) and other (2.8%)
- 27 women (37.5%) had government assisted insurance
- There was no association between race and preoperative multidisciplinary planning ($p=0.223$), planned hysterectomy ($p=0.926$) or composite of any intraoperative complications ($p=0.141$)
- Race did not predict receiving greater than 5 blood products ($p=0.623$), ICU admission ($p=0.447$), or composite of any post-discharge complication ($p=0.103$)
- There was no association with any primary or secondary outcomes based on insurance status except for length of stay
- Government assisted insurance was associated with length of stay greater than 7 days (85.7% vs 14.3%; $p=0.010$)

CONCLUSIONS

- At our institution, maternal race and health insurance status did not affect pre-operative planning, peri-operative resuscitation, and delivery outcomes in women with PAS

REFERENCES

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ACKNOWLEDGEMENTS

Renaissance School of Medicine at Stony Brook University, Department of Obstetrics and Gynecology. Deidre Lee.

CONTACT INFORMATION

Bijal.Parikh@stonybrookmedicine.edu

Racial distribution of patients with placenta accreta spectrum

