

Hypertensive Disorders and Postpartum Follow Up: Care In and Outside the Hospital

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Introduction

There is limited data on how different social determinants of health affect postpartum follow up adherence and unscheduled postpartum healthcare utilization, especially in patients with hypertensive disorders that are at high risk for postpartum complications.

Objectives

- To evaluate the role of social determinants of health (SDoH) in postpartum care delivery and utilization
- To identify potential barriers to care in postpartum care access in patients with hypertensive disorders of pregnancy

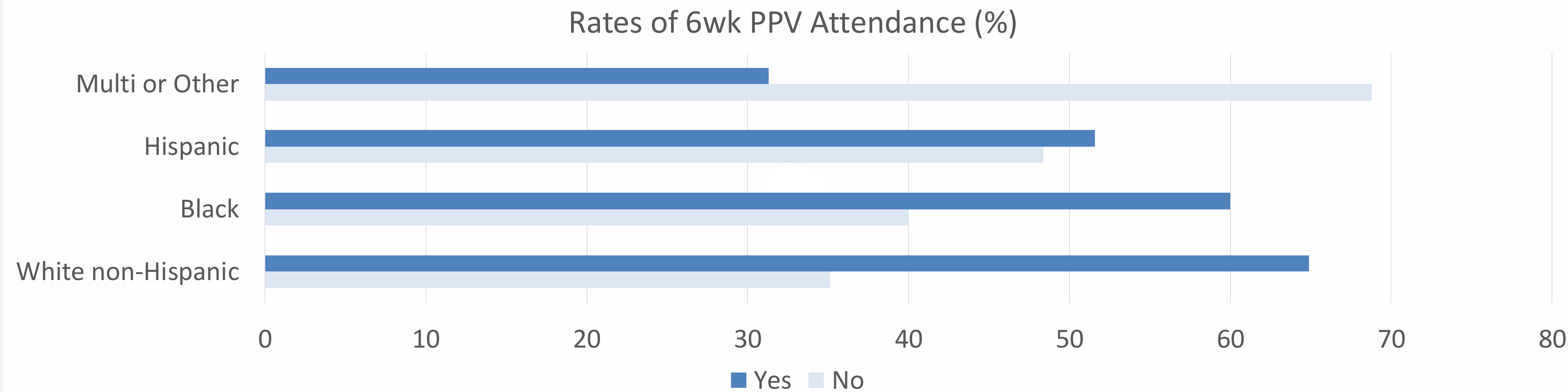
Study Design

- Retrospective cohort study
- Inclusion criteria:
 - Delivered between December 2020 and February 2023
 - Preeclampsia with or without severe features during pregnancy or in postpartum period
 - Over 20 weeks gestational age
 - Delivered with SBUH staff physician practices
- Statistical methods:
 - Chi-square, independent sample t-tests, and multivariable regression analysis with statistical significance defined as $p < 0.05$

Results

257 patients met inclusion criteria and were evaluated in the study. Lower rates of attendance at the 6-week PPV were seen in patients who:

- Were unpartnered
- Had previous living children
- Belonged to a racial/ethnic group other than White non-Hispanic



Characteristics	Unscheduled Admission		P value
	No n(%)	Yes n (%)	
Race and ethnicity			0.03
White non-Hispanic	121 (92.4)	10 (7.6)	
Black	39 (84.8)	7 (15.2)	
Hispanic	63 (98.4)	1 (1.6)	
Multi or other	14 (87.5)	2 (12.5)	
Living children			0.02
No	138 (95.8)	6 (4.2)	
Yes	99 (87.6)	14 (12.4)	
Area Deprivation Index (ADI)	5.44 ± 1.40	6.10 ± 0.85	0.004

Unscheduled postpartum admission was significantly associated with being Black, having prior living children, and living in an area with a higher area deprivation index score, an index that identifies the relative resource status of neighborhoods.

Results

Associations between Patient Characteristics and 6wk PPV attendance

Characteristics	Six-week PPV		p-value
	No n(%)	Yes n(%)	
Relationship status			0.03
Married or partnered	36.3	63.7	
Unpartnered	50	50	
Living children			0.01
No	34.7	65.3	
Yes	50	50	
Health insurance			0.01
Private	34.2	65.8	
Government assistance	51	49	
Self pay	100	0	

Conclusion

Overall, in our single institution cohort, evidence suggests that SDH were significantly associated with poor postpartum follow up and higher rates of unscheduled health care utilization.

Identifying relevant risk factors can be utilized to mitigate these instances with targeted interventions and improve overall health outcomes.

