



Risky, Unaffordable, and Inequitable: Race, Ethnicity, Birth Outcomes, and Hospital Charges

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Introduction

Compared with women without intellectual and developmental disabilities (IDD), women with IDD are more likely to experience pregnancy complications and poor birth outcomes, including preterm birth, low birth weight, and infant mortality (Mitra et al., 2015; Mitra et al., 2017). Moreover, the children of nondisabled Black mothers are more likely to die in infancy or have a low birth weight compared with white mothers' children (Burris et al., 2011). Women who experience both racism and ableism may be especially vulnerable to poor outcomes, but researchers know little about racial and ethnic variations in birth outcomes among women with IDD. Our study addresses this gap and adds to the emerging body of research on the relationships between race, ethnicity, and disability. Learning about birth outcomes and the costs associated with labor and delivery among racial and ethnic minorities with IDD will help improve the quality of care for vulnerable populations, control costs, and address healthcare disparities.

This study examined racial and ethnic disparities and birth outcomes, as well as labor and delivery charges, among Massachusetts women with intellectual and developmental disabilities.

Study Goals

- **Compare the birth outcomes—preterm birth, cesarean delivery, and low birth weight—of Black and Hispanic women with IDD with those of their white counterparts.**
- **Compare hospital charges for labor and delivery, in dollar amounts, across racial and ethnic groups.**

Findings

- **Black women with IDD were more likely to give birth to preterm infants than white women with IDD.** This disparity persisted after accounting for sociodemographic and clinical characteristics.
- In contrast, **Black women with IDD were not significantly more likely to have a cesarean delivery or low-birth-weight infant** than white women with IDD.
- **Hispanic women with IDD were no more likely to have cesarean deliveries, give birth to preterm infants, or have children with low birth weight** than white women with IDD.
- **Black and Hispanic women with IDD paid 15 percent more in hospital labor and delivery charges than white women with IDD.** This disparity remained even after accounting for sociodemographic and clinical characteristics, adverse birth outcomes, number of diagnoses and procedures, and length of time spent at the hospital.

Policy Implications

While we can't determine causal relationships for the observed racial and ethnic disparities, previous research has shown that disabled people of color have less access to healthcare and receive lower-quality services than either white women with disabilities or Black women without disabilities (Peterson-Besse et al., 2014). To address the racial and ethnic disparities in birth outcomes, policymakers and healthcare systems must ensure that disabled people of color have access to high-quality care. Systemic racism within the healthcare system isn't the only barrier to good care, either;



clinicians and staff may not have enough training about disability and accessibility to provide patients with the care they need. For example, training can inform providers that they might need to spend more time with their patients with IDD to ensure that their patients understand medical advice.

How the Study Was Done

We analyzed the 1998–2013 Massachusetts Pregnancy to Early Life Longitudinal (PELL) data system. PELL links Massachusetts birth certificates, fetal-death reports, and delivery and nondelivery hospital discharge records for all infants and their mothers. Hospital visits included inpatient visits, observational stays, and emergency-department visits. Race and ethnicity (non-Hispanic white, non-Hispanic Black, and Hispanic) were used to predict Cesarean delivery, preterm birth (less than 37 completed weeks of gestation), low birth weight (less than 2.5 kilograms), and total hospital charges for labor and delivery.

Adapted from Akobirshoev, I., Mitra, M. Parish, S.L., Valentine, A., & Simas, T.A.M. (2020). Racial and Ethnic Disparities in Birth Outcomes and Labor and Delivery Charges Among Massachusetts Women With Intellectual and Developmental Disabilities. *Intellectual and Developmental Disabilities*, 58(2), 126-138. Retrieved from <https://doi.org/10.1352/1934-9556-58.2.126>

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How to Cite This Brief

Akobirshoev, I., Mitra, M. Parish, S.L., Valentine, A., & Simas, T.A.M. (2020). Risky, Unaffordable, and Inequitable: Race, Ethnicity, Birth Outcomes, and Hospital Charges. National Research Center for Parents with Disabilities. Brandeis University, Waltham, MA.

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DISCLAIMER: Research reported in this publication was supported by the Eunice Kennedy Shriver National Institute of Child Health & Human Development of the National Institutes of Health under Award Number R01HD082105. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health..