

Background:

Following the UK multi-centre **ObsQoR study**, we explored the relationship between ethnicity, socioeconomic status & postpartum recovery following childbirth in England.

Methods:

Eligible, consenting patients having caesarean deliveries have been analysed in a subset from the main data set.

Data collected included:

- Demographic, maternal, obstetric, neonatal & anaesthetic
- The Index of Multiple Deprivation (IMD), used as a measure of socioeconomic status.
- Patient centric outcomes (EQ-5D-5L, ObsQoR-10 scores), during the inpatient and outpatient period.

Analysis:

- Assessment of differences between reported ethnic groups.
- Linear regression analysis was used to understand effects and possible confounding.

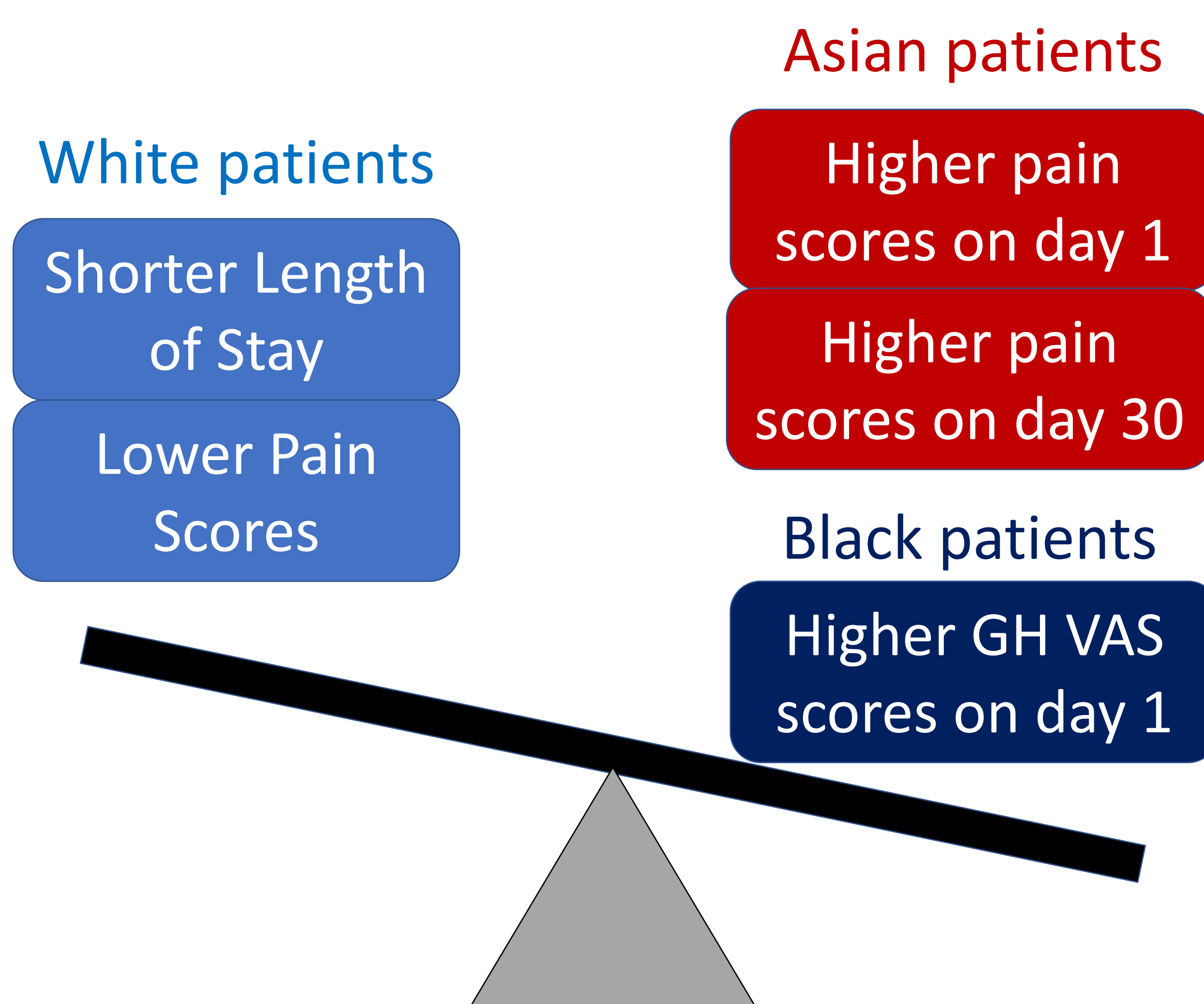
Results:

1000 patients were included in the analyses.

- No difference between ethnic groups: Age, BMI, ASA status, parity, gestational age or PMHx (except for diabetes and sickle cell disease).
- More Asian, Black and Mixed ethnicities were seen in the more deprived quintiles.

Disparity in LOS:

- White patients had shorter LOS than Asian and Black patients (35hrs [27.6-55.6] vs 44.3 [31.0-70.5] p=0.021, and 48.9 [32.9-74.8] p=0.009 respectively)



Results:

Disparity in pain scores:

- White patients reported lower pain scores at both day 1 and day 30.
- White patients reported higher inpatient ObsQoR-10 scores

At day 1:

- Asian patients reported more pain ($\beta = 0.79$ (0.30, 1.28); p=0.002)
- Black patients reported higher global health VAS scores ($\beta = 7.02$ (2.05, 11.99); p=0.006).

At 30 days:

- Asian patients reported worse pain scores ($\beta = 0.65$ (0.29, 1.02); p<0.001).
- No differences were seen in readmission rates or complications across all patient groups

Discussion:

This national study demonstrates disparities are seen in obstetric patients in England, with differences in recovery related to ethnicity status even when correcting for socioeconomic group. Further work is required to understand the underlying reasons for and methods to reduce this disparity.