Birth Experience of Stigma and Discrimination Amongst Critically-ill Pregnant Patients

A Prospective Case-control Patient-Reported Outcome Study

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Background & Aim

BACKGROUND

- Critically ill obstetric patients have an increased number of interactions with anesthesiologists and other providers
- Interactions in complex circumstances may expose obstetric patients to stigma, bias, and discrimination (SBD)

GAP

- Quantitative data on how critically ill obstetric patients experience SBD is lacking
- The impact of SBD on postpartum recovery of medically complex obstetric patients is understudied

AIMS

- To explore patient experiences of SBD and postpartum recovery in a pilot study using validated surveys
- To assess feasibility of such a survey study with patient-reported experiences

This survey is collecting information about your experience surrounding your delivery.
We hope to learn from your answers to improve the experience of future expecting mothers.

ObsQoR-10

The first 10 questions are checking how you are recovering since your delivery.

Please score the **severity** of the below symptoms in the past 24 hours: (Please choose one score (0-10) for each symptom)

	Worst imaginable					Moderate					None
	10	9	8	7	6	5	4	3	2	1	0
Pain	○	○	○	○	○	○	○	○	○	○	○
Nausea or vomiting	○	○	○	○	○	○	○	○	○	○	○
Dizziness	○	○	○	○	○	○	○	○	○	○	○
Shivering	○	○	○	○	○	○	○	○	○	○	○

Please score the following aspects of your recovery in the past 24 hours: (Please circle one score for each item)

	No/ Never					Sometimes / With help					Yes / Always
	0	1	2	3	4	5	6	7	8	9	10
I have been comfortable	○	○	○	○	○	○	○	○	○	○	○
I am able to mobilize independently	○	○	○	○	○	○	○	○	○	○	○
I can hold my baby without assistance	○	○	○	○	○	○	○	○	○	○	○
I can feed/nurse my baby without assistance	○	○	○	○	○	○	○	○	○	○	○
I can look after my personal hygiene/toilet	○	○	○	○	○	○	○	○	○	○	○
I feel in control	○	○	○	○	○	○	○	○	○	○	○

PREM

The next set of questions will ask you about your experience.

Please tick the responses closest to your experiences

The numbers represent the following categories:
1= Strongly Disagree, 2=Disagree, 3= Neutral, 4= Agree, 5= Strongly Agree.

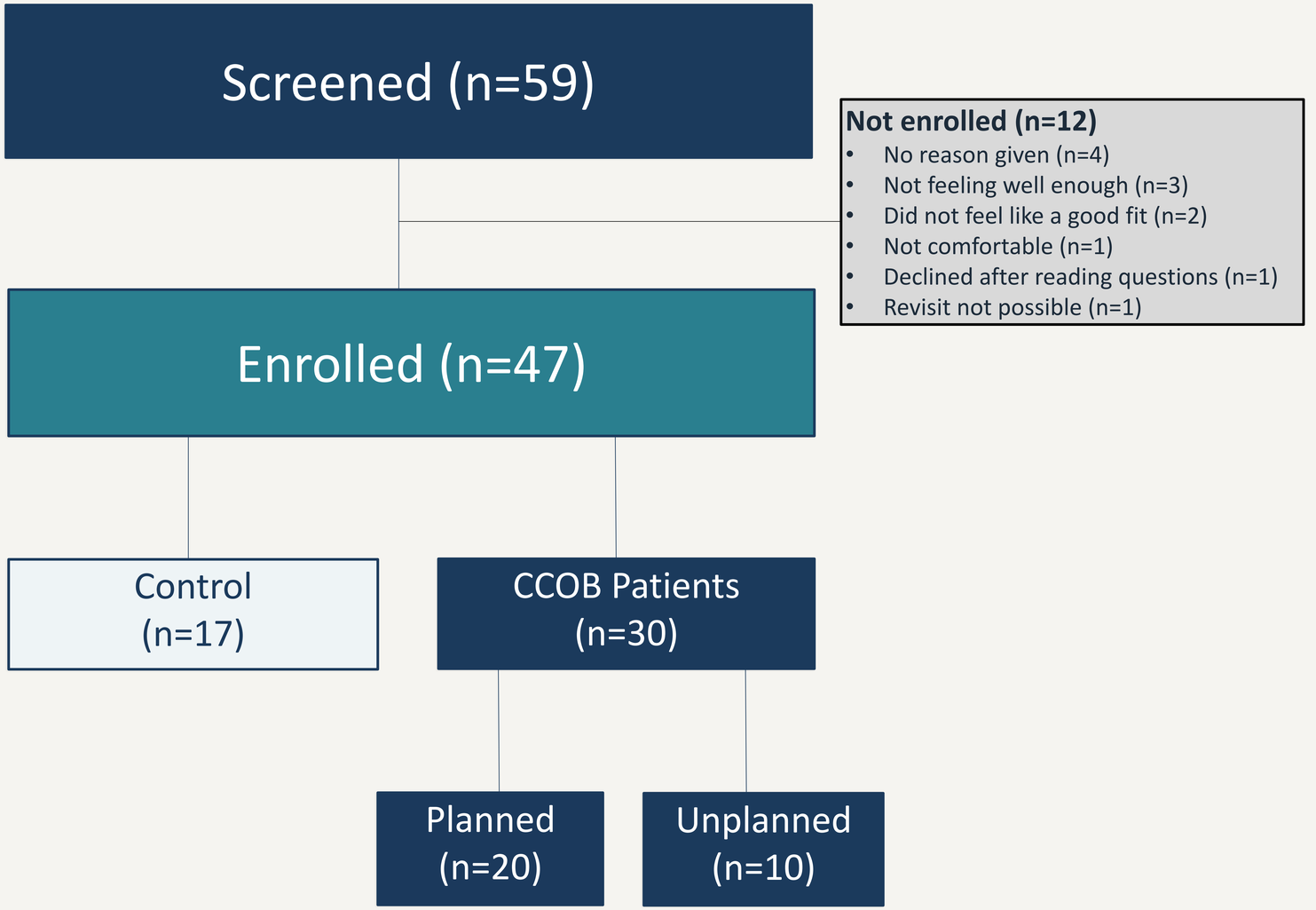
For questions marked with an asterisk (*), the numbers represent the following categories:
1= Strongly Agree, 2=Agree, 3= Neutral, 4= Disagree, 5= Strongly Disagree.

	1	2	3	4	5	N/A
I could take part in decisions about my care.	○	○	○	○	○	
I could ask questions about my care.	○	○	○	○	○	
My health care choices were respected by the health care team.	○	○	○	○	○	
The health care team asked for my permission before carrying out exams and treatments.	○	○	○	○	○	
When the health care team could not meet my wishes, they explained why.	○	○	○	○	○	
I trusted the health care team to take the best care of me.	○	○	○	○	○	
I felt pressured by the health care team into accepting care I did not want or did not understand.*	○	○	○	○	○	
I was treated differently by the health care team because of: My birth plan*	○	○	○	○	○	○
I was treated differently by the health care team because of: My history of substance use*	○	○	○	○	○	○
I was treated differently by the health care team because: I am larger-bodied*	○	○	○	○	○	○
I was treated differently by the health care team because of: My complex medical history*	○	○	○	○	○	○
I was treated differently by the health care team because of: My trauma history*	○	○	○	○	○	○
I was treated differently by the health care team because of: My race or skin color*	○	○	○	○	○	
I was treated differently by the health care team because of: My ethnicity or culture*	○	○	○	○	○	
I was treated differently by the health care team because of: My sexual orientation or gender identity*	○	○	○	○	○	
I was treated differently by the health care team because of: The type of health insurance I have*	○	○	○	○	○	
I was treated differently by the health care team because of: The language I speak*	○	○	○	○	○	
I was treated differently by the health care team because of: My political beliefs*	○	○	○	○	○	
I was treated differently by the health care team because of: My religious beliefs*	○	○	○	○	○	
I was treated with respect and compassion: During my check-in	○	○	○	○	○	
I was treated with respect and compassion: During my labor and delivery	○	○	○	○	○	
I was treated with respect and compassion: During my care after delivery	○	○	○	○	○	
The care I received was: Excellent (5), Good (4), Average (3), Fair (2), Poor (1)	○	○	○	○	○	
Based on how I was treated, I am likely to return to NYP-Columbia	○	○	○	○	○	

Hypothesis: CCOB patients will have poorer short-term outcomes than healthy obstetric patients

Methods & Participant Flow

Study Design	Prospective case-control pilot study
Enrollment	Aug 2025 – Feb 2026 Convenience sample (<4 days postpartum)
Groups	1. Controls 2. CCOB – Planned 3. CCOB – Unplanned
Instruments	1. ObsQoR-10 (0–100) 2. PREM (19–95)
Analysis	Descriptive due to pilot design



Results: Participant Characteristics

Maternal Demographics

	Controls (n=17)	Planned CCOB (n=20)	Unplanned CCOB (n=10)
Age, mean (years)	32.5 ± 4.9	34.8 ± 5.6	35.2 ± 3.3
BMI, mean (kg/m²)	31.3 ± 5.9	33.9 ± 8.9	36.7 ± 9.6
Gestational Age* (weeks and days)	39w1d ± 0w6d	35w3d ± 4w0d	36w0d ± 5w5d
Self-Identified Race			
White, n (%)	3 (17.6%)	4 (20%)	1 (10%)
Black, n (%)	5 (29.4%)	7 (35%)	3 (30%)
Asian, n (%)	1 (5.9%)	1 (5%)	0 (0%)
Other / Declined, n (%)	8 (47.1%)	8 (40%)	6 (60%)

Values: mean ± SD or n (%)
**P = 0.014*

Obstetric Data

	Controls (n=17)	Planned CCOB (n=20)	Unplanned CCOB (n=10)
CCOB Diagnosis			
Neurological	0	1 (4%)	0 (0%)
Cardiac	0	14 (56%)	3 (25%)
Respiratory	0	0 (0%)	3 (25%)
Renal	0	2 (8%)	1 (8.3%)
Coagulopathy or DIC	0	6 (24%)	3 (25%)
Sepsis Infection	0	2 (8%)	2 (16.7%)
Obstetric Outcome			
Cesarean Delivery	9 (60%)	12 (52.2%)	7 (46.7%)
Postpartum Hemorrhage (>1000ml QBL)	4 (26.7%)	6 (26.1%)	5 (33.3%)
Preeclampsia	2 (13.3%)	5 (21.7%)	3 (20%)

Values: n (%)

Results: Patient-Reported Outcomes

Postpartum Recovery – ObsQoR-10

	Pain	Nausea	Dizziness	Shivering	Comfort	Mobility	Holding Baby	Feeding Baby	Personal Hygiene	Control	Composite*
Controls (n=17)	5	0	0	0	8	7	10	10	9	9	78 [69-87]
Planned CCOB (n=20)	3	0	0	0	8	7	10	8.5	7	8	85 [56.5-90]
Unplanned CCOB (n=10)	7	0.5	2	0	5.5	1.5	8	8	5.5	4.5	58.5 [53.5-62.8]

Values: Median [IQR]
**P = 0.047*

Experiences of Stigma, Bias, and Discrimination – PREM

No.	*1*	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*	*10*	*11*	*12*	*13*	*14*	*15*	*16*	*17*	*18*	*19*	Composite
Controls (n=17)	5	5	4	5	4	5	5	5	5	5	5	5	5	5	5	5	5	5	5	89 [77-95]
Planned CCOB (n=20)	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	93 [84-95]
Unplanned CCOB (n=10)	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	92.5 [75-95]

Groups differed in their postpartum physical recovery but did not have measurable differences in their experiences of SBD

Conclusions & Future Directions

Conclusions

- Postpartum recovery differed significantly between control, planned CCOB, and unplanned CCOB patients
- Planned CCOB patients had the best recovery
- Unplanned CCOB patients had the poorest recovery
- Planned and unplanned CCOB patients reported higher levels of SBD than controls, though this difference was not significant

Limitations

- Pilot study → Small sample size
- Descriptive analyses
- Postpartum enrollment

Future Directions

- Larger cohort to better measure experiences of postpartum recovery and SBD
- Investigate additional quantitative tools to assess SBD in peripartum context
- Enroll patients upon admission → Multiple assessments of SBD
- Identify prevention and intervention targets for at-risk patients

Thank you | Questions welcome