Identifying timepoints of critical communication breakdown in the care of obstetric patients: A cross-sectional cohort survey-based study

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INTRODUCTION

- Communication failures contribute to adverse outcomes
- Labor and delivery units have a uniquely vulnerable patient population

Problem:

- Paucity of evidence on *where* along the continuum of care communication breakdowns occur

Objective

Identify critical timepoints of communication breakdown in the peripartum continuum to serve as targets for QI interventions

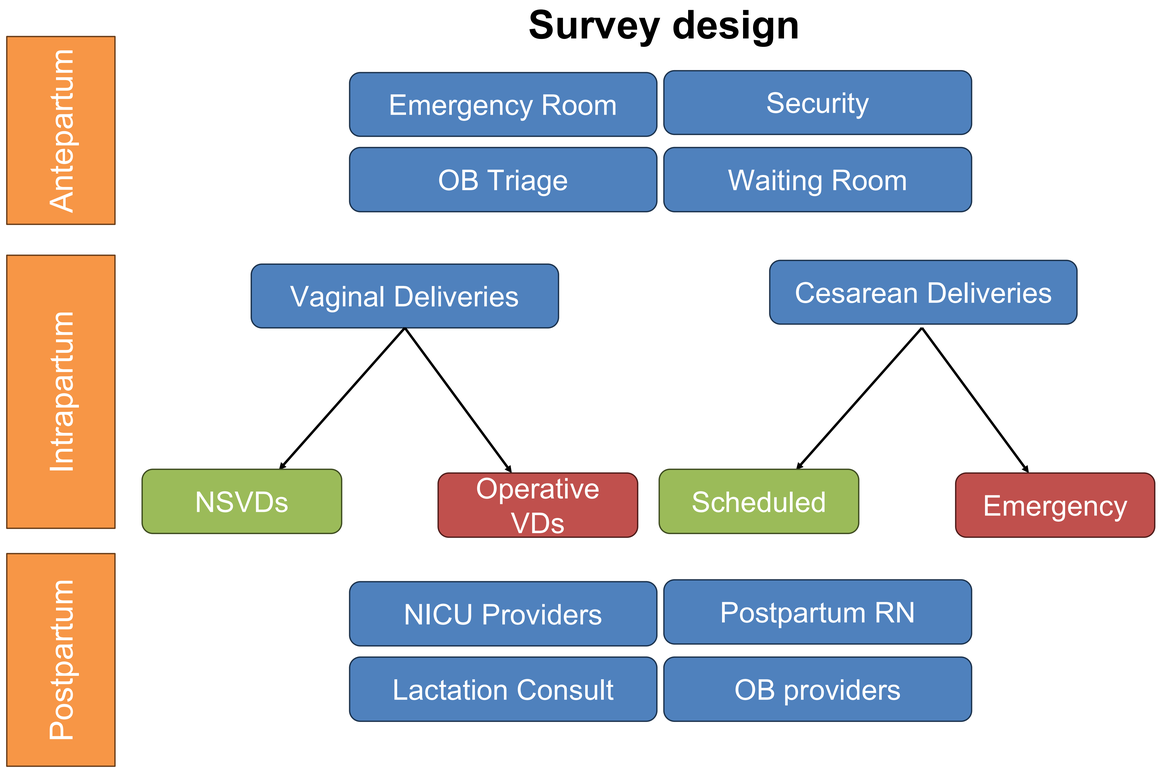
Hypothesis

Communication quality would vary across care phases, care areas, procedural contexts, and based on patient demographics and medical history.

METHODS

Study Design

- Cross-sectional survey-based cohort study of patients on Postpartum Day 1
- A priori power analysis projected need to enroll > 200 patients to detect > 20% difference
- Single quaternary hospital with 7,000 deliveries/year



Procedures:
PIVs, Foleys, Epidural and spinal anesthesia, Operative vaginal delivery, Cesarean delivery

Languages:
English, Spanish, Haitian Creole

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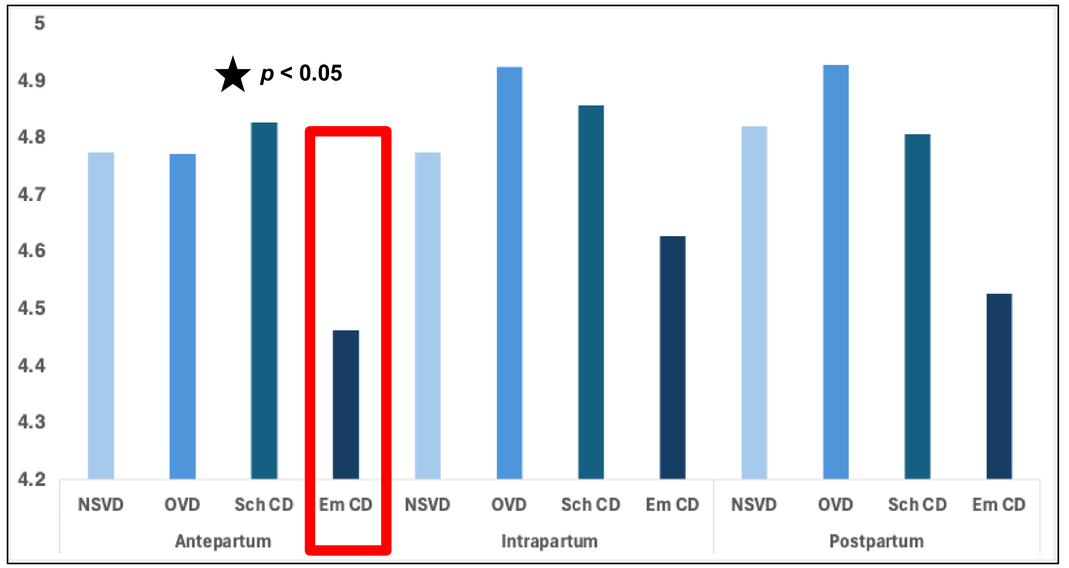
RESULTS:

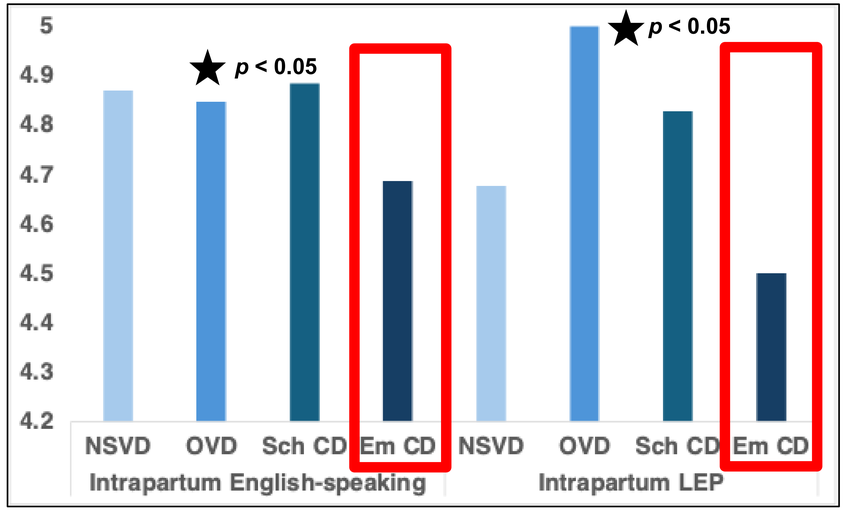
Characteristic	Primigravida (n = 102)	Multigravida (n = 99)
Preferred Language		
English	86 (84.3%)	74 (74.7%)
Non-English[1]	16 (15.7%)	25 (25.3%)
Delivery Type		
Vaginal	70 (68.6%)	51 (51.5%)
Cesarean Delivery	32 (31.4%)	48 (48.5%)
Operative Status		
Non-operative vaginal	62 (89.9%)	49 (96.1%)
Operative vaginal	7 (10.1%)	2 (3.9%)
Cesarean Type		
Elective/Scheduled	10 (30.3%)	38 (79.2%)
Urgent/Emergent	23 (69.7%)	10 (20.8%)

Non-English speakers included **24 Spanish** and **1 Haitian Creole**

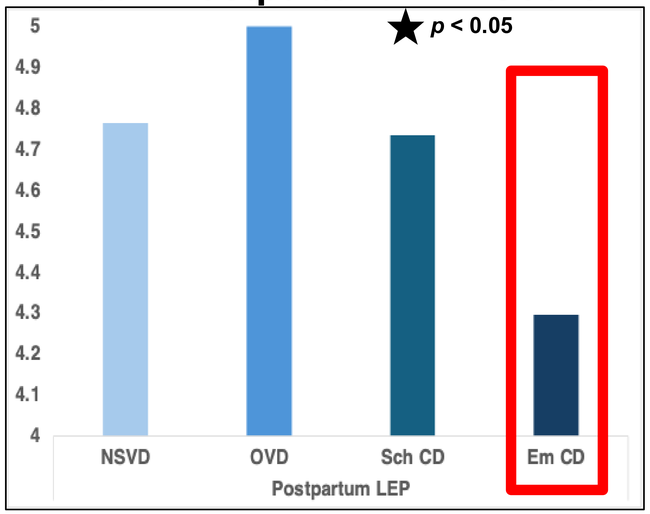
Mean Overall Communication Scores



Mean Intrapartum Score: LEP and Non-LEP



Mean Postpartum LEP Score



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CONCLUSIONS

MAIN FINDINGS

Overall communication scores were high across all OB care domains

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Emergent cesarean delivery -> worse mean communication scores

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Lowest scores: Patients with LEP undergoing emergent cesarean delivery (intrapartum and postpartum phases)

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No significant differences across age, educational attainment, parity, or procedure type

NEXT STEPS

- Compare LEP vs. non-LEP across care phases
- Target communication QI initiatives across antepartum care and emergent cesarean deliveries
- Assess impact of QI initiatives on communication scores