Evaluation of social determinants of health will likely provide insight into the origin of these differences.

Table 1 – Maternal and delivery characteristics for Black women in and outside the target CHNA region

Characteristic	Target Region	Outside Region	P-value	RR (95% CI)	
n	2741	6838		Unadjusted	Adjusted*
Maternal age	25.7+5.9	28.4+6.2	<0.001		
Nulliparity	957 (35)	2334 (34)	0.467		
BMI at delivery	33.9+8.3	33.0+7.4	<0.001		
EGA at delivery	39.0 [37.9, 40.0]	39.1 [38.0, 40.1]	<0.001		
<=32	128 (4.7)	252 (3.7)	0.026	**1.27 (1.03,1.56)**	**1.32 (1.07, 1.64)**
<=34	219 (8)	437 (6)	0.005	**1.25 (1.07,1.46)**	**1.29 (1.10, 1.51)**
<=35	438 (16)	929 (14)	0.002	**1.18 (1.06,1.31)**	**1.20 (1.08, 1.34)**
Diabetes	164 (6.0)	494 (7.2)	0.030	**0.83 (0.70,0.98)**	1.06 (0.89, 1.26)
Gestational DM	101 (3.7)	365 (5.3)	<0.001	**0.69 (0.56,0.86)**	0.89 (0.71, 1.11)
Pregestational DM	63 (2.3)	129 (1.9)	0.194	1.22 (0.90,1.64)	**1.53 (1.13, 2.06)**
Hypertension					
Gestational HTN	788 (29)	1742 (25)	0.001	**1.13 (1.05,1.21)**	**1.14 (1.06, 1.23)**
Chronic HTN	320 (12)	563 (8)	<0.001	**1.42 (1.25,1.61)**	**1.78 (1.56, 2.02)**
Severe preeclampsia	455 (17)	996 (15)	0.012	**1.14 (1.03,1.26)**	**1.16 (1.05, 1.29)**
Cesarean delivery	1158 (42)	3046 (45)	0.041	0.95 (0.90,1.00)	1.03 (0.98, 1.08)
Abruption	40 (1.5)	80 (1.2)	0.250	1.25 (0.86,1.82)	1.26 (0.86, 1.85)
Major malformation	71 (2.6)	162 (2.4)	0.525	1.09 (0.83,1.44)	1.18 (0.89, 1.57)
Stillbirth	27 (1.0)	41 (0.6)	0.042	**1.64 (1.01,2.66)**	**1.89 (1.19, 3.01)**

Data presented as mean±SD, n (%), or median [Q1, Q3]
*Adjusted for maternal age

Table 2 – Neonatal outcomes for infants of Black women in and outside a target CHNA region

Characteristic	Target Region	Outside Region	P-value	RR (95% CI)	
n	2638	6626		Unadjusted	Adjusted*
5Min Apgar < 4	17 (0.6)	54 (0.8)	0.396	0.79 (0.46,1.36)	0.77 (0.44, 1.34)
pH < 7.0	26 (1.0)	39 (0.6)	0.037	**1.68 (1.03,2.75)**	**1.86 (1.12, 3.09)**
IVH grade 3 or 4	1 (0.0)	9 (0.1)	0.195	0.28 (0.04,2.20)	0.24 (0.03, 1.89)
Neonatal ICU admission	217 (8.2)	476 (7.2)	0.085	1.15 (0.98,1.34)	**1.18 (1.01, 1.38)**
Birthweight <= 1000	41 (1.6)	50 (0.8)	<0.001	**2.06 (1.37,3.10)**	**2.09 (1.37, 3.18)**
Birthweight <= 2500	390 (15)	747 (11)	<0.001	**1.31 (1.17,1.47)**	**1.33 (1.19, 1.50)**
bronchopulmonary dysplasia	35 (1.3)	47 (0.7)	0.004	**1.87 (1.21,2.89)**	**1.81 (1.16, 2.83)**
CPAP or ventilator use	203 (8)	422 (6)	0.022	**1.21 (1.03,1.42)**	**1.24 (1.05, 1.46)**
NEC requiring surgery	0 (0.0)	1 (0.0)	0.528	0.84 (0.03,20.54)	n/a
Neonatal death	4 (0.2)	18 (0.3)	0.284	0.56 (0.19,1.65)	0.60 (0.20, 1.79)
Transient tachypnea of the newborn	33 (1.3)	79 (1.2)	0.816	1.05 (0.70,1.57)	1.08 (0.71, 1.63)
periventricular leukomalacia	3 (0.1)	0 (0.0)	0.006	**17.58 (0.91,340.23)**	n/a
Retinopathy of prematurity	26 (1.0)	29 (0.4)	0.002	**2.25 (1.33,3.82)**	**2.37 (1.38, 4.07)**

Data presented as n (%)
*Adjusted for maternal age

565 Acute postpartum care utilization after expedited postpartum discharge

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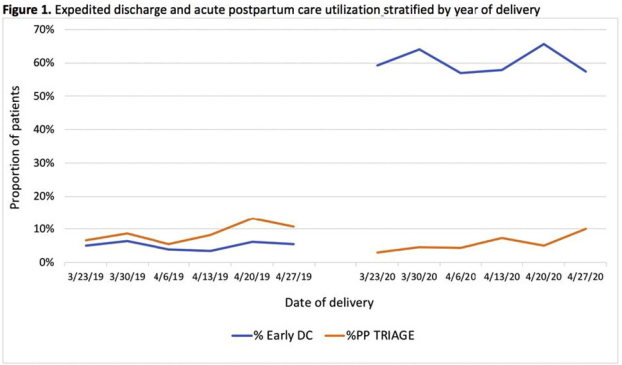
OBJECTIVE: During the COVID-19 pandemic, many hospitals provided expedited postpartum discharge (EPD) for patients wishing to leave the hospital soon after birth. This study was performed to assess whether acute postpartum care utilization increased after EPD during COVID-19.

STUDY DESIGN: Birth hospitalization data from a single teaching hospital from two 6-week periods (3/22-4/30/19 and 3/22-4/30/20) were used for this retrospective cohort study. EPD, defined as discharge on postpartum day 1 or 2 following vaginal or cesarean birth, respectively, was the primary exposure. The primary outcome was acute postpartum care utilization defined as emergency or obstetrical triage unit visits within 6 weeks of delivery. Secondary outcomes included 6-week postpartum readmission. We fit logistic regression models to assess the risk for the primary and secondary outcomes. Categorical comparisons were made with the chi square test.

RESULTS: Of 1,358 deliveries in the study, 5.0% of deliveries in 2019 (n=36) compared to 60.3% of deliveries in 2020 (n=388) underwent EPD (p< 0.01). Rates of acute postpartum care utilization were 8.8% and 5.6% for 2019 and 2020, respectively (Figure 1). In 2020, patients with hypertensive disorders of pregnancy (HDP), chorioamnionitis/endometritis, or a positive COVID test were less likely to be discharged early (Table 1). There were no significant differences in rates of acute postpartum care utilization (OR 0.9, 95% CI 0.5, 1.8) or readmissions (OR 1.3, 95% CI 0.5, 3.6) between patients with EPD as compared to routine discharge. Among patients with HDP, readmission risk was significantly higher among those who had early discharge as compared to routine discharge (OR 6.1, 95% CI 2.1, 17.3).

CONCLUSION: Rates of EPD were significantly higher in 2020 compared to 2019 with no impact on acute postpartum care utilization or readmission rates. Among patients with hypertensive disorders of pregnancy, expedited discharge was associated with higher risk of readmission. EPD discharge does not appear to be associated with increased acute postpartum care utilization among low-risk patients.

Figure 1. Expedited discharge and acute postpartum care utilization stratified by year of delivery



Legend. *% Early DC,* the proportion of patients who underwent expedited discharge after delivery. *%PP triage,* the proportion of patients who underwent emergency or obstetrical triage unit visits within 6 weeks of delivery hospitalization discharge. The figure demonstrates the proportion of patients in the 2019 versus 2020 study period who 1) underwent expedited postpartum discharge, and 2) who returned after discharge for care in the emergency room or obstetric triage unit. In 2020, expedited delivery was much more common but emergency or obstetrical triage unit visits did not increase.

Table 1. Clinical characteristics of 2020 discharges based on the presence versus absence of early discharge

	Routine Discharge	Early Discharge	
Clinical Demographics	**n = 255**	**n = 388**	**p-value**
Hypertensive diseases of pregnancy	73 (28.6%)	54 (13.9%)	< 0.0001
Magnesium	4 (1.6%)	1 (0.3%)	0.0836
Treatment with antihypertensives	5 (2.0%)	0 (0.0%)	0.0096
Chronic hypertension	38 (14.9%)	9 (2.3%)	<0.0001
Pregestational DM	3 (1.2%)	3 (0.8%)	0.6860
Gestational DM	27 (10.6%)	27 (7.0%)	0.1115
Multiple gestation	9 (1.4%)	9 (2.3%)	0.4644
Chorioamnionitis/endometritis	22 (8.6%)	13 (3.4%	0.0068
PPH	13 (5.1%)	11 (92.8%)	0.1434
COVID	60 (26.2%)	53 (15.7%)	0.0027
Mulitparity	519 (55.6%)	252 (59.4%)	0.1936
Transfusion	8 (3.1%)	4 (1.0%)	0.0727
Term	204 (80.0%)	36 (93.0%)	< 0.0001
Cesarean delivery	77 (30.4%)	219 (56.4%)	< 0.0001
Obese	110 (51.3%)	189 (48.7%)	0.1704

Early discharge was defined as discharge postpartum day 1 or 2 following vaginal or cesarean birth, respectively. Comparisons were made with the chi square test

566 Factor XI Deficiency in Pregnancy and Risk of Postpartum Hemorrhage

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