

Title: Changes in the Antepartum Population Over Time

Keywords: antepartum hospitalization, disparity

Abstract

Tables/Figures: Table 2, Figure 1: DBnonresp_GAyear, Figure 2: DBnonresp_raceyear

Introduction: The characteristics of the modern antepartum population are under researched. Existing data indicate they are more likely to be young, black, and without private insurance¹, but the modern population has not been studied. Furthermore, this population makeup may be quite dynamic as there are advances in neonatal resuscitative capabilities and increases in acuity of antepartum patients reflecting increasing acuity of medical conditions in general. We propose evaluating the antepartum patients of a large university hospital and changes in this population over time to elucidate trends in the composition of the antepartum population.

Methods: An electronic medical record data pull was performed to obtain all obstetric deliveries occurring at a large university hospital between the years 2011 and 2019. Antepartum patients, defined as patients admitted for at least 96 hours to the antepartum service, were defined. Chart review was conducted to obtain demographic, pregnancy, and neonatal outcome information. Descriptive statistics and ANOVA were used as appropriate to characterize underlying differences between the antepartum and general obstetric populations and changes in this relationship over time.

Results: The antepartum group delivered earlier (excluding stillbirths, 269 days of gestation vs 272, $P < 0.01$), was younger (29.5 vs 30.5, $P < 0.01$), and had more prior deliveries ($P < 0.01$) than the general obstetric population. Notably, the distribution of patient race between the antepartum

group and the general group is similar ($P=0.18$) when evaluated in summary, but yearly differences suggest an increasing trend of non-white antepartum patients in recent years.

Conclusion: The antepartum population is a vulnerable population at baseline. This analysis suggests they are becoming even more vulnerable as gestational age at delivery continues to decrease, race disparities (percent of non-white antepartum patients) are trending upwards, and

*** comment on any statistically significant changes in indications for admissions after statistical analysis complete***.

Prelim References:

1. Bacak SJ, Callaghan WM, Dietz PM, Crouse C. Pregnancy-associated hospitalizations in the United States, 1999-2000. *Am J Obstet Gynecol* 2005;192(2):592-7.