

Neighborhood Deprivation and Postpartum Readmission Location and Timing

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The United States is experiencing rising rates of maternal morbidity and mortality. Postpartum hypertension-related complications account for the majority of maternal hospital readmissions within 1 year of delivery. We investigated the influence of access to care and neighborhood factors on the location and timing of postpartum hypertension-related readmissions within 12 weeks of delivery in the Dallas/Fort-Worth metropolitan area of Texas, USA. Using the Dallas Fort-Worth Hospital Council (DFWHC) database, encompassing data from over 80 facilities, we identified patients with first-time hypertension readmissions post-delivery (2014-2018) based on ICD-9 and ICD-10 codes. Neighborhood socioeconomic status was assessed using the Area Deprivation Index (ADI). Of 475,865 deliveries, 5,471 (1.1%) had hypertension-related readmissions; of these 74% were readmitted to the same hospital, and 26% to a different hospital. Most readmissions occurred within the first week postpartum. Patients from more disadvantaged neighborhoods (higher ADI) were more likely to be readmitted to a different hospital, and also had later readmissions. For instance, patients from an ADI of 10 were readmitted 2.9 times later than those from an ADI of 1. These associations persisted after adjusting for insurance status and race/ethnicity. Our findings underscore the impact of socioeconomic factors on postpartum care access and highlight the need for targeted interventions to improve healthcare delivery.

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