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Are Interventions for Obstructed Labor as Common and Effective for Pregnant African-American Women and Women without Private Insurance?

Obstructed labor, which occurs when the passage of the fetus through the pelvis is mechanically obstructed¹, is known to be a significant contributor to both maternal morbidity (which we define as short or long-term health problems that result from being pregnant and giving birth) and perinatal morbidity², which we define as health issues affecting the newborn or fetus near or during the time of delivery. The introduction to this paper first identifies causes and social determinants of obstructed labor, then outlines the known diagnostic methods and tools for identifying obstructed labor. Next, we list several early interventions that clinicians can use to attempt to resolve obstructed labor before it advances to prolonged obstructed labor, in an effort to avoid serious adverse health outcomes.

After having discussed the causes, social determinants, interventions, adverse outcomes (serious complications), and efforts to mitigate complications, we highlight the potential importance of timely diagnosis and intervention to reducing the incidence of obstructed labor - related complications to women of color and of lower socioeconomic status. This study compares the use of interventions for obstructed labor among 1) African-American and White women, and 2) women who have private health insurance and women who are neither uninsured nor users of Medicaid. We maintain that identifying the differences in the use of interventions for obstructed labor may illuminate one of the reasons for the widely reported and unacceptably large maternal health disparities reported between African-American and White women, and between women of lower and higher socioeconomic statuses³.

We acknowledge that there are some limitations to our study, including the lack of granular data in patient charts in the All of Us database. The nature of the All of Us database participants is itself a limitation, as all participants are volunteers and are not a random sample of the population.

Future Directions: Explore identification of differences in the thoroughness of efforts made to diagnose obstructed labor in African-American and White women; the thoroughness of efforts made to diagnose obstructed labor in privately insured women versus women who are uninsured or using Medicaid; the differences in the timeliness of diagnosis of obstructed labor in African-American and White women; and the differences in the timeliness of diagnosis of obstructed labor in women with private insurance and women who are uninsured or using Medicaid.

¹ (Konje & Ladipo, 2000)

² (Yeshitila, Y.et al, 2021)

³ (Kennedy-Moulton et al., 2023)