

☆ **Spotlight on Special Topics**

DISPARITIES IN OUTCOMES OF PREECLAMPSIA HOSPITALIZATIONS STRATIFIED BY RACE AND MEDIAN HOUSEHOLD INCOME: INSIGHTS FROM THE U.S. NATIONAL INPATIENT SAMPLE (2004-2018)

Moderated Poster Contributions
Special Topics Moderated Poster Theater_Hall C
Sunday, April 3, 2022, 11:30 a.m.-11:40 a.m.

Session Title: Cardio-obstetrics: Risk Factors for Adverse Obstetric and Fetal Outcomes in High-Risk Women
Abstract Category: 58. Spotlight on Special Topics: Cardio-obstetrics
Presentation Number: 1072-05

Authors: *Salman Zahid, Mian Tanveer Ud Din, Anum Minhas, Devesh Rai, Muhammad Zia Khan, Waqas Ullah, Harriette Gillian Christine Van Spall, Allison G. Hays, Erin D. Michos, Rochester General Hospital, Rochester, NY, USA, Johns Hopkins, Baltimore, MD, USA*

Background: Data on the interaction between race/ethnicity and income for preeclampsia outcomes and complications remain limited.

Methods: We analyzed National Inpatient Sample data using ICD-9/10 codes to identify preeclampsia cases from 2004 to 2018.

Results: A total of 4,674,442 hospitalizations for preeclampsia were identified (White (54.1%), Black (22.9%), Hispanic (19.6%) and Asian or Pacific Islander (A/PI) (3.4%) women). We stratified the population based on median household income (0-25th (31.3%), 25-50th (24.4%), 50-75th (23.2%), 75-100th (19.4%) percentile). White and Hispanic women in the highest income group had lower mortality compared to lowest income group (**FigA**). However, the same was not true for Black or A/PI women where belonging to a higher income quartile did not translate into significantly lower mortality odds. Hispanic women had a lower prevalence and Black women a higher prevalence of peripartum cardiomyopathy (PPCM) across all income quartiles (**FigB**). A significant interaction was observed with race/ethnicity and median household income for in-hospital mortality and PPCM with preeclampsia (p interaction <0.01).

Conclusion: White women from a higher income group have lower in-hospital mortality than lower-income White women with preeclampsia. However Black and A/PI women have worse mortality outcomes than White women, and the association is not mitigated by higher incomes. Hispanic women tend to have a lower incidence of PPCM across all quartiles of income.

