



A Survey of Patients who Chose a Municipal Hospital for their Obstetric Care

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ABSTRACT

A survey of patients who chose a municipal hospital for their obstetric care indicated that patients were motivated primarily by location, personal experience with the hospital or recommendations of family or friends rather than financial concerns. Improvements in health equity need to take into consideration the reasons behind a patient's choice of care provider.

Keywords: Health; Obstetric care; Patients; Medic-aid; Hospitals

INTRODUCTION

New York City Health and Hospitals (NYCH+H), the largest municipal hospital system in the country, was responsible for nearly 5% of the 110,442 deliveries in New York City (NYC) in 2019. To determine why patients chose a public safety-net hospital for obstetric care, we surveyed patients at two of them [1].

METHODS

An anonymous multiple-choice survey, available in English or Spanish, was offered to patients who presented for obstetric care between April 1 and May 31, 2019 to a municipal hospital in either Manhattan or Brooklyn, 64% and 86.5% of whose patients identify as either black or Hispanic respectively. Respondents chose between ten closed and one open-ended reason and indicated which was primary. Responses of patients in Manhattan were compared to those in Brooklyn using chi-squared and Fischer's exact test with a p value of <0.05 being considered significant. The study was approved by the

institutional review board.

RESULTS

192 patients of approximately 460 patients completed the survey. Respondent characteristics are shown. The most important reason for choosing the hospital overall, 29.6% (n=57), and for choosing the Manhattan hospital, was having been to the hospital before 34.4% (n=37) while proximity to where one lived was the primary reason for choosing the Brooklyn hospital 34.5% (n=29). Comparing patients in Manhattan and Brooklyn, proximity to where they lived (n=29, 20; p<0.5) was more important as both a primary and secondary choice to the Brooklyn patients for whom travel time of less than 30 minutes and being able to walk, use a bus or car was significantly different. Significantly more patients in Manhattan used a train or required two modes of transport. Comfort with language was the only other statistically significant difference when comparing Manhattan to Brooklyn patients as a secondary motivator for Manhattan patients (Tables 1 and 2).

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Table 1: Characteristics of respondents

Characteristics	Municipal Hospital Manhattan n=108	Municipal Hospital Brooklyn N=84	Total N=192	Comparison of responses of Manhattan patients to those of Brooklyn patients
Insurance				
Medicaid	71 (65.7%)	47 (55.9%)	118 (61.4%)	NS
Commercial	5 (4.6%)	7 (0.8%)	12 (6.3%)	NS
Military	1 (0.9%)	0	1 (0.5%)	
No insurance	21 (19.4%)	19 (17.6%)	40 (20.8%)	NS
No answer	10 (9.2%)	11 (13.1%)	21 (10.9%)	
Time to Hospital				
< 30 minutes	25 (23%)	53 (63%)	78 (66.1%)	P<0.001
>30 minutes	47 (43.5%)	19 (22.6%)	66 (34.4%)	P<0.001
>60 minutes	33 (30.5%)	7 (8.3%)	40 (20.8%)	P<0.001
No answer	3 (2.7%)	5 (5.9%)	8 (4.2%)	
Method of Transportation				
Walking	3 (2.7%)	10 (11.9%)	13 (6.8%)	P=0.0446
Car	18 (16.6%)	31 (36.9%)	49 (25.5%)	P=0.001
Bus	11 (10.2%)	28 (33%)	39 (20.3%)	P<0.001
Train	48 (44.4%)	8 (9.5%)	56 (54.9%)	P<0.001
More than one	28 (25.9%)	7 (8.3%)	35 (18.2%)	P<0.001
Second choice				
public hospital	22 (20.4%)	11 (13.1%)	33 (17.2%)	NS
private hospital	29 (26.8%)	19 (22.6%)	48 (25.0%)	NS
didn't know	27 (25.0%)	12 (14.3%)	39 (20.3%)	
No answer	30 (27.7%)	42 (50.0%)	72 (37.5%)	

Table 2: Responses to survey: Comparison of responses from Manhattan to Brooklyn patients

Why did you choose this hospital for your prenatal care?	H+H/Manhattan		H+H/Brooklyn		All Patients Total=192		Comparison of responses of Manhattan patients to those of Brooklyn patients	
	Primary	Any	Primary	Any	Primary	Any	Primary (p)	Any (a)
Closest to where I lived or easiest to get to	20 (18.5%)	20 (18.5%)	29 (34.5%)	33 (39.2%)	49 (25.5%)	53 (27.6%)	P=01(p)	P=001(a)
Friend or family member told me to come here	31 (-28.70%)	45 (-34.50%)	20 (-23.80%)	29 (-34.50%)	51 (-26.50%)	74 (-38.50%)	NS (p)	NS (a)
Been here before or had a previous baby here	37 (-34.40%)	50 (-46.20%)	20 (-28%)	29 (-34.50%)	57 (-29.60%)	79 (-41.10%)	NS (p)	NS (a)
Wanted a midwife	0	13 (12%)	1 (1.2%)	2 (2.4%)	1 (0.5%)	15 (7.8%)	NS (p)	NS (a)
Feel more comfortable where they speak my language	8 (7.5%)	41 (38%)	5 (5.9%)	6 (7.1%)	13 (6.8%)	47 (24.5%)	NS (p)	P=0001(a)
They will help me get benefits here	0	20 (18.5%)	1 (1.2%)	13 (15.5%)	1 (0.5%)	33 (17.2%)	NS (p)	NS (a)
Didn't think a private hospital would take my insurance (or Medicaid)	2 (1.9%)	6 (5.6%)	0	4 (4.8%)	2 (1%)	10 (5.2%)	NS (p)	NS (a)
I was afraid it would cost more somewhere else even if they took my insurance (or Medicaid)	0	9 (8.3%)	0	6 (7.1%)	0	15 (7.8%)	NS (p)	NS (a)

DISCUSSION

Our survey found that among a population of patients who chose one of two of our municipal hospitals, the majority did so for many of the same reasons given by women in other studies who sought care in other institutions: Convenience of location, recommendation of friends and family and familiarity with the hospital. Over 60% of our patients were insured, indicating insurance status was not an important factor in their choice of delivery hospital. 56% of patients relied on either their personal experience or the recommendation of a friend or relative [2].

A recent study found large disparities in obstetric care based upon race of the mother as well as the location of and population served by the hospital where these women gave birth [3]. They also determined that site of delivery may contribute to excess morbidity among Hispanic women. Differential location of care is a recognized component of structural racism [4]. When looking at disparities in care within the same hospital based upon insurance status, Howell et al. found that women insured by Medicaid had similar risks as those insured by commercial plans. They suspected that the effects of reduced reimbursement may operate at the hospital level but not at the individual level. Their research also showed that high-medicare hospitals could be found in the lowest and highest clusters for severe maternal morbidity indicating that acceptance of more Medicaid patients alone did not explain hospital performance with respect to maternal outcomes. It has been shown that “despite great clinical and policy interest, surprisingly few pregnant women use available quality data to choose their obstetric hospital” [5,6].

Limitations of our study are that it was not a structured or validated survey, the 41.7% response rate and its availability in two languages while almost 25% of New Yorkers are not proficient in English and patients seeking care at NYC municipal hospitals speak over 190 languages [7].

CONCLUSION

In order to effectively reduce maternal morbidity and mortality, we need to listen to those patient populations who

are disproportionately served by municipal hospitals and who are at the highest risk. Understanding the patient’s experience, and any barriers to choice, real or perceived, is important to this goal. Future research should focus not only on differences in locations of care but on why patients make choices that have been shown to significantly impact maternal morbidity and mortality.

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CONFLICT OF INTEREST

The author states there is no conflict of interest.

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