



BACKGROUND

- Individuals with minoritized racial/ethnic identities face inequities in access to mental health (MH) care
- Inequities are particularly pronounced in perinatal period
- Understanding these inequities can reduce care gaps

AIM

- Explore the relationship between patients' racial/ethnic identity and experiences receiving psychiatric consultation services in an obstetrics hospital

METHODS

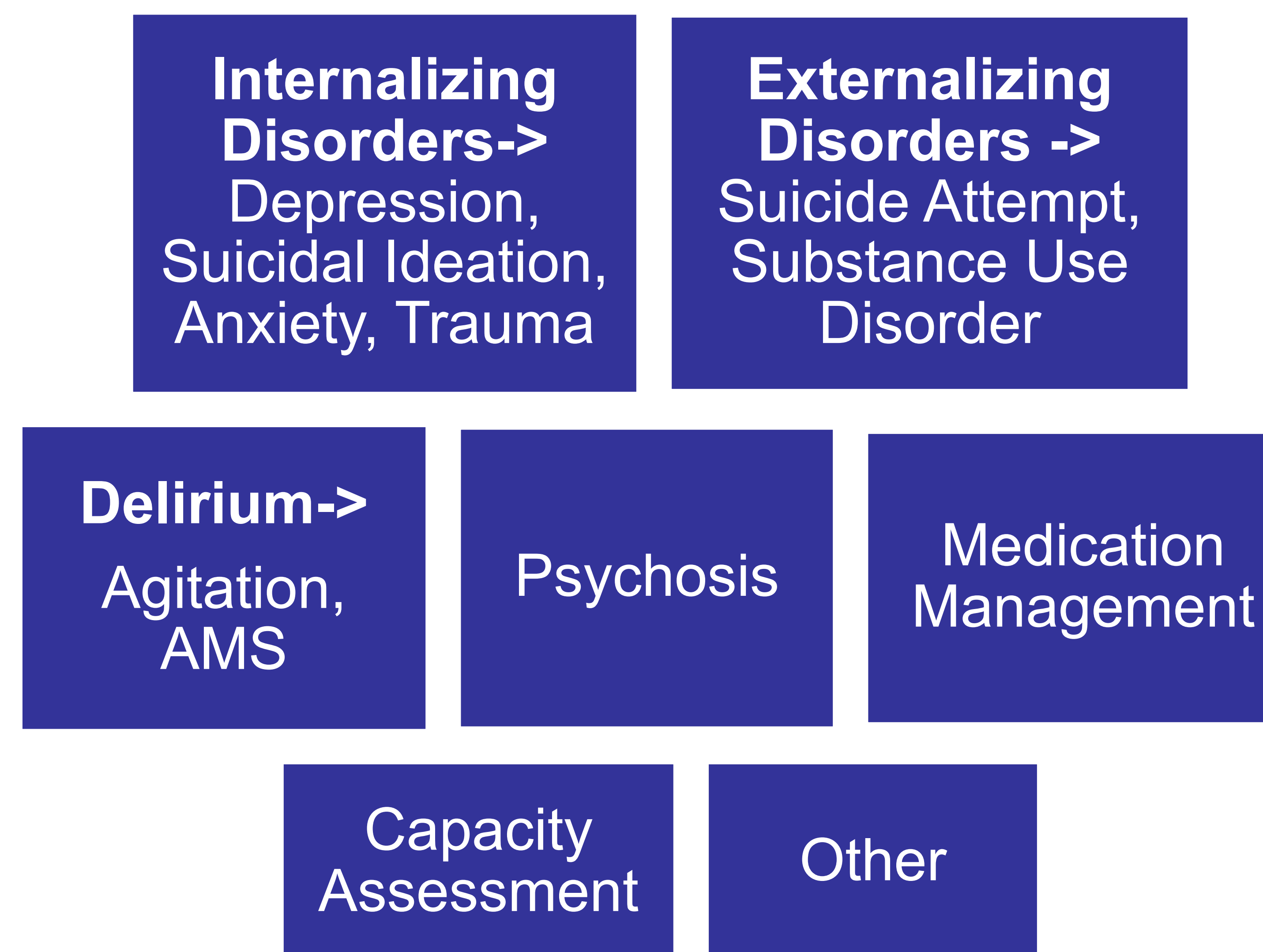
- **Setting:** Magee Womens Hospital, a standalone women's health hospital with a dedicated psychiatric consultation service team in Pittsburgh, PA

Data: Chart review of patients who received psychiatric consultation during obstetric hospitalization in 2019

Parameters extracted: Age, race, time to psychiatry consultation, reason for consultation, discharge diagnoses

Statistical methods: Descriptive statistics, chi-square and t-tests to investigate associations between demographic characteristics and reasons for consultation

REASONS FOR CONSULTATION



RESULTS

Race	N
White	228
African American	107
Other*	16
Total	351

- Average time to consultation was 1.76 days for White, 2.12 for African American, and 5.64 for other race
- Other*: American Indian, Guam/Chomorro, Other Asian, African American and White, Not Specified, Declined to answer

Externalizing Diagnosis?	White	African American	Statistics
Yes	45 (22.8%)	6 (6.4%)	$\chi^2=11.93$ $p=0.001$
No	152	88	
Internalizing Diagnosis?			
Yes	137 (69.2%)	73 (77.7%)	$\chi^2= 2.27$ $p=0.133$
No	61	21	

SUD dx at Discharge?	White	African American	Statistics
Yes	81 (37.3%)	20 (20.0%)	$\chi^2=9.47$ $p=0.002$
No	136	80	

DISCUSSION

- Individuals who identified as White were more likely to receive psychiatric consultation for an externalizing disorder; had higher numbers of SUD discharge diagnoses
- Potential contributors:
 - Systemic racism in healthcare
 - Providers' own biases in referral
 - Future studies should investigate avenues to improve disparities in CL care