

COVID-19 more common in pregnant Hispanics than other moms-to-be: study

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(HealthDay)—Hispanic mothers-to-be in the southern United States are



almost twice as likely to have COVID-19 as non-Hispanic women, a new study finds.

The researchers also found that those with government health insurance were more likely to test positive for the coronavirus than women with <u>private insurance</u>.

For the study, <u>pregnant women</u> were routinely tested for COVID-19 as they went to a Houston hospital for delivery, said researcher Dr. Beth Pineles.

"It's important to test everyone because if you only test people who are symptomatic, you'll get a lot more people who test positive," explained Pineles, a maternal-fetal medicine fellow with McGovern Medical School at University of Texas Health Science Center at Houston (UT Health).

"Universal testing allows you to get an unbiased estimate of who is being infected, and our study found that Hispanic women were much more likely to have the virus," Pineles said in a UT Health news release.

The researchers collected data on more than 900 Hispanic, Black, Asian and <u>white patients</u>. Among Hispanic women, nearly 11% tested positive for COVID-19, compared with 5.5% of non-Hispanic patients, the findings showed.

"Although this study didn't dive into the why behind Hispanic patients being more likely to contract COVID-19, research seems to point to more social and cultural reasons versus any type of genetic disposition," Pineles said.

"It's too early in the pandemic to know for sure, but some studies have looked at factors like neighborhood crowding, number of people living



in the household, and having essential jobs instead of being able to stay home and social distance," Pineles added.

As for insurance, 9.5% of patients with public insurance (such as Medicaid) had COVID-19, versus 2.5% of patients with private <u>insurance</u>, the researchers found.

Dr. Jacqueline Parchem is an assistant professor in the department of obstetrics, gynecology and reproductive sciences at the medical school. "One strength of our study is that the obstetric population in Houston is incredibly diverse, so we were able to examine outcomes for groups that are often underrepresented," she said.

"The finding that <u>public insurance</u>, in addition to race/ethnicity, was associated with higher infection rates was not unexpected—we know that systemic barriers to health care are a major problem," Parchem said. "But having the data matters because evidence calls attention to the issue and ideally motivates change in policy."

Some good news emerged in the findings: Most patients (86%) were asymptomatic, and no mothers died. Only one baby tested positive for the virus, and the infant never showed any symptoms.

Pineles said, "This study is reassuring in a sense, because only one baby tested positive and they were asymptomatic. Studies like ours have helped change practice by showing neonatal infection rate is so low. A few months ago, babies were being separated from mom regardless of whether she had symptoms or not. Now <u>women</u> without symptoms are allowed to stay with babies and that is important for bonding. Having data helps us to quantify the risks better and provide better care."

The report was published online recently in the European Journal of Obstetrics and Gynecology and Reproductive Biology.



More information: For more on COVID-19, visit the <u>U.S. Centers for</u> <u>Disease Control and Prevention</u>.

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