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Title
Psychometric Validation of a Patient-Reported Experience Measure of Obstetric Racism© (PREM-OB Scale™)

Priority 1 (Research Category)
Health Care Disparities

Presenters

Abstract
Context: Black mothers and birthing people are more likely to experience a range of adverse outcomes related to pregnancy, labor, and birth. Perinatal quality improvement (QI) leaders now recognize racism as a root cause of these disparities. Family physicians can combat perinatal inequities by mitigating harm before, during, and after hospitalization for childbirth. To date, no validated measure exists that characterizes hospital birth experiences of Black mothers and birthing people. Objective: To develop and assess the psychometric validity of a patient-reported experience measure (PREM) of Obstetric Racism© grounded in a Black Feminist Praxis methodology. Study Design: PROMIS© instrument development standards adapted with Black Feminist Praxis methodology. Phase 1 included item pool generation using person- and community-centered approaches. Phase 2 included evaluating the psychometric properties of the item pool. Setting: Nationwide population-based pilot testing via electronic survey with phone screening of registrants. Population studied: Community/provider referrals or self-identified Black mothers and birthing people who had given birth at a US-based hospital in 2020. Outcome Measures: Confirmatory factor analysis was used to examine the hypothesized structure of the item pool. Item response theory (IRT) was used to evaluate item fit and calibrate items onto the measurement continuum and create a short form survey. Results: Focus group analyses suggested 7 domains. Items were identified or written to cover these 7 domains. 801 Black mothers and birthing people completed the pilot test. Factor analysis concluded a 3 factor structure with good fit indices (CFI = 0.931-0.977, RMSEA = 0.087-0.10, R-square >0.3, residual correlation <0.15). All items included in each factor fit the IRT model and were able to be calibrated. Factor 1, “Humanity,” had 31 items measuring experiences of safety and accountability, autonomy, communication, and empathy. A 14-item short-form was created to ease respondent burden. Factor 2, “Racism,” had 12 items measuring racialized and gendered experiences of neglect and mistreatment. Factor 3, “Kinship,” had 7 items measuring hospital
recognition and involvement of social relationships between birthing people and their child or support system in service provision. Conclusions: The PREM-OB Scale™ is a valid tool to characterize and quantify obstetric racism for use in hospital-based improvement initiatives.