Disparities in SARS-CoV-2 Positivity Among Pregnant Patients with Limited English Proficiency

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Racial/ethnic disparities in severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection are well documented across the United States, including in pregnancy. Limited English proficiency (LEP) widens health disparities, but less is known about its association with pregnancy outcomes. Given that SARS-CoV-2 in pregnancy can cause severe disease, we examined the relationship between LEP and SARS-CoV-2 positivity in pregnancy.

We calculated rates of SARS-CoV-2 positivity among pregnant patients in GeoBirth, an ongoing cohort of all births at two Penn Medicine hospitals in Philadelphia, PA. The electronic health record indicator “need for language interpreter,” was used as a proxy measure for LEP. The study period was from the onset of universal SARS-CoV-2 screening at delivery with real-time reverse transcriptase–polymerase chain reaction testing at each hospital (1 April 2020 and 13 April 2020) through 31 January 2021. Deliveries ?20 weeks’ gestation were included. Any positive test up until the time of delivery was counted, including positive tests conducted at community sites. We compared positivity rates by LEP status overall and stratified by Latinx ethnicity using two-sided chi-square tests and multivariable-adjusted log binomial regression to calculate risk ratios. Covariates that confounded the association of LEP with SARS-CoV-2 positivity by >10% were retained. This study was approved by the University of Pennsylvania Institutional Review Board.

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