

## **Appendix 1. Detailed Methods**

### **Data source**

This study used 2016-2020 data from the Pregnancy Risk Assessment Monitoring System (PRAMS).<sup>1</sup> PRAMS is a surveillance system operated by state health departments in collaboration with the Centers for Disease Control and Prevention (CDC) to collect information on maternal characteristics and experiences before, during, and after pregnancy. PRAMS surveys are representative of all state residents who delivered a live infant in a given year. Every month, each participating site draws a random stratified sample of between 100 to 250 people who recently gave birth from a frame of eligible birth certificates. This results in an annual sample of 1,000 to 3,000. These individuals are mailed a PRAMS survey between two to six months after childbirth, with follow up by telephone. Smaller population sub-groups and high-risk populations are oversampled to ensure adequate sample size. Using all birth certificate data from the state, non-response weights are applied to the data. These weights adjust for the tendency of participants with some characteristics to respond at lower rates than others.

### **Study sample**

Our full sample included PRAMS data from 45 states, the District of Columbia, and New York City. We performed a sub-analysis in the seven states (Arizona, Iowa, Illinois, Maryland, Utah, Virginia, and Wisconsin) that chose to include a question asking respondents the reason they did not attend a postpartum visit (hereafter referred to as the 7-state sample).

### **Outcomes**

Our primary outcome was self-reported postpartum visit attendance. All states that conducted PRAMS between 2016-2020 included the standard question: “Since your new baby was born, have you had a postpartum checkup for yourself? A postpartum checkup is the regular checkup a woman has about 4-6 weeks after giving birth.” A limitation of this outcome measure is that the 2020 PRAMS questionnaire did not specify whether postpartum care delivered through telehealth should be considered a postpartum checkup.

Beginning in 2016, the seven states in our sub-analysis also asked respondents: “Did any of the following keep you from having a postpartum checkup?” with seven response options: too busy, did not have health insurance, felt fine and didn’t think I needed a visit, could not get an appointment when I wanted, did not have transportation, was not able to leave work, and other. People who selected “other” were able to write a 100-character response in English or Spanish, which served as the basis for our open-text analysis.

### **Open-text analysis**

To analyze open-text responses from PRAMS participants who selected “other” and wrote in a reason for not attending a postpartum visit, we used a thematic content analysis

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approach, meaning that themes were identified from the data and refined over time.<sup>2</sup> One author began this process by annotating the open-text responses collected between 2016-2020. From these notes, that author developed an initial codebook, which was reviewed by a collaborator. Responses were then entered into NVIVO (release 1.6) for open coding. One author open-coded responses and adjusted the coding scheme iteratively based on emergent themes. After two passes through the survey responses, we created a final codebook with 14 codes and illustrative examples (Table A5). To promote reliability, the coding author performed an intra-coder agreement test, which yielded an agreement of 0.98. To enhance validity, we discussed issues of researcher subjectivity as a research team. Where appropriate, one author recoded responses into existing categorical response options. For instance, if a respondent wrote that they “had too much to do,” this was recoded into “too busy.”

## Exposure

We classified respondents’ births according to whether the recommended date of their routine postpartum visit corresponded to the period before or during the pandemic. To do this, we created an estimate of the approximate date when the routine postpartum visit should have taken place based on date of childbirth. Postpartum visits are recommended between 4 to 8 weeks after childbirth; therefore, we considered deliveries in December 2019 or earlier (visit recommended in February 2020) to be before the pandemic and deliveries in February 2020 or later (visit recommended in April 2020) to be during the pandemic. We excluded deliveries in January 2020, as a postpartum visit would have been recommended in March 2020, mid-way through the period when pandemic related closures began in the United States.

## Analyses

### *Estimates of postpartum visit attendance*

In the full and 7-state samples, we generated survey-weighted estimates of postpartum visit attendance before and during the pandemic by respondent race and ethnicity (Asian non-Hispanic, Black non-Hispanic, Hispanic, White non-Hispanic, other non-Hispanic racial group), age group (19 and under, 20-24, 25-29, 30-34, 35 or older), insurance at the time of the survey (private, Medicaid, other, no insurance). Race and ethnicity data in PRAMS data are drawn from state birth certificate records.

### *Changes in postpartum visit attendance*

We calculated the percentage point change in postpartum visit attendance after the start of the COVID-19 pandemic overall and in each of the following subgroup categories (race/ethnicity, age, postpartum insurance coverage). To do this, we used linear regression models with a binary indicator for postpartum visit attendance (1 = attended, 0 = did not attend) as the outcome and a binary indicator for the pandemic (1 = during the pandemic, 0 = before the pandemic) as the exposure. Results are presented as percentage point changes with 95% confidence intervals and corresponding p values. We set a significance level of 0.05 a priori.

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To test whether the percentage point change in postpartum visit attendance varied significantly by group, used linear regression models with an indicator for postpartum visit attendance as the outcome, a pandemic indicator, a group indicator (e.g. a variable coded a 1 for non-Hispanic Black individuals and 0 for the reference group), and an interaction term between the group indicator and the pandemic indicator. For each respondent characteristic (race/ethnicity, age, insurance coverage), the sub-group with the largest population size was selected as the reference group.

Next, we examined categorical and open-text reasons for not attending a postpartum visit within the 7-state sub-sample. We determined the percentage who reported each of the most common reasons (with over 5% of responses each) before the COVID-19 pandemic then assessed the percentage point change in reporting each reason after the start of the pandemic. To do this, we used the linear regression model approach described above.

All analyses were conducted in Stata Version 17 and were weighted using the svy command to account for PRAMS' complex survey design. We followed STROBE for reporting observational studies throughout this manuscript.<sup>3</sup>

### **IRB approval**

This study was considered not human subjects research by Brown University's Institutional Review Board and was exempt from review.

## Description of the Study Sample

The full study sample included 202,710 postpartum respondents (Table A1). The largest percentage were White non-Hispanic (57.9%) followed by Hispanic (17.5%), and Black non-Hispanic (15.3%) (Table A1). The majority of respondents were between ages 20-34 (77.0%). At the time of the PRAMS survey (mean 4.1 weeks postpartum), 49.2% had private insurance, 32.6% had Medicaid, and 9.9% had no insurance. Respondent characteristics were similar in the 7-state sample and did not vary substantially before COVID-19 and during COVID-19 with the exception of insurance at the time of the survey (Table A2). After the pandemic, the share of people with Medicaid increased, while the shares with private insurance or no insurance declined.

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Table A1. Characteristics of Respondents in the Seven-State and Full Samples Across the Study Period

	7-state sample			Full sample		
	N	%	95% CI	N	%	95% CI
Total	35,085	100	--	202,710	100	--
Maternal race						
Asian NH	1,894	5.6	5.3, 5.9	13,847	5.4	5.2, 5.5
Black NH	7,368	15.2	14.7, 15.8	36,236	15.3	15.1, 15.6
Hispanic	6,888	17.7	17.2, 18.3	35,901	17.5	17.2, 17.7
White NH	16,862	58.8	58.1, 59.4	91,808	57.9	57.5, 58.2
Other / Mixed Race NH	1,669	2.7	2.5, 3.0	18,911	4.0	3.9, 4.1
Maternal age (years)						
Under 19	1,471	3.7	3.4, 4.0	9,351	4.2	4.1, 4.4
20-24	6,127	17.5	16.9, 18.1	37,042	18.4	18.1, 18.6
25-29	10,133	29.4	28.8, 30.1	58,484	28.9	28.6, 29.2
30-34	10,570	30.4	29.7, 31.1	59,614	29.7	29.4, 30.0
35 or older	6,777	19.0	18.4, 19.5	38,211	18.8	18.5, 19.1
Insurance at the time of the survey						
Private	17,795	54.3	53.6, 55.1	91,699	49.2	48.9, 49.6
Medicaid / CHIP	10,348	27.8	27.2, 28.5	70,700	32.6	32.2, 32.9
Other	2,454	7.7	7.3, 8.2	19,128	8.3	8.1, 8.5
No insurance	3,901	10.1	9.7, 10.6	18,228	9.9	9.7, 10.1

Notes: Ns are unweighted. Percentages are weighted. The 7-state sample includes AZ, IA, IL, MD, UT, VA, and WI. Abbreviations: CHIP = Children's Health Insurance Program; NH = non-Hispanic. Missingness: race or ethnicity was missing from 4,724 observations in the full sample, age from 6 observations, and insurance at the time of the survey from 2,292 observations. Race or ethnicity was missing from 404 observation in the 7-state sample, age from 1 observation, and health insurance at the time of the survey from 587 observations. Source: Pregnancy Risk Assessment Monitoring System (PRAMS) January 2016- December 2020.

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Table A2. Characteristics of Respondents From the Seven-State and Full Samples Before and During Coronavirus Disease 2019 (COVID-19)

	7-state sample						Full sample					
	Before COVID-19			During COVID-19			Before COVID-19			During COVID-19		
	N	%	95% CI	N	%	95% CI	N	%	95% CI	N	%	95% CI
Total	25,984	100	--	8,129	100	--	159,110	100		40,559	100	--
Maternal race												
Asian NH	1,262	5.5	5.1, 5.9	440	5.8	5.2, 6.5	10,461	5.3	5.2, 5.5	3,155	5.4	5.1, 5.7
Black NH	4,787	15.4	14.8, 16.0	1,275	14.4	13.3, 15.4	28,126	15.1	14.8, 15.4	7,542	16.2	15.7, 16.7
Hispanic	4,282	16.2	15.6, 16.8	1,359	22.5	21.3, 23.8	27,933	16.8	16.5, 17.1	7,391	19.8	19.2, 20.4
White NH	11,960	60.3	59.5, 61.1	3,518	54.1	52.7, 55.5	73,495	58.8	58.5, 59.2	17,003	54.6	53.9, 55.3
Other / Mixed Race NH	804	2.6	2.4, 2.9	576	3.2	2.7, 3.7	14,371	4.0	3.8, 4.1	4,261	4.1	3.8, 4.3
Maternal age (years)												
Under 19	887	3.6	3.3, 4.0	247	3.9	3.4, 4.6	7,434	4.2	4.1, 4.4	1,781	4.2	3.9, 4.5
20-24	3,909	17.6	16.9, 18.3	1,162	17.3	16.2, 18.5	29,169	18.4	18.1, 18.7	7,307	18.2	17.6, 18.9
25-29	6,798	29.5	28.7, 30.3	2,065	29.2	27.8, 30.5	46,237	29.1	28.7, 29.4	11,389	29.4	27.7, 29.1
30-34	7,252	30.7	29.9, 31.5	2,213	29.5	28.2, 30.9	46,674	29.7	29.3, 30.0	12,047	29.9	29.2, 30.6
35 or older	4,536	18.6	18.0, 19.3	1,527	20.1	18.9, 21.3	29,590	18.6	18.3, 18.9	8,033	19.3	18.7, 19.9
Insurance at time of the survey												
Private	12,792	55.4	54.5, 56.2	3,769	51.1	49.7, 52.6	72,885	50.0	49.6, 50.3	17,488	46.7	46.0, 47.5
Medicaid / CHIP	6,127	25.9	25.1, 26.7	2,369	34.0	32.7, 35.4	53,231	31.0	30.7, 31.4	16,295	38.5	37.7, 39.2
Other	1,576	7.8	7.4, 8.3	505	7.3	6.5, 8.2	15,387	8.5	8.3, 8.8	3,542	7.2	6.8, 7.6
No insurance	2,516	10.9	10.4, 11.5	476	7.5	6.7, 8.4	2,292	10.5	10.2, 10.7	2,619	7.6	7.2, 8.1

Notes: The full sample includes responses from 45 states, DC, and New York City. Ns are unweighted; percentages are weighted. 7-state sample includes AZ, IA, IL, MD, UT, VA, WI. CHIP = Children’s Health Insurance Program; NH = non-Hispanic. Source: Pregnancy Risk Assessment Monitoring System (PRAMS) January 2016- December 2020.

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**Appendix 2. Postpartum Visit Attendance Among Respondents in the Seven-State and Full Samples Before and During Coronavirus Disease 2019 (COVID-19)**

	7-state sample				Full sample						
	Before COVID-19		During COVID-19		Before COVID-19		During COVID-19		Difference		
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	pp	95% CI	p value
Overall (N = 31,019)	90.5	89.9, 91.0	87.7	86.6, 88.7	89.6	89.4, 89.8	83.8	83.3, 84.4	-5.8	-5.2, -6.4	<0.001
Maternal race / ethnicity											
Asian NH	90.8	88.4, 92.7	91.2	87.0, 94.1	90.0	89.0, 90.9	85.9	83.9, 87.6	-4.1	-2.1, -6.2	<0.001
Black NH	85.0	83.3, 86.5	83.4	80.0, 86.3	86.0	85.3, 86.6	76.1	74.5, 77.7	-9.9	-8.1, -11.6	<0.001
Hispanic	85.0	83.4, 86.4	80.7	77.8, 82.2	84.8	84.1, 85.5	77.2	76.1, 79.2	-7.1	-5.3, -8.8	<0.001
White NH	93.4	92.8, 94.0	91.6	90.4, 92.7	92.2	91.9, 92.5	88.3	87.6, 88.9	-4.0	-3.2, -4.7	<0.001
Other / Mixed Race NH	87.3	83.8, 90.2	84.5	78.1, 89.3	84.8	83.6, 86.1	81.0	78.4, 83.3	-3.9	-1.1, -6.6	0.006
Maternal age (years)											
Under 19	80.8	77.0, 84.1	77.4	69.5, 83.7	82.5	81.0, 84	72.6	69.1, 75.9	-9.9	-6.2, -13.5	<0.001
20-24	86.2	84.7, 87.6	82.2	79.0, 85.1	85.7	85.1, 86.4	78.2	76.6, 79.7	-7.5	-5.9, -9.2	<0.001
25-29	90.5	89.5, 91.4	88.2	86.3, 89.9	89.5	89.1, 89.9	82.8	81.6, 83.9	-6.7	-5.5, -7.9	<0.001
30-34	92.8	91.9, 93.5	90.4	88.6, 91.9	92.0	91.6, 92.4	87.8	86.9, 88.7	-4.2	-3.2, -5.2	<0.001
35 or older	92.5	91.4, 93.4	89.7	87.4, 91.6	91.4	90.9, 91.9	87.0	85.8, 88.1	-4.4	-3.2, -5.7	<0.001
Insurance at the time of the survey											
Private	95.4	94.9, 95.9	93.6	92.5, 94.6	95.1	94.8, 95.3	91.5	90.9, 92.1	-3.6	-2.9, -4.2	<0.001
Medicaid / CHIP	86.0	84.8, 87.2	83.0	80.9, 84.9	84.8	84.3, 85.3	78.3	77.3, 79.3	-6.4	-5.3, -7.6	<0.001
Other	87.4	85.0, 89.4	85.6	80.7, 89.4	87.1	86.1, 87.9	81.6	79.4, 83.7	-5.4	-3.1, -7.7	<0.001
No insurance	79.1	76.8, 81.2	73.1	67.3, 78.1	80.7	79.7, 81.7	69.3	66.3, 71.2	-11.4	-8.3, -14.5	<0.001

Notes: The full sample includes responses from 45 states, DC, and New York City. Percentages are weighted. Abbreviations: CHIP = Children’s Health Insurance Program; NH = non-Hispanic, pp = percentage point difference. Source: Pregnancy Risk Assessment Monitoring System (PRAMS) January 2016-December 2020.

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**Appendix 3. Percentage Point Differences in Declines in Postpartum Visit Attendance After Coronavirus Disease 2019 (COVID-19) Between Subgroups in the Full Sample**

Main group	Reference group	pp	95% CI	p value
Black NH	White NH	-5.9	-7.8, -4.0	<0.001
Hispanic	White NH	-3.1	-5.0, -1.2	0.001
Asian NH	White NH	-0.2	-2.4, 2.0	0.874
Other / Mixed Race NH	White NH	0.1	-2.8, 3.0	0.955
Under 19	30-34	-5.7	-9.5, -1.8	0.004
20-24	30-34	-3.3	-5.3, -1.4	0.001
25-29	30-34	-2.5	-4.1, -1.0	0.002
35 or older	30-34	-0.2	-1.4, 1.8	0.787
No insurance	Private	-7.6	-10.7, -4.4	<0.001
Medicaid	Private	-2.6	-3.9, -1.2	<0.001

Notes: The full sample includes responses from 45 states, DC, and New York City. Abbreviations: NH = non-Hispanic, pp = percentage point difference. Source: Pregnancy Risk Assessment Monitoring System (PRAMS) January 2016- December 2020.

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**Appendix 4. Reasons for Not Attending a Routine Postpartum Visit Among Respondents in the Seven-State Sample Before and During Coronavirus Disease 2019 (COVID-19)**

	Before COVID-19 (N = 2,290)					During COVID-19 (N = )					Difference pre to post COVID		
	Categorica l responses		95% CI		95% CI	Categorica l responses		95% CI		95% CI	95% CI		p value
	n	%		%		n	%		%		%	CI	
Too busy	66	29.7	26.9	29.7	26.9	20	20.8	17.1	20.8	17.1	20.8	-9.1	<0.001
Felt fine	58	25.1	27.9	27.1	29.9	18	23.8	22.6	22.0	18.9	27.5	-4.1	0.110
No insurance	22	10.8	8.9	11.3	9.4	8	8.0	10.9	7.2	10.9	10.9	-4.1	0.026
Work	14	5.9	4.6	6.1	7.8	45	7.2	4.5	2.6	4.5	4.5	-3.4	0.001
No appointment when wanted	5	5.9	33.5	6.1	7.8	26	2.6	3.7	2.6	3.7	3.7	-2.0	
No transportation	92	4.7	6.4	4.9	6.5	47	5.7	8.6	5.6	8.6	8.6	0.8	0.581
Other	16	5.8	4.6	5.8	7.2	1	1.6	4.9	2.9	4.9	4.9	-2.8	0.005
	41	18.9	20.5	--	--	34	37.4	42.5	--	--	22.5	22.8	<0.001
COVID-19				1.8,	4.0				26.4	30.7			
No childcare				2.7	3.2				2.1	3.7			
Missed appointment or forgot				2.0	1.0,				1.9	4.5			
Didn't know about the visit				1.5	0.8,				2.3	3.9			
Other				1.3	0.7,				3.8	7.2			
<i>Scheduled visit or did attend</i>				1.2	2.2,				1.5	3.3			
				4.3	5.7								

Notes: N's are unweighted. Percentages are weighted. Sample includes seven states (AZ, IA, IL, MD, UT, VA, WI) that asked Standard Question J1: "Did any of these things keep you from having a postpartum check." In the recoded results, categories with less than 1% of responses were combined into other; these include no provider available, other health issues, sick newborn, too expensive, lack of trust in provider, and no response.

Source: Pregnancy Risk Assessment Monitoring System (PRAMS) January 2016- December 2020. N = 901 respondents who reported that they did not attend a postpartum visit

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## Appendix 5. Open Text Response Codebook

Number of entries	Code name	When to use	When not to use	Example quotations from the surveys
220	COVID	Appointment was cancelled, changed, or difficult to attend due to the COVID-19 pandemic	When respondent expresses fear of attending a postpartum visit without specifying pandemic-related concerns	Because of COVID19 they cancelled visits unless there were problems  COVID - we stayed home as much as possible  COVID made it hard to get an appointment
126	Didn't know	Did not know about the postpartum visit, doctor did not schedule a postpartum visit, or did not know how to find a postpartum provider after physician left practice, move, or insurance changes		My clinic/doctor have never told me to schedule one  First time mom - didn't know I needed one  Nurse called me and went over things. Said doctor would call but I never got a call
81	Childcare	Could not find childcare or did not want to leave newborn	When baby is in the hospital or sick	I do not have anyone to watch my kids while I have an appt  I just have a lot of children and my husband works out of state
67	Conflicts	Had conflicting life priorities or challenges. Include temporary challenges such as transportation issues or work conflicts and long-term challenges such as incarceration	When respondent did not attend a visit because they moved out of state or didn't feel like attending	Family death the day of appt  I had car problems the day of my check-up  I was in jail
47	Didn't need	Did not feel that a postpartum visit was needed or valuable or didn't feel like attending	When respondent received postpartum care at another type of medical visit	Didn't think I needed one  I have been fine and healthy ever since the birth  I work there I am a nurse and work there. I figured if something wrong I would go in
44	Missed	Missed or forgot about the appointment. This may be double-coded with "scheduled" if the visit had already been rescheduled	When respondent didn't feel like attending their scheduled appointment	I actually had planned to but I got my days messed up and missed it  I forgot and didn't reschedule another one

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42	Cost	Insurance or financial barrier to attendance		I owe over \$5000 still and didn't want another bill  My midwife doesn't take my insurance so I couldn't afford it & didn't know how to go to someone else
32	Scheduled	Postpartum visit was scheduled at the time of the PRAMS survey response or respondent has immediate plans to schedule a visit	When respondent said they missed an appointment without plans to reschedule it	APPT hasn't come up yet (already scheduled)  I have an appointment the 26th.
29	Lack of trust	Discomfort with provider, lack of trust in provider, or fear that accessibility services will not be available	When respondent said that felt afraid or uncomfortable without specifying that it was related to their provider or clinic	I had a bad experience during my delivery and didn't want to see those doctors again  The way I was treated. I was treated really bad by St. Joseph's. I didn't return back to get checkup  No traduction (translation)
28	Sick baby	Baby is in the NICU, sick, or deceased		Baby was in hospital  I am not ready to go back to the hospital since my baby has passed away
25	Other health issues	Had health issues following pregnancy that took precedence over postpartum visit attendance, including pregnancy and non-pregnancy related medical concerns	When the health issue is postpartum depression (use "Conflicts" instead)	Diagnosed with Ulcerative Colitis. Had to reschedule  I just had a big surgery so I couldn't get there
25	Other postpartum visit	Attended a different health visit during the postpartum period in the place of traditional postpartum care		I had several follow-up app after birth for other postpartum issues at OB/GYN  I was gonna have my postpartum appointment, but the doctor said she was gonna do the IUD at the hospital  Got checked by family Dr, instead of going to a specific OB/GYN
23	Virtual visit	Attended a virtual postpartum visit		Coronavirus - I had phone call check  Covid19 but I did a telehealth appointment

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20	Moved	Moved to a different city or state	When respondent lives far from the clinic but doesn't reference a move	I moved states. Medicaid didn't transfer Moved to a different state
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## Description of Themes from Open-Text Responses

### *COVID-19*

COVID-19 was the most prevalent theme within the open-text responses (N = 220). The COVID-19 pandemic resulted in the cancelation of many postpartum office visits, particularly between the months of March and June 2020. Even when visits were allowed, respondents wrote that securing childcare was challenging. Some respondents noted that taking public transportation to a clinic carried too high a risk of exposure, and taxi or uber services were less available compared to before the pandemic.

### *Childcare and conflicting life priorities*

Many respondents explained that the postpartum period is a hectic time, and conflicting life priorities prevented them from attending a visit (N = 67). The conflicts mentioned included caring for newborns, returning to work, death in the family, being in jail, car trouble, and dealing with non-pregnancy-related health issues. In particular, caring for a sick newborn was mentioned by 28 respondents as the reason they did not attend a postpartum visit. When appointments were missed due to conflicts or forgetfulness, many respondents wrote that there was no follow up on the part of hospitals or clinics to reschedule.

### *Insufficient information*

Multiple respondents wrote that they were first time mothers, and their doctor never mentioned the postpartum visit or explained why they should attend (N = 126). Other respondents knew about the visit but noted that their doctor did not call to schedule it. Several women mentioned that they did not know how to find a postpartum care provider after they moved to a new city or state, experienced changes in insurance that precluded them from seeing the provider who performed their delivery, or their doctor left their practice.

### *Administrative and Insurance Hurdles*

Respondents described several administrative and insurance-related challenges that kept them from seeking or attending postpartum care. A number of respondents lost pregnancy Medicaid coverage at 60 days postpartum before they were able to attend the postpartum visit. Others were denied postpartum care due to outstanding bills for prenatal care or delivery. For those who moved or had poor experiences with their delivery providers, finding a new provider who accepted their insurance was difficult.

### *Negative experiences*

Bad experiences during birth dissuaded some respondents from attending the postpartum care visit (N = 29). While respondents did not have space within open-text fields to describe

Bellerose M, Steenland M. Association between the coronavirus disease 2019 (COVID-19) pandemic and national disparities in postpartum visit attendance. *Obstet Gynecol* 2023;141.

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these experiences in depth, poor treatment, discrimination, and lack of language translation services were mentioned.

## Appendix Sources

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