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"Physician Trust among Disadvantaged Birthing Persons"

Background: In perinatal healthcare settings, adequate physician trust is critical for patients' willingness to share sensitive information and to adhere to medical treatment. Understanding factors that influence physician trust levels among pregnant individuals can help healthcare teams improve efforts to strengthen patient-provider relationships and improve overall maternal health outcomes. Therefore, the purpose of this study was to characterize physician trust levels of pregnant individuals in a high volume, high acuity, low resource academic practice serving majority disadvantaged individuals. Our study aimed to examine longitudinal changes in trust between the third trimester to postpartum period and to evaluate the association of change in trust scores with adverse birth experiences in disadvantaged birthing persons.

Methods: Obstetric patients who were in their third trimester (>27 weeks gestation), ≥16 years of age, Medicaid-enrolled, and accessing care within the Louisiana State University OB/GYN clinic at Woman's Hospital, Baton Rouge, LA were recruited. Participants were surveyed by Woman's Hospital's research team after physician encounters for prenatal and postpartum visits between July 2021 and July 2023. Participants completed the validated 10-item Wake Forest Physician Trust Scale (WFPTS), which is answered on a five-point Likert Scale and has scores ranging from 10-50 (higher scores indicating higher physician trust), after their third trimester and postpartum visits. Additional medical and sociodemographic information was obtained by patient response and confirmed with electronic medical records. A medical record abstraction was also performed to determine the occurrence of adverse perinatal outcomes (transfusion, hospital readmission, non-live birth, PPROM, and pre-term birth). Participant responses to the WFPTS were scored. Categorical covariates were reported using counts and percentages, and trust scores and continuous covariates were reported using means and standard deviations. T-tests were used for trust scores when comparing within various groups of interest (higher/lower income, higher/lower age, Black vs. non-Black race, and higher/lower education).

Results: Of the 45 participants, 69% were Black, 64% reported earning <$25,000/year, and 85% had an education of a high school degree or less. Participants reported similar moderately high levels of physician trust after their third trimester prenatal visit (Mean ± SD: 42 ± 6.1) and after their postpartum visit (Mean ± SD: 41 ± 8.0) (p=0.213). No trends were observed between changes in trust scores and sociodemographic factors. Third trimester trust scores were slightly lower for those who experienced an adverse perinatal outcome (Mean ± SD: 39 ± 8.6), however the difference was not significant (p=0.231). Among those with decreased trust (decrease change greater than one standard deviation; n=8), participants tended to be of Black race, have higher education, and have lower annual income, compared to those without marked change.

Conclusion: Similar moderately high levels of physician trust were reported across third trimester and postpartum visits. Further examination of changes in physician trust among disadvantaged birthing persons with adverse birth outcomes is warranted using a larger sample.