BEST PRACTICES IN ADDRESSING SOCIAL NEEDS IN CLINICAL PRACTICE FOR MATERNAL HEALTH
Maternal Health Learning & Innovation Center

A national resource center to accelerate evidence-informed interventions advancing equitable maternal health outcomes through engagement, innovation, and policy.
Today’s Speakers

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Thanks for joining!

- Recording & slides will be available at maternalhealthlearning.org and emailed to all registrants.

- All participants are muted.

- Ask questions and share your thoughts using the Zoom chat or Q&A feature.

- Please complete evaluation survey at end of webinar.
Best practices in addressing social needs for maternal health

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June 5, 2023
Objectives

**Define** social/ structural determinants (SDoH) of maternal health.

**Describe** research findings on best practices for SDoH screening and referral.

**List** strategies for strengthening healthcare systems.
Why – infant health outcomes

Infant Mortality Rates by Race and Ethnicity, 2019

Birth defects, preterm birth, low birth weight, sudden infant death syndrome, injuries

Division of Reproductive Health 2022
Maternal mortality is:
• High
• Increasing
• Disproportionate

Deaths per 100,000 live births

- Non-Hispanic white: 14.9, 17.9, 19.1
- Non-Hispanic Black: 37.3, 44.0, 55.3
- Hispanic: 11.8, 12.6, 18.2

Hoyert 2022
Maternal mortality is:

84% Preventable

Trost et al. 2022
Prevent pregnancy complications and improve maternal health before, during, and after pregnancy

Centers for Disease Control and Prevention Healthy People 2030
Health equity framework

Kramer et al. 2019
Structural determinants of health inequities

• Manifest from a hierarchy of human value.

• Upstream solutions are critical for families to thrive.

Crear-Perry 2020
Crear-Perry et al. 2021
Reproductive rights + social justice

- The right to *have* a child
- The right to *not have* a child
- The right to *parent* children in safe and healthy environments

Ross and Solinger 2017
Pre-pregnancy

Adopt healthy habits before pregnancy
- Complete annual physical exam
- Maintain a healthy body mass index
- Guard against risk factors associated with type 2 diabetes, hypertension, and cardiac disease
- Remain up to date with vaccinations
- Supplementation with folic acid

Family planning and contraception access

Address access
- Economic stability and education
- Housing stability, with neighborhood and interpersonal safety
- Healthcare and community services
Screening questions

Examples

• Do you have any problems that prevent you from keeping your health care appointments?
• How many times have you moved in the past 12 months?
• Do you feel unsafe where you live?
• Do you or any members of your household go to bed hungry?
• In the past two months, have you used any form of tobacco? In the past two months, have you used drugs or alcohol (beer, wine or mixed drinks)?
• In the past year, has anyone hit you or tried to hurt you?
• How do you rate your current stress level—low or high?
During pregnancy

Obtain appropriate care at the required intervals during pregnancy

Prenatal visits should be individualized

• Every 4 weeks through 28 weeks of gestation
• Every 2 weeks until 36 weeks of gestation
• Weekly visits until delivery

Increased support for those with:

• Obesity
• Chronic conditions
• Younger or older reproductive ages
• People adversely impacted by SDoH
• Populations who have historically been marginalized

AAP & ACOG
Guidelines for Perinatal Care 8th Ed
It’s been made **jarringly obvious** that postpartum care for the mother isn’t a priority. 
PostnatalSafety.com

The quality of postpartum care is typically assessed by the presence of a single visit and some form of contraception, and even these measures are not reported universally. This is **insufficient**. 
Iterrante et al. 2022
Toward respectful, equitable, and supportive postpartum care

Tully and Stuebe 2022

The National Association to Advance Black Birth
thenaabb.org/black-birthing-bill-of-rights
“Sadly, I was only given information because I knew what questions to initiate myself.”

“When I had my babies, no one had answers for me. I felt very alone.”

“I searched for help, but got no answers.”

Tully et al. 2017
Tully and Stuebe 2022
From dysfunctional systems...

In the US, most social support services are provided through means-tested programs that are funded and operated through a wide array of programs separate from those funding and providing health care.

This results in a **fragmented, uncoordinated system** in which not everyone who qualifies for services is referred for them and not everyone who needs a service qualifies to receive it.

Even those who are eligible for services report feeling **confused and overwhelmed** by the processes required to access these services and thus unable to fully benefit from what is offered to them.
...to leading with resources

- Offer information proactively, to all
- Organize resources and offer them through multiple modalities
- Be transparent, through framing and with data governance
- Build relationship

  Ask open ended questions  “What matters most to you?”
  Be strength-based    “What’s going well?”
  Center the individual “We are here to care for you.”

- Be aware of service access experiences, such as wait lists
- Normalize service utilization
- Integrate with other health care screening and support
- Leverage the point of care
The speed of trust

Human-Centered Design

Umstead et al. 2023
How are you?

I'm worried. I'm burnt out. All the time.

It's fine.

Please complete this form.
Social needs

Screening opportunities and challenges

Davidson et al. 2020
Social needs

Screening opportunities and challenges

How might this information be used against me or my family?

Tully et al. 2022

- Surveillance
- “Family policing”
- Benevolent terror

Roberts 2022
Needs for quality care

Birthing parents

Need to know how their SDoH screening responses might be used, both against them or to help them. They need to feel confident about their care, acknowledged, and respected.

Desired experiences include compassion, language concordance, and non-discrimination.

Health care team

Need to know SDoH resources to address and that patient information is getting to the appropriate person for response. They need to feel aware of quality resources, trusted by patients, and comfortable communicating accurately.

Desired more support, with clinical leadership and managers coordinating SDoH resources. Sought training to practice respectful care.
I think it would be nice to sort of introduce with that, like, "Well, we have this program available for this sort of thing. Like, would you be interested?"

So then they can decide, "Oh, they have something to offer that might help me," instead of being like, "Do you have issues?" and then people are like, "Well, why are you asking me?"

'cause they'll be hesitant, like, "Where's this going?" Whereas I think for like myself, I like to have all the information to decide whether I wanna answer a certain question.
Would there be any type of emergent protocol put in place?

I come in, I'm 3 months pregnant, you give me this checklist...We're in the middle of the heart of winter and I tell you I'm sleeping in the back of my car, 1 of my windows are broken, and I have 2 toddlers in addition to myself in the car. **What's done?** Do you call social services right then and there? Do you try to get emergency help in? Is that your place? You see what I'm saying?

**That needs to be something that you guys think about** because then if the physician is like, "Oh wow, sorry to hear that. Maybe you should call such and such," then me as a patient would be like, "I am never coming back to you." I'd be like, "Are you crazy?"
Readiness Assessment

Dr. Amelia Gibson

Tully et al. 2022
Why are you asking such personal questions?
These questions are not intended to pry or judge. Their purpose is to learn more about strengths you may have so that your care plan can build on them, as well as to learn about any challenges that you may be dealing with.

Please tell your nurse, provider or other person on your care team if you would like to learn about resources. You do not need to have a problem or concern to get this information.

Can this information be used against me?
For your health and safety, we must report any neglect or abuse. Your well-being is our priority.

Do I need to answer these questions?
No, you can choose not to respond to a screening question. You can also choose not to talk to your care team about some of your needs.
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No, you can choose not to respond to a screening question. You can also choose not to talk to your care team about some of your needs.
We believe everyone should have the opportunity for health. Some things like not having enough food or reliable transportation or a safe place to live can make it hard to be healthy.

Please answer the following questions to help us better understand you and your current situation. We may not be able to find resources for all your needs, but we will try to help as much as we can.
I think really what my health care providers should really ask their patients, **really, what is bothering you the most?**

When it's bothering you, **how do you cope with it?** How are you dealing with it? Cause a lot of people don't ask...

...if you can figure out how it's affecting them mentally, then you can figure out how to treat them because you've got people that are in pain 24/7 and mentally they're depressed and they're not even coming out the house. The only time they're coming out the house is to see their physician, and then they tell their physician, "I'm in pain and this is what's going on," and then the physician changes the medicine or ups the dosage. But they never asked, "Mentally how are you doing? Are you still going out? Are you still socializing or are you in the house all day? Are you underneath the covers?"

When you're in that much pain...
Implement universal screening and lead with resources (not leaving patients to make referral connections themselves)

Co-design comprehensible, relevant materials

Ensure access to hygiene supplies
Strategies

Quality, holistic care
• Build a relationship
• Ensure appropriate access, screening, treatment, and resources
• Provide patient education and referrals to address SDoH
• Connect with community
• Clinic referrals/connections by staff while patients are present

Resources
• PASOs scpasos.org
• Nurse-Family Partnership nursefamilypartnership.org
• Family Connects International familyconnects.org
• Neighborhood Navigator navigator.aafp.org
• NewMomHealth.com/ SaludMadre.com
We expect people to navigate their reproductive lives through affordances of **privilege**, instead of structuring care for accessibility and meaningful support.

Our values show.

Tully and Stuebe 2022


