Building on clinical strengths to mitigate harmful SDoH for maternal health

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June 13, 2023
Maternal Health Learning & Innovation Center

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

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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.

- Please complete evaluation survey.
Building on clinical strengths to mitigate harmful SDoH for maternal health

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Social determinants of health

**Definition**: The conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.

WHO 2010

**Potential impact**: Addressing these issues within the context of maternity care offers us the opportunity to improve the health of two generations and may strengthen health care systems for all patient populations.

Tully et al. 2022
Recap: 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

Have I shared all the resources I can share without screening?

Tully et al. 2022
Does your clinic screen for SDoH in maternity care?

Menti.com
Does your clinic provide resources for SDoH in maternity care?

Menti.com
Toward a “full stream” support

Adapted from Castrucci and Auerbach by Whitman et al. 2022
Impact

Safe and Stable Housing
– Supportive housing => inpatient, emergency department (ED), and long-term care utilization

Nutrition and Food Access
– Older Americans Act => food insecurity, anxiety, hospitalizations, falls

Transportation
– Non-emergency med. transportation => preventive and outpatient care, expensive care

Whitman et al. 2022
Objectives

**Identify** examples of institutional and practice strengths for mitigating harmful SDoH for maternal health.

**Assess** feasibility and potential impact of recommendations.

**Organize** plans for implementing more universal, strength-based, and timely provision of resources.
Neighborhood navigator

Navigator.aafp.org
Components of positive clinical relationships?

Menti.com
Do patients-families experience those of components of relationships in maternity care?

Menti.com
[De-identified imagine from inpatient filming removed for confidentiality. Birthing parent was awake in bed with their baby, while a companion and health care team members stood around them].
From self-advocacy

But it’s just like, whenever you’re in the ocean, like if you’ve ever been caught in a rip current, and then you get a wave, and then you get a wave.

That’s how people drown.

Tully and Stuebe 2022

Waves

[De-identified images from inpatient filming removed for confidentiality. Birthing parent was awake with their baby and companion, with various interactions with health care team members].

[Interrupting]

I just really want to eat

I should only have to say it once

I just don’t feel heard

I’m just now finding out about this

Witness the scene
De-identified imagine from inpatient filming removed for confidentiality. Birthing parent was awake in bed expressing milk, with a companion seated nearby in the room. A health care team member spoke English and touched the birthing parent to conduct a breast exam without verbal consent.
Trauma-informed care

Potentially traumatic perinatal events and toxic stressors that may impact the patient experience

- Labor complications
- Emergent cesarean
- Operative vaginal delivery
- Obstetric interventions
- Perceived lack or loss of control/sense of autonomy
- Experiences of discrimination or disrespectful treatment
- Stressful psychosocial factors
- Neonatal complications
- NICU admission
- Perinatal loss

Examples of Universal Trauma Precautions

**Verbal precautions**
- Invite patients to introduce themselves and support people with the names they would like to be called
- Explain every part of the visit
- Elicit patients’ priorities early in the visit
- Ask permission before touching
- Offer modifications (i.e., self-placement of speculum)
- Invite questions and give complete responses

**Non-verbal/ behavioral precautions**
- Make eye contact
- Sit at eye level
- Use drapes to maintain privacy
- Stop touching if visible distress

White et al. 2022
Multi-level interventions

RETROFIT
Tailored care

REFORM
Holistic care

REIMAGINE
Transform the system

Given the constraints of social structures and health care systems, how might we intervene now to support birthing people as they navigate getting pregnant, being pregnant, and becoming parents?

How might we implement improved clinical systems of care for people to achieve equitable, person-focused care so that birthing people are safe and well?

How might we go upstream and address the structural drivers of maternal health outcomes and the eliminate the hierarchy of human value that perpetuates maternal health inequities?
Resources – 211.org

What are you looking for today?

- helping another person
- Mental Health
- New to the U.S.?
- Your Local 211
Example language from North Carolina

Medicaid for Pregnant Women (or Pregnancy Medicaid) is a Medicaid program for pregnant women who do not have medical insurance or are underinsured. The program helps pregnant women get prenatal (before childbirth) and postpartum (after childbirth care).

A pregnant woman may apply for this program before or after she has her baby. A woman who has had a recent pregnancy loss may also be eligible. The coverage for the mother continues for 12 months after childbirth.

Individuals who are eligible will receive all Medicaid covered services.

ncgov.servicenowservices.com/sp_beneficiary?id=bnf_eligibility
Resources – National Maternal Mental Health

1-833-TLC-MAMA | 1-833-852-6262

The Hotline is free, confidential, and available 24/7 to help new parents and loved ones. You can text or call the number.

Remind parents that, "You'll never know when you might need to call.”

mchb.hrsa.gov/national-maternal-mental-health-hotline
postpartum.net
This is what diaper need feels like.

* Help us change it.

**Assistance impact:** Families reported positive changes in parental mood; improved child health and happiness; increased opportunities for childcare, work, and school attendance; and the ability to divert household finances toward other basic needs, including utilities and medical care.
Resources – NewMomHealth.com/ SaludMadre.com
Taking care of you

Feelings
- Trust your instincts and also get information and support. Caring for yourself is important.
- You matter and deserve to heal. Allow others to help and show them care.

Staying safe
- You should feel safe, physically and emotionally. Your relationship should be a partnership. If you do not feel safe, please speak up or seek support you trustander know anonymous support is available.
- Avoid driving when you are very tired or have difficulty focusing on the road.

Recovery
- Following birth, applying ice packs to bottoms can help with pain and reduce swelling. After a day or so, warm compresses, soaking the vulva/perineal/buttocks in warm (not hot) water can feel good.
- Consider using a perineal bottle after using the toilet.
- Weeding after birth, often called ‘leakage’, is normal. Quarter-sized blood spots are common in the first few days.
- A number of nerves are cut during a cesarean section. It can take months for the incision area to feel normal.

Body changes
- Some people have various veins, stretch marks, extra skin, different hair texture after giving birth. It can be hard to see your body changes, but they are a badge of honor.
- Incontinence is a common condition in which pee or poop is leaked involuntarily. Treatment is available and effective for pelvic floor problems.

Sex
- A lower sex drive after childbirth is common. Talk with your partner. If you are interested in having sex, consider using a lubricant.
- You are physically able to get pregnant as early as a few weeks. This is especially true if not exclusively breastfeeding.
- Talk to your provider about recovery,新时期性, and your birth control options.

Breast/chest
- Breast fullness and engorgement (when your breasts fill with milk and are firm to the touch) usually occur around 3 to 5 days after delivery. Ice packie and gentle massage can help.
- Laking in pain is normal, and experiencing stress can also increase our anxiety to physical pain and contribute to breastfeeding difficulties. Get support right away.

Learn More: NewMomHealth.com - Self-Care

NewMomHealth.com/For-Providers-Articles-Postpartum-Toolkit
Postpartum Discharge Transition Change Package

Utilize perinatal navigators, case managers, social workers, and postpartum home visiting programs where available to liaise with community resources and to ensure referral loops get closed.

Connect postpartum patients with virtual supports such as peer connection groups and texting programs to offer additional postpartum health information and social support.

Partner with pediatric providers to proactively address and screen for postpartum risk factors during pediatric visits. Create mechanisms for pediatricians to refer back to OB, midwife, or PCP as appropriate.

Provide resources such as handouts and wall signage about postpartum warning signs in pediatric offices.

Family Connects International with examples from New Jersey and Illinois

Nurse Family Partnership

Using a Patient Navigator to Improve Postpartum Care in an Urban Women’s Health Clinic

Bridging the postpartum gap: Best practices for training of obstetric patient navigators

Universal Early Home Visiting: A Strategy for Reaching All Postpartum Women

JustBirth Space

Text4Baby

American Academy of Pediatrics (APP): Integrating Postpartum Depression Screening in Your Practice in 4 Steps

CDC Urgent Maternal Warning Signs

AWHONN Post-Birth Warning Signs Education Program: Save

SaferBirth.org
Immediate answers to any questions you might have about pregnancy, postpartum, and everything in between, as well as emotional support and resource guidance.

1:1 phone or video support with one of our JustBirth Space Connectors for in-depth prenatal and postpartum care. Text to set up a WeConnect session today.

Weekly prenatal, postpartum, and parenting/perinatal mental health support groups. Join a class or a peer support group to learn and build community. Find a schedule of upcoming sessions and register at our Support Groups and Classes page, or text us to sign up.
Racial and ethnic inequities in postpartum pain evaluation and management

Johnson et al. 2019, 2022

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### Postpartum Pain

**Healing in the days after childbirth**

### What can I expect?

Pain or discomfort is normal after childbirth. Your body needs time to recover.

### How can my healthcare team help?

So that we can support your healing, you will be asked to rate your level of pain on a scale of 0 to 10 and we will assess your needs.

You and your team can discuss where you are feeling discomfort, pain, tension, unease, or stress and what it feels like (such as sharp, burning, soreness).

We want you to feel comfortable. The goal isn’t only to minimize pain after childbirth, it is to take steps to feel well.

<table>
<thead>
<tr>
<th>What’s your pain level?</th>
<th>What might help?</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-3 mild</td>
<td>Position changes, pillows for support, help with moving and getting things heating pad, ice pack.</td>
</tr>
<tr>
<td>4-7 moderate</td>
<td>Peri bottle with water over your bottom acetaminophen or ibuprofen, perineal spray (reduce discomfort), sitz bath (soothes your bottom)</td>
</tr>
<tr>
<td>8-10 severe</td>
<td>Opioid medication</td>
</tr>
</tbody>
</table>

### How might I cope during this time?

Here are some more options for managing your pain:

- **Accept Support**: Allow others to help with moving and accessing things like food and baby.
- **Rest**: Close your eyes and rest, even if you don’t fall asleep. Rest allows your body to heal.
- **Medication**: Most pain relievers, narcotics, and stool softeners are safe with breastfeeding.
- **Mindfulness**: Take a moment to pay attention to your feelings, thoughts, and emotions and how your body feels.
- **Move your body**: Stretches and short walks can help improve how you feel.
- **Share your experiences**: Think about your labor, birth, and recovery and what may be coming up for you. Talking through your feelings is important. You deserve to be heard and to have access to resources.

**For more information on pain, recovery, and wellness, visit:**

newmomhealth.com
### Feasibility – what helps?

<table>
<thead>
<tr>
<th>Menti.com</th>
<th>Having a social worker on staff.</th>
<th>Time</th>
<th>Buy-in from leadership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adequate staffing on both the screening end and also the resource end.</td>
<td>Community health workers checking in</td>
<td>Patient navigators</td>
<td></td>
</tr>
<tr>
<td>Adequate staffing</td>
<td>Finding out from the patient what their individual SDoH care needs are.</td>
<td>Adequate Assessments</td>
<td></td>
</tr>
<tr>
<td>CHW</td>
<td>Having staff that are knowledgeable</td>
<td>known resources and training and time to practice providing resources</td>
<td></td>
</tr>
<tr>
<td>Follow up after resource information is sent/confirming best method to send/connect individual with resource</td>
<td>Working with public health</td>
<td>follow thru with clients</td>
<td></td>
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<tr>
<td>Education for Nursing Team</td>
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