Obstetrical Inequity in the time of COVID: Practical Considerations

Allison Bryant, MD MPH
Vice Chair, Quality, Equity and Safety
Department of Ob/Gyn, Massachusetts General Hospital
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BLACK MATERNAL HEALTH WEEK
Maternal mortality: Inequities

Pregnancy-Related Deaths/100,000 Live Births, 2018 (17.4)

Hispanic White Black

Black: 37.1
White: 14.7
Hispanic: 11.8

NCHS, 2019
Contributors to health and health care inequities

Health system factors
- Health services organization, financing, delivery
- Health care organizational culture, QI

Structural factors
- Poverty/wealth
- Unemployment
- Stability of housing
- Food security
- Racism

Patient-level factors
- Beliefs and attitudes
- Race/ethnicity
- Education

Adapted from Kilbourne et al, AJPH 2006
Reminder: Why Racism Matters

Boston Public Health Commission

Society for Maternal-Fetal Medicine
The Risk Factor is Racism, not Race

"By only focusing on clinical and behavioral risk factors in individuals, we utilize a narrow purview that these risk factors experienced are due to actions of the individual rather than systemic and structural racism causing women to experience poor birth outcomes. In fact, it is the perception of Black families related to constructs such as poverty, education, housing instability, and race as a health risk factor that continues to validate the so called social determinants of health, rather than address the structural and institutional policies that have created them and therefore, the consequences of their impact."

Jessica M. Roach, LPN, BA, MPH; ROOTT
STRATEGIES TO OVERCOME RACISM’S IMPACT ON PREGNANCY OUTCOMES

TYPES OF RACISM
- Institutionalized: Differential access to the goods, services, and opportunities of society by race.
- Personally Mediated: Prejudice and discrimination, where prejudice means differential assumptions about the abilities, motives, and intentions of others according to their race, and discrimination means differential actions toward others according to their race.
- Internalized: Acceptance by members of the stigmatized race(s) of negative messages about their own abilities and intrinsic worth.

IMPACTS
- Health Care Providers are Less Likely to Respond to the Concerns of Black Women
- Black Women are Most Likely to Die
  - Between 2011-2015, Black women had the highest pregnancy-related mortality rates.
  - 42.8 per 100,000 live births
  - 32.5 per 100,000 live births
- Black Women Face Barriers to Accessing their Preferred Method of Contraception
  - Black women report experiences of race-based discrimination and restrictive counseling when seeking family planning services.
- Black Infants are More Likely to Be Born Early
- Black Infants are More Likely to Die Before Their First Birthday
  - The rate at which Black infants die within their first year of life is more than twice the rate of white infants.

REPRODUCTIVE JUSTICE
- The human right to maintain personal bodily autonomy, have children, not have children, and parent children in safe and sustainable communities as defined by SisterSong Women of Color Reproductive Justice Collective.

STRATEGIES
- Confront Your Own Racism and Act Against Personal Biases
  - A survey of maternal-fetal medicine subspecialists revealed 84% agree that disparities impact their practice, but only 29% believe personal biases affect how they care for patients.
- Offer Implicit Bias and Anti-Racism Training for Health Care Professionals
- Expand or Extend Medicaid
  - In states that expanded Medicaid between 2011-2016, Black-white disparities in key birth outcomes (preterm birth and low birth weight) significantly decreased.
- Increase Access to Quality, Comprehensive Reproductive Health Care
  - If Black women delivered at the same hospitals as white women, nearly 1,000 Black women each year could avoid severe morbidity events during their delivery hospitalizations.
- Commit to Diversifying the Health Care Workforce & Leadership
  - Relationships between patients and clinicians of the same racial or ethnic background are characterized by higher levels of trust and respect.

For more information, visit SMFM.org/equity.
Equity in the time of COVID: what is the problem?

Inequity in burden and consequences of disease

• Living and working circumstances of many of our patients make social distancing and in-home isolation challenging
• Many public health messages delivered primarily in English
• Access to testing not uniform by population
• The prevention mechanism – home confinement – increases risk for gender-based violence, particularly for those with fewer resources
• Co-morbid conditions (diabetes, asthma, obesity, hypertension) that are risk factors for severe COVID-19 illness are differentially distributed in U.S., due to long-standing inequities in access and quality of care, structural racism

• In OB/MFM, these concerns overlay the maternal mortality/SMM crisis in the U.S., particularly for
Let me be clear.

Racism *not* race is the risk factor for the over-representation of Black #COVID19 cases and mortality in the US.

Structural racism thru practices and policies have left Black people and our communities the most vulnerable.

We are in a crisis within a crisis.

Thinking about the parallels between #HIV & #COVID19 and what is most similar is:

HIV = “epidemic of inequality”
(quoting Dr. @watkinshayes)

COVID19 = pandemic of inequality

Remembering that “epidemics track along the fissures of society” paraphrasing @DrMaryTBassett
MGH Department of OB/GYN Equity and Community Health COVID Task Force

Practical Considerations

#upfront    #intention
COVID-19 rate (unadjusted for age)

- Lower than rest of Boston
- Similar to rest of Boston
- Higher than rest of Boston

Boston
Rate = 18.1 cases per 10,000 residents
n = 1,233 cases

Rate = rate per 10,000 residents (unadjusted for age); n = number of COVID-19 cases confirmed by testing

DATA SOURCE: Boston Public Health Commission, Boston Surveillance System (Jan 3, 2020 to April 2, 2020, 1:00pm); U.S. Census Bureau, American Community Survey, 2018 5-yr estimates (2014-2018)
DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office
Chelsea, MA

COVID-19 Infection Rate per 10,000 pop. (as of 4/10/2020)

<table>
<thead>
<tr>
<th>Massachusetts</th>
<th>Chelsea</th>
</tr>
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<tbody>
<tr>
<td>33</td>
<td>96</td>
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Diversity of Chelsea

68% US Citizens

https://datausa.io
Poverty by Race/Ethnicity in Chelsea

https://datausa.io
Sources of work, Chelsea residents

Health Care & Social Assistance: 11.9%
Accommodation & Food Services: 14.6%
Retail Trade: 12.1%
Manufacturing: 9.7%
Construction: 8.26%
Wholesale Trade: 6.25%
Transportation & Warehousing: 5.13%
Real Estate & Rental & Leasing: 2.75%
Finance & Insurance: 2.52%
Other Services, Except Public Administration: 4.74%
Public Administration: 2.92%

https://datausa.io
What is to be done?

- Clinical care
- Community health and engagement
- Reproductive justice
- Bias and mistreatment
- Data and reporting
- Research
- Philanthropy
- Policy/advocacy
Clinical care: equity considerations

- Spacing of outpatient visits and replacing some visits with virtual communications may not work well for all populations
  - Medical needs, social needs and their intersection may need more frequent monitoring (e.g. DM + newly unstable housing)
  - Differential access to and uptake of electronic communication
    - Fewer patients of color enrolled in electronic messaging
    - Messaging largely in English
    - Ability to use medical interpreters for virtual visits; diminished quality of telehealth visits through interpreter
    - Access to adequate minutes/data for device
Clinical care: equity considerations

- Poor health literacy, fear of losing employment, mistrust of medical system and government may contribute to later presentations for respiratory symptoms
- When COVID testing resources are scarce, algorithms may “inadvertently” disproportionately decline to test underserved populations
- Discharge for COVID-related and obstetrical admissions may require complex planning and resource allocation at a time when teams and services are thin
Clinical care: potential equity solutions

• Ensure clinical and public health messaging available in multiple languages

• Work with institution to understand language capacity of providers/staff (survey, credentialinging)
  - Consider language-concordant telehealth visits
  - Consider augmenting inpatient teams with staff with diverse language ability

• Consider *up*staffing offices and services that provide care for vulnerable populations
Clinical care: potential equity solutions

- Consider trainee or medical student extenders for additional patient “touches”
- Donated BP cuffs to enable remote visits
- Review with community health teams best ways to reach women (e.g. sending text when possible)
- Connect with existing hospital-at-home/mobile provider resources for those women who may be particularly challenged by virtual platforms
- Redefine priority populations for COVID testing
Community health/engagement: equity considerations

- Those social determinants of health (SDoH) which are barriers to health and well-being are likely to arise or be exaggerated in this crisis.

- Women and families at risk for intimate partner violence or other mistreatment in setting of stay at home orders, understanding the compounding risks pregnancy and parenting a newborn can add...
Community health/engagement: potential equity solutions

• If not already screening for SDoH in OB practices, start; consider screening in first and third trimesters
  • Add specific queries about ability to practice social distancing, availability of cleaning supplies in the home, ability to participate in virtual visits

• Assess your social work, community resource specialist capacity

• Know your local food bank, housing resources
Community health/engagement: potential equity solutions

- Increase screening for IPV and at-home safety
- Know your referral resources, shelter possibilities
  - Ensure/advocate for new respite facilities coming on line to accommodate families/young children
- Leverage connections with media (e.g. Telemundo) and faith-based organizations to connect with communities
Reproductive justice: equity considerations

- During times of crisis, threats to reproductive justice may arise, particularly for low-income people and those of color

What is Reproductive Justice?

SisterSong defines Reproductive Justice as the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities.
Reproductive justice: potential equity solutions

• Review plans for reproductive life planning during antenatal care so that contraception, if desired, can be (non-coercively) arranged during inpatient stay or during virtual postpartum visits

• Ensure advocacy for women who desire sterilization or non-immediate postpartum LARC and will lack financial access once crisis is over

• Consider LARC removal as an essential service

• Continued advocacy for access to abortion care
Bias and mistreatment: equity considerations

- During times of crisis, clinician and system biases may be exaggerated, leading to further inappropriate differentials in care and resource allocation.
- Uptick in xenophobia and racism toward Asian-Americans, both in community and among providers.

Boston Globe, 9/13/19, reporting on The Giving Voices to Mothers Study (Vedam et al., 2019)
Bias and mistreatment: potential equity solutions

- Raise awareness, remind teams of potential for biases to interfere with their equitable and quality treatment
- If available, consider mechanisms for patients and bystanders to report experienced or witnessed instance of bias, microaggressions, racism etc.
Data reporting: equity considerations and potential solutions

• Inequities in COVID-related outcomes, as well as other OB-related safety signals (e.g. hemorrhage, readmission, severe hypertension), likely to be noted and exaggerated during this crisis

• Remain vigilant in collection of safety metrics by demographic subgroups; include COVID-specific outcomes, testing access
Research: equity considerations

• Critical to make sure experience (personal, biologic, therapeutic) of patients from diverse backgrounds is captured equitably in planned observational and intervention studies

• Certain communities may have had poor experiences with research in the past, leading to (oft-deserved) mistrust
Research: potential equity solutions

• Engage diverse, multi-lingual study recruitment staff
• Beware “studies” without IRB review
• Ensure adequate representation in study cohorts
• Design and conduct studies with community input and participation from inception
  • “not about us, without us”
Philanthropy: equity considerations and potential solutions

• Many efforts from the public to recognize health care workforce aimed at providers and nurses
  • Consider redirecting funds/food to workforce members who may be living on the margins

• Consider internal drives to support local communities in need
  • Community-based organizations
  • Donation of data plans or phone minutes
  • 3rd tri donations for new parents
Policy/advocacy

Make the time
Special thanks to:
MGH Department of Ob/Gyn Equity in COVID Work Group
MGH Equity and Community Health COVID Task Force
MGH Division of MFM
SMFM

abryant@partners.org