

Session

Providing Equitable, Quality, and Patient-Centered Perinatal Services to Women of Under-Represented Groups

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APHA's 2020 VIRTUAL Annual Meeting and Expo (Oct. 24 - 28)

Abstract

Pregnancy and disability: A cross-federal agency collaboration to collect population-based data using the pregnancy risk assessment monitoring system (PRAMS)

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Background: Reproductive-aged women with disability can achieve successful, healthy pregnancies; however, they may face challenges accessing prenatal and postpartum care, and some women with disability may be at increased risk for adverse maternal and infant outcomes.

Methods: The National Institutes of Health and the Centers for Disease Control and Prevention collaborated to add the Washington Group Short Set of Questions on Disability to CDC's Pregnancy Risk Assessment Monitoring System (PRAMS). PRAMS collects population-based and state-specific data from women with a recent live birth on their behaviors and experiences shortly before, during, and after pregnancy. We highlight PRAMS data on the prevalence of any disability and each disability type, overall and by state from 13 states that collected disability data in 2018 and had weighted data available at the time of analysis. We define disability as having 'a lot of difficulty', or 'cannot do at all' to questions addressing 6 functional domains (seeing, hearing, walking/climbing stairs, communicating, remembering/concentrating, and self-care).

Results: Overall, 6.6% of women with a recent live birth reported having a disability, ranging from 2.9% in Massachusetts to 11.8% in Louisiana. Difficulty remembering or concentrating was most commonly reported (3.4%), followed by difficulty seeing (2.2%). Difficulty with each of the other 4 functional domains was reported by less than 1% of respondents.

Conclusions: PRAMS data can be used to understand the perinatal experiences of pregnant and postpartum women living with disability and inform the development of programs, services, and initiatives of federal, state, and local agencies.

Diversity and culture Provision of health care to the public Public health or related education Public health or related public policy Public health or related research Social and behavioral sciences

Abstract

the quicker they could be done with me, the better": Women's perspectives on time, equity, and quality perinatal healthcare

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Background

Provider-patient mis-communication is identified by infant mortality (IM) review teams across the nation. Two-thirds of IM-reviews in Kalamazoo issued recommendations to strengthen communication. Women's perinatal care feedback is critical to create equitable, quality, patient-centered care and improve health outcomes.

Objective

The goal was to elicit perspectives from a diverse set of women regarding communication barriers they faced and advice for improving perinatal care.

Materials and Methods

Women were pre-recruited from the Mom's Health Experience Survey into the Community Voice (n=57). Panels to explore perinatal healthcare experiences. Focus group discussions were led using semi-structured interviews. Conversations were transcribed, reviewed, and consensus-coded for themes.

Results and Discussion

Dominant themes related to how care delivery systems structure provider-patient communication. Three structural elements emerged from focus group data: continuity of care, adequate information exchange, and visit time. Barriers identified included: mandated provider changes, rotating providers, lack of communication between providers, lack of time for relationship formation and exchange information with healthcare providers. Facilitators to high-quality patient communication and care included: continuity of care from pre-conception throughout the postpartum period, communication between the healthcare team, online portals, and relationships with healthcare providers.

Conclusion

Continuity of care, adequate information exchange, and sufficient time were three critical elements to patient-centered communication and quality of care. Healthcare organizations should consider allocating more time for perinatal office visits and strategies for making the most of the visit time available, prioritizing continuity within and across encounters, and streamlining information exchange.

Administration, management, leadership Assessment of individual and community needs for health education Implementation of health education strategies, interventions and programs Provision of health care to the public Public health or related laws, regulations, standards, or guidelines

Abstract

Prioritizing mental wellness in a group prenatal care model

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Background

Prenatal mood disturbances are associated with increased risk of preterm birth, low birth weight infants, and

postpartum depression, with women who are living in poverty and experiencing racism at greatest risk. Nearly 1 in 9 women overall experience post-partum depression, making maternal mental wellness a public health priority. Incorporating mental wellness into GPNC is critical to these models and may improve outcomes.

Methods

This GPNC model was designed to address mental wellness by 1) including mindfulness practices twice during each session and through constructive worry techniques; 2) increasing awareness of signs and symptoms among participants through frequent self-assessments with provider follow-up; 3) decreasing stigma through repeated conversations regarding manifestation of perinatal and post-partum mental health concerns; 4) providing repeated access to mental health professionals in a safe social group setting; and 5) frequently offering referrals to existing pregnancy mental wellness services.

This design was a result of stakeholder input, piloting, and modifications based on participant feedback.

Results

More than half of participants in this GPNC model reported experiencing stress, anxiety, or depression during their pregnancy. They reported significantly lower rates of depressive symptoms and moderate to severe anxiety at baseline and throughout pregnancy as well as a greater reduction post-partum than those receiving individual care (final data analysis March 2020).

Conclusions

Implementing mental health components into GPNC models, including increased awareness of mood disturbances and tools for stress management, may increase social support, and willingness to discuss mental health concerns and seek services.

Administer health education strategies, interventions and programs
Implementation of health education strategies, interventions, and programs
Planning of health education strategies, interventions, and programs

Abstract

Gaps in information and services for women with physical disabilities: An opportunity for maternal and child health

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Background: Nearly 25 years after passage of the Americans with Disabilities Act (ADA), girls and women with physical disabilities still experience gaps throughout the life span in the information and services required to make informed choices and receive the services they need for optimal reproductive health. It is not uncommon for young women and girls to not receive basic sex education that will enable them to make informed choices regarding sexual activity, contraception and childbearing. Women report experiences with clinicians who assume that they are asexual and who lack the knowledge and skills to provide them with adequate information and care. **Methods:** Semi-structured telephone interviews were conducted with a national sample of 41 women between the ages of 18-64 with early onset physical disabilities regarding their experiences with reproductive health information and services. Women were recruited via social media and community-based organizations. **Results:** Women commonly reported inadequate sex education, including inaccurate information about their fertility, resulting in unintended pregnancy. They further reported that many clinicians made inaccurate assumptions about their interest and capacity for childbearing and provided them with inadequate information or care. **Conclusion:** Women with early onset physical disabilities face significant gaps in obtaining the reproductive health information and services they require. Using an integrated life course approach, maternal and child health policy can address these gaps to improve access to accurate information and quality reproductive health care.

Abstract

Rethinking racial disparities in MCH: A call for a new paradigm grounded in complex systems approaches

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Background: Despite the preponderance of efforts and funding allocated in last three decades, the stagnant racial disparities observed in maternal and child health (MCH) – best exemplified by the Black-White gap in maternal and infant health – continue to challenge the field. Although frameworks such as life course and social ecological theory emphasize the complex set of individual, social, environmental, systemic, and historical factors that shape MCH, the field's methodological and analytical approaches, guided by Newtonian reductionism, remain largely constrained. We call for a new paradigm, grounded in complex systems approaches, as one potential roadmap to bridging longstanding disparities in MCH. **Methods:** We will provide an overview of the state of science in MCH research, the efficacy of current approaches to close racial gaps, and the rationale for new perspectives and approaches to stimulate innovation in the field. We will describe the theoretical, methodological, and analytical underpinnings of a complex systems paradigm in MCH, and, using Black MCH as a case study for our arguments, we will demonstrate how this paradigm can lead to innovation. The presentation will include a conceptual simulation model to demonstrate how these methodologies can lead to breakthroughs in understanding and action. **Results:** Current MCH research suggests that the field is ripe for the application of complex systems approaches, and extant applications of complex systems frameworks in MCH and related areas suggest the potential efficacy of these approaches in transforming the field. **Discussion:** Integrating a complex systems paradigm in MCH research and action may help achieve equity.

Systems thinking models (conceptual and theoretical models), applications related to public health

