

INTRODUCTION

Pregnancy, birth, and new family life is a time of immense change and impact. This part of the life course is especially complex for those in conditions of poverty, situated in health deserts, experiencing racism, and for non-English speakers.

DEFINITION

Social Determinants of Health (SDoH) is defined by the WHO as “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.” This topic is about the reality of our lived experiences – the strengths and constraints we all navigate.

SDoH are issues that impact being able to attend health appointments, feeling safe and heard, and having enough of things like diapers and food that families need.



IMPORTANCE

SDoH are the primary drivers of health outcomes, including inequities. Although called for, SDoH screening and resource provision have not been systematically incorporated into maternity health care services.

APPROACH

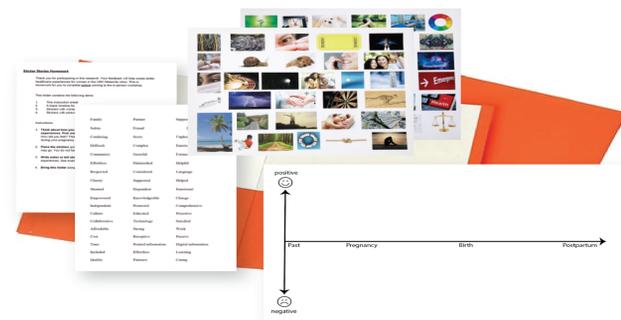
Our program of work is centered around listening to mothers and investigating health systems in order to best accommodate new families and set them up to thrive. We recognize health needs as interconnected.

METHODS

This was reviewed by the UNC Biomedical IRB and determined to be exempt (#18-2811).

During 2019-20, we engaged patients and those serving them in a human-centered design project that involved:

- Clinical shadowing
- Semi-structured interviews
- Focus group workshops with activities
- PDSA cycles



Workshops are family-friendly. We offer:

- Transportation
- Childcare
- Catering
- Gift cards

RESULTS

We heard the need to **lead with resources**.

Information on what people are worried about is welcomed. A mother shared, “It’s not just that they are providing medicine, but they’re also giving you access to it.” However, time limitation with clinical encounters is a constraint.

Doing this well includes having routine, periodic screening **for all patients** as a part of intake and check-ins, with no assumptions.

“I need to feel...respected.”

“I need to know...if my responses can be used against me or my family.”

BEING HEARD AND SEEN

Some people are afraid to share information and others decline advice due to misunderstandings.

Additionally, use of interpreters is not always employed when indicated. A mom described her in-patient postpartum care, “No one spoke Spanish and they didn’t want to get a translator.” Another participant said she couldn’t tell her health care providers everything “because I knew they didn’t understand me.”

CONCLUSIONS



SDoH is about access to care and also the extent that we trust each other. Screening cannot be, or be perceived as, surveillance.

Interactions with the health care system are opportunities to connect in ways that affirm respect and offer resources critical to health. The way we go about this isn’t neutral.

ACKNOWLEDGEMENTS

We appreciate the mothers and health care team members who contributed to the project.



Ana Whitney, Kim Young-Wright, and Sarah Verbiest are investigators on this study. Contributors also included Marina Pearsall, Chelsea Fitzhugh, and Joseph Dayaa.

Funding for this Emerging Challenges in Biomedical Research grant was provided by the UNC School of Medicine Office of Research, the UNC Medical Center, and NC TraCS through CTSA grant UL1TR001111.

CONTACT US

Kristin.Tully@unc.edu
 @KristinPTully @4thTriProject
 facebook.com/4thTrimesterProject