

- Inequity in burden and consequences of disease
  - Living (e.g. marginal housing) and working arrangements of many of our patients make social distancing and in-home isolation challenging
  - Many public health messages may not be delivered in multiple languages
  - Access to testing likely not uniform by population
  - The prevention mechanism – namely home confinement – increases the risk for gender-based violence and other mistreatment, with particular concern for those with fewer resources
  - Racist and xenophobic attitudes a threat to patients and workforce
  - Co-morbid conditions (diabetes, asthma, obesity, hypertension) that are risk factors for severe COVID-19 illness are differentially distributed in U.S.
    - In OB, these concerns overlay the backdrop of the maternal morality / severe maternal morbidity crisis in the U.S., particularly among Black women

# Equity in the time of COVID – What Can We Do?

- 1) As we design new models of care, attention to how they might work or need to be modified for vulnerable communities
  - Telehealth visits
    - Use interpreter services or consider having virtual visits conducted with a colleague fluent in your patient's primary language
    - If you have facility in languages other than English and are willing to use them to provide care, please fill out survey: <https://www.surveymonkey.com/r/clinical-nonresearchstaff>
    - For some, initial communications by text messaging (e.g. Google Voice) may be preferred
    - Consider increased frequency of "touches" in the postpartum period
  - Early hospital discharge
    - Consider patient resources and self-efficacy when determining optimal discharge timing

# Equity in the time of COVID – What Can We Do?



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- 2) Continue screening for social determinants of health, IPV and depression
  - Consider asking “do you feel safe at home?” at all in-person visits
  - Keep in mind that SDoH may have changed from beginning to end of pregnancy with this crisis
  - Familiarize yourself with SW, community health, spiritual care and HAVEN referral processes
- 3) Adhere to principles of Reproductive Justice
  - Enable women’s reproductive choices
    - Offer – but don’t coerce – all women PP LARC other other contraceptive methods that can be administered during the inpatient stay
    - For women with desire for sterilization, at high risk of unplanned repeated pregnancy (ideally, as documented by primary OB provider) and no other threats to safety, accomplishing postpartum TL on L&D is appropriate
    - Continue access to abortion care as an essential service

# Equity in the time of COVID – What Can We Do?



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- Consider how our our own implicit biases may contribute

## Select Resources

- <https://www.apa.org/topics/covid-19-bias>
- <https://implicit.harvard.edu/implicit/featuredtask.html>
- <https://www.dropbox.com/sh/zvg12qp7g477un9/AADAndcUeK1QzjYzwtGnhSqda?dl=0> (Multilingual COVID resources)
- <https://en.contracovid.com>

