

Problem

- According to National surveillance data, morbidity and mortality rates among Black and African American (AA) pregnant individuals have more than doubled over the past decade, revealing significant disparities in the amount and content of perinatal care received by AA women vs Non-Hispanic white women.
- The OPTIMIZE study is an ongoing NIH funded study that aims to investigate and address the root causes of this public health crisis.
- **Aim 1:** Refine the OPTIMIZE intervention by using qualitative interviews with Black/AA pregnant individuals or new mothers and stakeholders
- **Aim 2:** Implement a health center level randomized controlled trial utilizing the intervention developed during Aim 1
- **Aim 3:** Evaluate the implementation of the OPTIMIZE intervention

Project Implementation

Qualitative Interviews

- **Setting:** Qualitative data was collected through interviews with 30 patients and stakeholders who work with pregnant patients. These data serve as the foundation of the intervention phase of OPTIMIZE.
- **Participants:** Stakeholders (n= 21) included physicians, nurses, social workers/case managers, and community organization leaders and patients (n=9) included Black/AA individuals who were either currently pregnant or had given birth within the last 6 months

Intervention and Patient Recruitment

- **Randomization:** Participating health centers and sites were randomized into either usual care (control arm) or the intervention. Total of 11 health centers participating (5 Intervention and 6 Control)
- **Intervention:** standard perinatal care + integration of OPTIMIZE checklist developed in the EHR, and Patient Navigation starting from the initial prenatal visit through 12-weeks postpartum.
- **Patient Eligibility:** patients up to 27 weeks pregnant, African-American/Black, Aged 15-45, Singleton pregnancy are recruited into the study. Patients will be sent 5 questionnaires (baseline, third trimester, 6 weeks postpartum, 3 months postpartum, and 6 months postpartum) and receive \$50 for participation. Health centers will recruit a total of 724 patients across 3 years.

Results

Figure 1. Stakeholder Perspectives

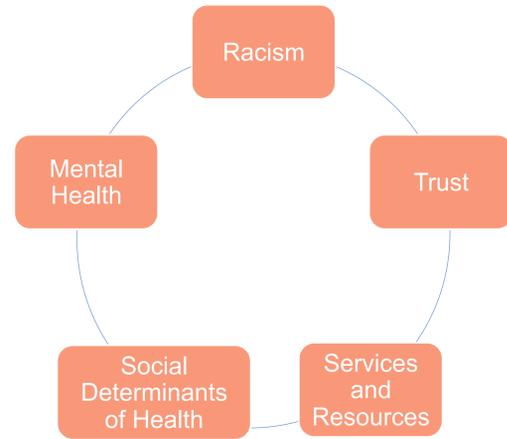
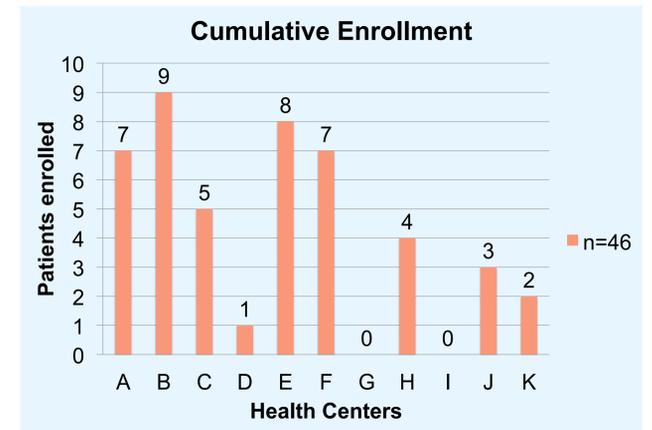


Figure 2. Patient Perspectives

Trust and Feeling Heard	Prenatal Care Experience	Postpartum Experiences
<ul style="list-style-type: none"> •Pain has been ignored •Providers: ask questions •Patients should be able to ask questions 	<ul style="list-style-type: none"> •Positive experiences include those which engender honesty •Negative experiences includes feeling disrespect 	<ul style="list-style-type: none"> •Patients want mental health support, lactation support, doula support, and assistance with WIC •Some do not attend 1st pp appointment

Figure 3. Study Enrollment



Conclusions

- **Intervention Refinement**
 - Based on these data, the implementation phase of OPTIMIZE addresses the need for increased trust and attention to social determinant and mental health needs. The final intervention incorporates trust building questions a the start of prenatal care, including EMR-built in prompts for clinicians to ask patients about their goals, concerns and hopes for their pregnancy.
- **Patient Engagement**
 - Regular coordination and communication between patient navigators and recruitment staff may help avoid outreach fatigue with patients
 - Increased flexibility among the study and health center team aids in completing study activities to accommodate patients' time and availability
 - Use of a visual guide to display the timeline of prenatal care and study participation to increase survey completion and patient navigation engagement

Establishing & Maintaning Trust

- ✓ Confirming patient pronouns and identity
- ✓ Checking on social determinants of health needs
- ✓ Establishing trust with patients through the use of questions such as:
 - *What are your goals for this pregnancy?*
 - *What are your hopes about how this pregnancy will be?*
 - *What could be a challenge during this pregnancy?*
 - *What concerns do you have?*

Acknowledgements

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