

Guide for incorporating discussion of social determinants of health and discrimination as potential factors in hospital-level maternal morbidity reviews

The problem: Significant racial disparities in health outcomes exists for pregnant and postpartum patients in Illinois ([IDPH Maternal Morbidity and Mortality Report, 2021](#)):

- Compared to non-Hispanic white women, all other racial and ethnic groups have higher rates of severe complications during pregnancy and in the year postpartum
- Non-Hispanic Black women are 3 times more likely than non-Hispanic white women to die during or within one year of pregnancy from a pregnancy-related complication.

Why? Background on disparities and social determinants of health

Social determinants of health are factors in a person's environment that play an important role in shaping health outcomes (ACOG, CO#, 729). Examples can include:

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|-------------------------|-----------------------------|-----------------------------------|
| • Food security | • Financial Resources | • Child Care |
| • Housing security | • Community/ Social Support | • Legal Status |
| • Transportation access | • Education | • Employment status |
| • Paying for utilities | • Stress | • Healthcare or medication access |
| • Exposure to Violence | | |

“Multiple factors contribute to these disparities, such as variation in quality healthcare, underlying chronic conditions, structural racism, and implicit bias. Social determinants of health have historically prevented many people from racial and ethnic minority groups from having fair opportunities for economic, physical, and emotional health.” ([CDC, 2021](#))

What can clinicians do about it?

To reduce inequities in reproductive health care for Black women and other women of color and ensure that all mothers and babies thrive, the American College of Obstetricians and Gynecologists ([ACOG CO #729](#)) has published guidance for clinicians to:

- Support patients by identifying *social and structural determinants of health* during pregnancy and postpartum that may influence a patient's health and link patients to needed resources, such as access to food, stable housing, utilities, safety in the home and community, and immigration or employment support.
- Recognize that cultural stereotyping, implicit bias, and racism can significantly influence pregnancy health outcomes.
- Ensure that the needs and preferences of all women are valued through respectful, patient centered obstetric care.

How does including discussion of bias, discrimination, and social determinants of health and the influences they have on patients' outcomes and health in maternal morbidity reviews help? (Adapted from Massachusetts General Hospital)

- Expands the conversation to identify opportunities for improvement and recommendations for patient care

- Provides a comprehensive review of the patient’s experience and potential influences to identify and analyze any effects implicit bias and/or structural racism that may have contributed to the patient’s outcome

Strategies for incorporating discussion of social determinants of health and discrimination as potential factors in hospital-level maternal morbidity reviews (adapted from Massachusetts General Hospital)

Pre-work: Prior to this maternal morbidity review, review the discussion questions below and check that you have the needed information.

Process for including discussion of bias, discrimination, and social determinants of health and the influences they have on patients’ outcomes and health in maternal morbidity review:

Step 1: Create a group understanding by defining bias, discrimination, and social determinants of health and the importance of considering them in the review process. Use Page 1 of this guide as a tool.

Step 2: Open with a description of the patients’ race/ethnicity and whether or not they were of limited English proficiencies. Example: *“This is the case of a 33 year old Asian G3P1 who speaks primarily Mandarin...”*

Step 3: Facilitate a discussion of the review committee, as an addition to the clinical discussion, to identify points of care where the outcomes or treatments may have been influenced by the patient’s race/ethnicity, insurance status, primary language, and/or social determinants of health. Questions to facilitate conversation might include (Questions adapted from the MMRIA Trigger Tool):

- Was there a report of any negative patient/provider interaction? If yes, describe.
- Was there reports of delayed communication or inability to reach provider? If yes, describe.
- What labs were ordered and what was the timeline for the labs? Was there a delay?
- At any point in the care did the patient express a desire to leave AMA? If so, what were the circumstances that led to that?
- Was the patient seen multiples times in the ED in a short time frame? What were the reasons for each visit?
- Were there cultural preferences expressed by the patient and how were these preferences honored or not honored?
- Did the patient have a lack of access to health care before, during or after pregnancy?
- Treatment decisions and recommendations inconsistent with best practices? Examples include:
 - Overtreatment
 - Under treatment
 - Delay in treatment
 - Delay in pain management
 - Assumptions about patient’s adherence to treatment

Step 4: Identify the contributing factors, any systems issues identified and develop any recommended actions using the information learned from your discussion.

- Were there any factors related to Social Determinants of Health or discrimination that contributed to the outcome in this case?
- Any steps that could have been taken to address these factors or opportunities to make improvements in care for similar patients in the future?