**Example Birth Equity and Covid 19 Workflow 4.3.20**
**Shared by MGH Equity and Community Health COVID Task Force, Boston**

| Focus | Scope | Completed | Ongoing & Next Steps |
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| Workforce Recruitment | • **Providers with facility in languages other than English, willing to help to conduct telemedicine visits, particularly for OB, understanding that virtual visits through an interpreter may lack the richness even of in-person visit with interpreter** | • Pushed out survey with many requests for faculty to complete<br>• Reviewed best practices for reaching vulnerable OB patients, including consideration of texting (Google Voice, Doximity) as initial point of contact and/or mobile visits for those challenged by telehealth platforms | • Await department-specific data vs using an internal mechanism to identify individuals<br>• **Discussion to consider role of volunteer medical students in augmenting care for vulnerable populations, particularly those of limited English proficiency** |
| Availability of tools to enable safe virtual care | • OB telehealth visits will rely on having a blood pressure cuff available at home | • **Secured philanthropic donation of blood pressure cuffs for women unable to afford to purchase their own** | |
| Community Health | • Many OB patients may have new needs and different SDoH over the course of the pregnancy given the COVID crisis | • To continue already-established practice of screening for SDoH at the start of pregnancy<br>• Increased awareness of changes to SDoH as screen in the third trimester for ability to afford BP cuff > to prompt exploration of food/housing security at that time | |
| Concern for gender-based violence | • Women and families at risk for intimate partner violence or other mistreatment in setting of stay at home orders, | • **Increase IPV screening during patient contacts, both in-person and virtually** | |

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| | understanding the compounding risks pregnancy and parenting a newborn can add | • Increase awareness among providers of availability of domestic violence community resources | |
| Reproductive Justice | • During times of crisis, threats to reproductive justice may arise | • Increase provider consciousness of this possibility<br>• **Review plans for reproductive life planning during third trimester OB visits so that contraception, if desired, can be appropriately (and non-coercively) arranged during inpatient stay or during virtual postpartum visits**<br>• While postpartum tubal ligations may not continue to be appropriate for most during COVD crisis, ensure appropriate advocacy for those women who desire sterilization and might not be able to access (largely due to coverage concerns) once the crisis is over<br>• Continued advocacy for access to abortion care | |
| Provider bias | • **During times of crisis, clinician and system biases may be exaggerated, leading to further inappropriate differentials in care** | • **Re-emphasized this to faculty during provider meetings and Town Halls** | • Ongoing discussion with providers awareness of bias and importance of respectful care to expand trust, particularly important for optimal care in health crisis |

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| Reporting | • Inequities in COVID, as well as other OB-related safety signals, like to be noted and exaggerated during this crisis | • **Will continue to track OB safety metrics by race/ethnicity, language and insurance status, as we have always done** | • **Will begin to track COVID+ tests, admissions among OB patients by race/ethnicity, language insurance** |