Equity in the time of COVID

- 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 mortality / severe maternal morbidity crisis in the U.S., particularly among Black women
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
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?

- Consider how 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/AADAndcUeK1QzjYzwGnhSqd?dl=0 (Multilingual COVID resources)
- https://en.contracovid.com