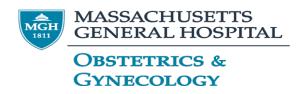
Equity in the time of COVID



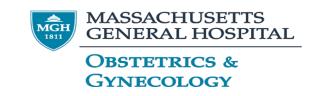
- Inequity in burden and consequences of disease
 - Living (e.g. marginal housing) and working arrangements of many of our patients make social distancing and in-home isolation challenging
 - Many public health messages may not be delivered in multiple languages
 - Access to testing likely not uniform by population
 - The prevention mechanism namely home confinement increases the risk for genderbased 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 wiling to use them to provide care, please fill out survey: <u>https://www.surveymonkey.com/r/clinical-nonresearchstaff</u>
 - 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?



- 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 our own implicit biases may contribute

Select Resources

- <u>https://www.apa.org/topics/covid-19-bias</u>
- https://implicit.harvard.edu/implicit/featuredtask.html
- <u>https://www.dropbox.com/sh/zvg12qp7g477un9/AADAndcUeK1Q</u> zjYzwtGnhSqda?dI=0 (Multilingual COVID resources)
- https://en.contracovid.com