COVID-19
What Maternity and Neonatal Care Providers Are Learning

April 24, 2020
12 – 1 pm EST

Ohio Perinatal Quality Collaborative

Through collaborative use of improvement science methods, reduce preterm births & improve perinatal and preterm newborn outcomes in Ohio as quickly as possible.
Today’s presenters:

Judette Louis, MD, MPH  
President - Society for Maternal Fetal Medicine

Meredith Shockley-Smith, PhD  
Cradle Cincinnati – Queen’s Village

Michelle Edison, MPH, MS  
Mahoning Valley Pathways HUB
Welcome

• **Goals:**
  • Share practicalities of implementing strategies now
  • Discuss what people are doing in situations where it is unclear and guidance doesn’t exist
  • **ALL TEACH ~ ALL LEARN**

• 219 registrants with several submitted questions. The focus of today’s webinar is:
  • The impact of racial disparities on pregnant women during the COVID pandemic

• **Plans:**
  • The slide deck and recording of this webinar will be posted on the OPQC website
  • We will provide shared resource links on the website and update regularly
Options for Participating in COVID-19 Neonatal Registries

- AAP Section on Neonatal Perinatal Medicine (SONPM) Registry
  - National Registry for Surveillance and Epidemiology of Perinatal COVID-19 Infection
  - Data for maternal/infant dyads for which the mother has **confirmed** COVID-19 disease
  - 44 hospitals registered and submitting data + 38 in process + 20 interested

  **102 hospitals (3 in Ohio)**

- See link at end of slide deck to sign up! Mark Hudak (SONPM President) is happy to talk to anyone by phone or email about this opportunity if you have questions (mark.hudak@jax.ufl.edu)

Updated April 24, 2020
Options for Participating in COVID-19 Neonatal Registries

VON and the AAP Section on Neonatal Perinatal Medicine (SONPM) created a tool to help newborn care teams understand the impact of COVID-19 in their own units and more broadly in the neonatal community. **The goal is to inform local and national decision-making for program evaluation and quality improvement.**

The VON SONPM COVID-19 Impact Audit is open to all hospitals caring for infants (regardless of VON membership).

- The audit will be conducted on a single day of your choice and you may choose to repeat the audit each month (one response per hospital per month)
- Aggregate reporting will be publicly available on the VON website in early May, potential for state report if enough sites participate
- See link at end of slide deck to sign up!

Updated April 24, 2020
Participating in COVID-19 Obstetrical Registry

• https://priority.ucsf.edu/

PRIORITy Study

PRIORITy (Pregnancy Coronavirus Outcomes Registry) is a nationwide study of pregnant or recently pregnant women who are either under investigation for Coronavirus infection (COVID-19) or have been confirmed to have COVID-19. This study is being done to help patients and doctors better understand how COVID-19 impacts pregnant women and their newborns.

Study overview

<table>
<thead>
<tr>
<th>Research Topic</th>
<th>Location</th>
<th>Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnancy and Coronavirus (COVID-19)</td>
<td>Online</td>
<td>Up to $40 in gift cards</td>
</tr>
</tbody>
</table>

TOTAL ENROLLED: 420 (Updated 4/22/2020)

What is the purpose of this study?

The goal of the study is to better understand how pregnant women are affected by COVID-19 including what their symptoms are, how long they last, and how COVID-19 may impact their pregnancy and/or delivery.
## Data Update April 23, 2020

### WHO/CDC/ODH: COVID-19 Outbreak

<table>
<thead>
<tr>
<th>WHO</th>
<th>CDC</th>
<th>ODH</th>
</tr>
</thead>
</table>

Updated: 23 April 2020

**Coronavirus (COVID-19) outbreak**

- **2,678,585** Confirmed cases
- **186,640** Confirmed deaths
- **213** Countries, areas or territories with cases

**Total cases:** **867,771**

**Total deaths:** **48,900**

Jurisdictions reporting cases: 55

(50 states, District of Columbia, Puerto Rico, Guam, the Northern Mariana Islands, and the U.S. Virgin Islands)

- **14,694** Confirmed Cases in Ohio
- **900** ICU admissions
- **2960** Hospitalizations in Ohio
- **656** Deaths

### State of Ohio | COVID - 19 Dashboard

**Cases**

- **14,694**

Updated: April 24, 2020
CDC data by race/ethnicity

NON-HISPANIC BLACK PEOPLE DISPROPORTIONATELY AFFECTED BY COVID-19 HOSPITALIZATIONS IN CDC DATA

- % of residents living in COVID-NET* counties
- % of COVID-19 hospitalizations (n=580)

**Race/Ethnicity**

- Non-Hispanic White: 59%
- Non-Hispanic Black: 45%
- Hispanic: 33%
- Hispanic: 14%
- Hispanic: 8%

*COVID-NET is a surveillance system that tracks the number of COVID-19-associated hospitalizations in selected counties in 14 states, March 1-30, 2020

Updated April 24, 2020
What is your greatest concern surrounding the COVID-19 pandemic and its impact for communities of color? Updated April 24, 2020

that people who need care will not seek it d/t fear of the virus
long term effects
**ABILITY to social distance**
access to quality care
**Increased lack of trust in the health care system**

Safety

**Comorbidities**
increased risk

access to care/trust in the system
recovery expectations, controlling the spread
how to get data on testing
**living in close quarters**
**Access to community resources**
low term birth weight

NOT SURVIVING
Obstetrical Inequity in the time of COVID: Practical Considerations

Judette Louis MD, MPH
President, Society for Maternal Fetal Medicine
COVID19 Deaths by Race:

Coronavirus deaths and race

COVID-19 is disproportionately killing black Americans, according to data released by several states.

<table>
<thead>
<tr>
<th>State</th>
<th>Deaths per 100,000</th>
<th>Total deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Louisiana</td>
<td>blacks: 27</td>
<td>whites: 5.8</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Michigan</td>
<td>blacks: 21.6</td>
<td>whites: 2.6</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Illinois</td>
<td>blacks: 7.2</td>
<td>whites: 1.3</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>North Carolina</td>
<td>blacks: 0.6</td>
<td>whites: 0.4</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Updated April 24, 2020

COVID 19 in North Carolina by Race and Ethnicity
Vulnerable Populations

- LGBTQ community
- Prisons
- High COVID 19 risk in ICE detention facilities
- Drug treatment facilities
Contributors to Inequities
Contributors to health and health care inequities

Health system factors
- Health services organization, financing, delivery
- Health care organizational culture, QI

Provider communication
- Cultural competence

Provider factors
- Knowledge and attitudes
- Competing demands
- Implicit/explicit biases

Patient-level factors
- Beliefs and preferences
- Race/ethnicity, culture, family
- Education

Structural factors
- Poverty/wealth
- Unemployment
- Stability of housing
- Food security
- Racism

Adapted from Kilbourne et al, AJPH 2006
"By only focusing on clinical and behavioral risk factors in individuals, we utilize a narrow purview that these risk factors experienced are due to actions of the individual rather than systemic and structural racism causing women to experience poor birth outcomes. In fact, it is the perception of Black families related to constructs such as poverty, education, housing instability, and race as a health risk factor that continues to validate the so called social determinants of health, rather than address the structural and institutional policies that have created them and therefore, the consequences of their impact."

Jessica M. Roach, LPN, BA, MPH; ROOTT
Reminder: Why Racism Matters

[Diagram showing the relationship between racism and various health outcomes such as HTN, DM, asthma, obesity, COVID-19 incidence, and outcomes.]

Boston Public Health Commission

Updated April 24, 2020
Equity in the time of COVID: what is the problem?

Inequity in burden and consequences of disease

- Living and working circumstances of many of our patients make social distancing and in-home isolation challenging
- Many public health messages delivered primarily in English
- Access to testing not uniform by population
- The prevention mechanism – home confinement – increases risk for gender-based violence, particularly for those with fewer resources
- Co-morbid conditions (diabetes, asthma, obesity, hypertension) that are risk factors for severe COVID-19 illness are differentially distributed in U.S., due to long-standing inequities in access and quality of care, structural racism
  - In OB/MFM, these concerns overlay the maternal mortality/SMM crisis in the U.S., particularly for Black women
Pearls for Providing Equitable Care during COVID
Clinical care: equity considerations

- Spacing of outpatient visits and replacing some visits with virtual communications may not work well for all populations
  - Medical needs, social needs and their intersection may need more frequent monitoring (e.g. DM + newly unstable housing)
  - Differential access to and uptake of electronic communication
    - Fewer patients of color enrolled in electronic messaging
    - Messaging largely in English
    - Ability to use medical interpreters for virtual visits; diminished quality of telehealth visits through interpreter
    - Access to adequate minutes/data for devices
Clinical care: equity considerations

- Poor health literacy, fear of losing employment, mistrust of medical system and government may contribute to later presentations for respiratory symptoms
- When COVID testing resources are scarce, algorithms may “inadvertently” disproportionately decline to test underserved populations
- Discharge for COVID-related and obstetrical admissions may require complex planning and resource allocation at a time when teams and services are thin
Clinical care: potential equity solutions

- Ensure clinical and public health messaging available in multiple languages
- Work with institution to understand language capacity of providers/staff (survey, credentialing)
  - Consider language-concordant telehealth visits
  - Consider augmenting inpatient teams with staff with diverse language ability
- Consider *up*staffing offices and services that provide care for vulnerable populations
Clinical care: potential equity solutions

- Consider trainee or medical student extenders for additional patient “touches”
- Donated BP cuffs to enable remote visits
- Review with community health teams best ways to reach women (e.g. sending text when possible)
- Connect with existing hospital-at-home/mobile provider resources for those women who may be particularly challenged by virtual platforms
- Redefine priority populations for COVID testing
Community health/engagement: potential equity solutions

- If not already screening for SDoH in OB practices, start; consider screening in first and third trimesters
  - Add specific queries about ability to practice social distancing, availability of cleaning supplies in the home, ability to participate in virtual visits
- Assess your social work, community resource specialist capacity
- Know your local food bank, housing resources
Reproductive justice: equity considerations

- During times of crisis, threats to reproductive justice may arise, particularly for low-income people and those of color
- What is essential?

What is Reproductive Justice?

SisterSong defines Reproductive Justice as the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities.
Community health/engagement: potential equity solutions

- Increase screening for IPV and at-home safety
- Know your referral resources, shelter possibilities
  - Ensure/advocate for new respite facilities coming on line to accommodate families/ young children
- Leverage connections with media (e.g. Telemundo) and faith-based organizations to connect with communities
Provide equitable, culturally-competent care

• Recognize equity vs. equality

• Effective cross-cultural communication
  • Start from a place of humility and curiosity
  • Find common ground
  • Recognize that most people are logical and their concerns are likely based in real experiences

• Perspective-taking

Thank you, Drs. Davidson and Pollack – Duke University
Increased risk of provider bias
### Increased Vulnerability to Bias: STUFF

<table>
<thead>
<tr>
<th>Stressor</th>
<th>COVID 19</th>
</tr>
</thead>
<tbody>
<tr>
<td>S: Stressful dynamic</td>
<td>✔️</td>
</tr>
<tr>
<td>T: Time constraints</td>
<td>✔️</td>
</tr>
<tr>
<td>U: Uncertainty</td>
<td>✔️</td>
</tr>
<tr>
<td>F: Fatigue</td>
<td>✔️</td>
</tr>
<tr>
<td>F: Fear</td>
<td>✔️</td>
</tr>
</tbody>
</table>
Strategies to mitigate/confront bias
Bystander → Upstander Skills

The 4 D’s to use:
- Direct
- Delay
- Delegate
- Distract

Three D’s to avoid:
- Being Defensive
- Being overly Dogmatic
- Doing nothing
Ethical Conduct of Research
Research: potential equity solutions

• Engage diverse, multi-lingual study recruitment staff
• Beware “studies” without IRB review
• Ensure adequate representation in study cohorts
• Design and conduct studies with community input and participation from inception
  • “Nothing about us, without us”
Advocacy

At all levels:
• Institution
• State
• National

On multiple fronts:
• Access to care
• Resource allocation
• Policy making
Questions?

Slides Courtesy of
Allison Bryant, MD – Massachusetts General
Sarahn Wheeler, MD- Duke University
Centering Black Women
Overview

1. Build a CAB
2. Meet regularly
   1. Place-making
   2. Listen
   3. Build trust - Implement what community advises
3. Practice empathy
4. Celebrate and create visibility!
5. Process and results

Updated April 24, 2020
Community Advisory Board (CAB)

- Comprised of Black Women recruited from across the city
- Informs Community Strategy and Designs Place-Based work
Queens Village

- Supportive Gathering for Black Women
- Opportunity to Relax, Re-power and take care of each other
- Spread is place–based and designed by Neighborhood champions
City wide → Place based
Place-based work

• Trapercize
• Healing Circles
• Mindfulness and Yoga
• Village Meetings
• FIERCE

Updated April 24, 2020
Radical Empathy

Story Share - fosters empathy by breaking down barriers and shattering stereotypes.
Creating Visibility for Black Women

- Social Media Campaign
  - #becauseWeLoveHer
  - #WeGotYouSis
  - #BlackHerstory
  - #BlackGirlMagic
- Through Her Eyes
- Crowned
- In Her Voice Concert

Updated April 24, 2020
Queens Village responding to COVID

- **Biweekly Phone Calls** to check in with women in the village
- **Connecting Moms with support services** – food, mental health, community health workers but also just giving them space to vent
- **Sister Bae Buddy System** to connect women in the village to each other for emotional and mental support
- **#Alone Together Virtual LIVE** Mental, Physical and Emotional Wellness and Family Fun

- **Virtual Doula Support** to help relieve Black Mamas stress who are preparing for birth
- **Mother’s Day Self Care Baskets** mailed to the mamas in the village with homemade beauty products

Updated April 24, 2020
Reach of Response

• 57 women reached for one on one check ins
• 20 women connected to food, mental health, community health worker support
• 20 women connected to each other for buddy mutual support
• 8 Live workshops, 216 live viewers, 7,848 total views

Updated April 24, 2020
Connecting Adults to a Healthier Life
Reducing the risks

... in birth outcomes
&
infant mortality
Demographics

- **Population**
  - 228,683

- **Race**
  - 16% - Black
  - 80% - White
  - 4% - Other

- **Ethnicity**
  - 6% - Hispanic/Latino

- **Income (avg/household)**
  - $43,000

- **Poverty**
  - 18%

https://www.census.gov/quickfacts/table/HSG445215/39099

Updated April 24, 2020
Demographics - Youngstown

- Population
  - 65,000

- Race
  - 42% - Black
  - 49% - White
  - 9% - Other

- Ethnicity
  - 11% - Hispanic/Latino

- Income
  - $27,000

- Poverty
  - 36%

https://www.census.gov/quickfacts/table/HSG445215/3988000,39099

Updated April 24, 2020
## Poverty

<table>
<thead>
<tr>
<th>Category</th>
<th>Mahoning County</th>
<th>Ohio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population in poverty in 2018</td>
<td>18.1%</td>
<td>15.4%</td>
</tr>
<tr>
<td>&lt;125% FPL</td>
<td>23.0%</td>
<td>19.9%</td>
</tr>
<tr>
<td>&lt;150% FPL</td>
<td>28.2%</td>
<td>24.3%</td>
</tr>
<tr>
<td>&lt;200% FPL</td>
<td>38.5%</td>
<td>33.3%</td>
</tr>
<tr>
<td>Population in poverty in 2001</td>
<td><strong>12.7%</strong></td>
<td>10.3%</td>
</tr>
</tbody>
</table>

## Unemployment (April 2019)

<table>
<thead>
<tr>
<th>Mahoning County</th>
<th>Ohio</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.9</td>
<td>3.3</td>
</tr>
</tbody>
</table>

(Source: Ohio Department of Job and Family Services, Office of Workforce Development, Bureau of Labor Market Information, 2019)
Why are we here?

2018* IM Rates

<table>
<thead>
<tr>
<th></th>
<th>White</th>
<th>Black</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>USA</td>
<td>4.6</td>
<td>10.8</td>
<td>5.8</td>
</tr>
<tr>
<td>Ohio</td>
<td>5.4</td>
<td>13.9</td>
<td>6.9</td>
</tr>
<tr>
<td>Mahoning*</td>
<td>1.9</td>
<td>16.3</td>
<td>6.8</td>
</tr>
</tbody>
</table>

*2018 rates have been finalized for Mahoning only.

Updated April 24, 2020

(ODH Data Warehouse & CDC, 2019)
2018-Birth Outcomes, Mahoning County *

Prematurity: 11.5 for White, 20.7 for Black
Low Birth Weight: 8.7 for White, 20.9 for Black
Infant Mortality: 1.9 for White, 16.3 for Black

(*Outcome data retrieved by MCPH Epidemiologist)

Updated April 24, 2020
Pathways Community HUB-Impact!

**FIND**
Engage at risk clients

**TREAT**
Assign Pathways

**MEASURE**
Track/measure results

Updated April 24, 2020
Community Solutions
CHWs- “the awesome sauce!”

advocate
assist
support
certified
Thank You!

- Michelle Edison, MPH, MS
- medison@mahoninghealth.org
- www.mahoninghealth.org

Updated April 24, 2020
Has your organization implemented any wellness support mechanisms for staff members?

- **Work-life balance**
  - Staggering work shifts/telecommute, Extra PTO, alternate housing

- **Culture of support**
  - Uplifting team member emails; reflections during daily huddles/emails; inspirational chalk messages on sidewalks and posters around the organization; video check-ins

- **Wellness support/Self Care**
  - Webinars, Facebook group, Hotline, Teletherapy (24/7 access to behavioral health)
  - Holistic offerings: Reiki, yoga, stress reduction (LifeMatters EAP), spiritual care, meditation, mindfulness apps
  - **Code purple cart** to provide stress relief care items: lavender lotion, stress balls, snacks etc.

- **Exercise**
  - Fitness videos/challenges

- **Nutrition**
  - Recipe sharing, grocery/gift care support

- **Child care**: pay for preschool coverage for staff
Ohio’s Strive for Five Challenge

The challenge is simple: **find five people in your life and check-in with them every day for the next 30-days.**

Ohio's Strive for Five Challenge is a new, statewide awareness campaign to help individuals and families cope with feelings of stress, anxiety, and isolation by connecting with others.

- You are encouraged to reach out, connect, and comfort each other while we all work through the COVID-19 crisis and social distancing.
- Peer-to-peer support has great power in helping to calm anxiety and fear.
- By reaching out via phone, text, email, or even a hand-written note, you can help.

The Strive for Five Challenge was developed by the New York Coalition for Behavioral Health and brought to Ohio by the Mental Health, Addiction and Recovery Services Board of Lorain County.
Supportive resources related to COVID

• Ohio Launches Toll-Free ‘COVID Careline’ to Provide Emotional Support for Ohioans: 1-800-720-9616; [https://mha.ohio.gov/](https://mha.ohio.gov/)

• Emergency Responders: Tips for taking care of yourself [https://emergency.cdc.gov/coping/responders.asp](https://emergency.cdc.gov/coping/responders.asp)

• SAMHSA Disaster Distress Helpline is a 24/7, 365-day-a-year, national hotline dedicated to providing immediate crisis counseling; 1-800-985-5990 [https://www.samhsa.gov/find-help/disaster-distress-helpline](https://www.samhsa.gov/find-help/disaster-distress-helpline)


• Tips for Coping with a New Baby During COVID-19 [https://www.healthychildren.org/](https://www.healthychildren.org/)
COVID-19 - What Maternity and Neonatal Care Providers Are Learning

*scaling back* - looking at early-mid May

**Goal:** Lessons learned related to changes in response to COVID and re-opening prenatal care in a “new normal”
Registry info...

• Vermont Oxford Network (VON) Audit
  • [https://public.vtoxford.org/covid-19/](https://public.vtoxford.org/covid-19/)

• AAP Section on Neonatal Perinatal Medicine (SONPM) Registry
  • [https://services.aap.org/en/community/aap-sections/sonpm/](https://services.aap.org/en/community/aap-sections/sonpm/)

• PRIORITY (Pregnancy Coronavirus Outcomes Registry)
  • [https://priority.ucsf.edu/](https://priority.ucsf.edu/)

Updated April 24, 2020
Updated Resources on OPQC Website

COVID-19 Resources
- Coronavirus Disease Advice for the Public (WHO)
- Coronavirus (COVID-19) Partner Toolkit (CMS)
- COVID-19 Information for Healthcare Professionals (CDC)

COVID-19 Registries
- "NEW" YON SOMFM COVID-19 Impact Audit (Vermont Oxford Network)
- "NEW" SONPM National Registry for Surveillance and Epidemiology of Perinatal COVID-19 Infection (American Academy of Pediatrics)
- "NEW" PRIORITY: Pregnancy, Coronavirus, Outcomes Registry (University of California San Francisco)

Guidelines for Obstetric Providers
- "NEW" The American College of Obstetricians and Gynecologists (ACOG) COVID-19 (ACOG)
- "NEW" Society for Maternal-Fetal Medicine (SMFM) COVID-19 Publications & Clinical Guidance (SMFM)
- "NEW" Society for Obstetric Anesthesia and Perinatology (SOAP) COVID-19 Toolkit (SOAP)
- "NEW" National Perinatal Association COVID-19
- "NEW" Coronavirus Disease (COVID-19): What you Need to Know about its Impact on Moms and Babies (March of Dimes)
- "NEW" Coronavirus (COVID-19) and Pregnancy: What Maternal-Fetal Medicine Subspecialists Need to Know (Society for Maternal and Fetal Medicine, April 11, 2020)
- COVID-19 Information on Pregnancy & Breastfeeding (CDC)

Telehealth
- "NEW" Expanded Telehealth Services - COVID-19 Checklist (ODH, March 29, 2020)
- "NEW" Managing Patients Remotely Due to COVID-19: Billing for Digital and Telehealth Services (ACOG, April 2, 2020)
THANK YOU from OPQC!!
Take care out there
It takes a village...