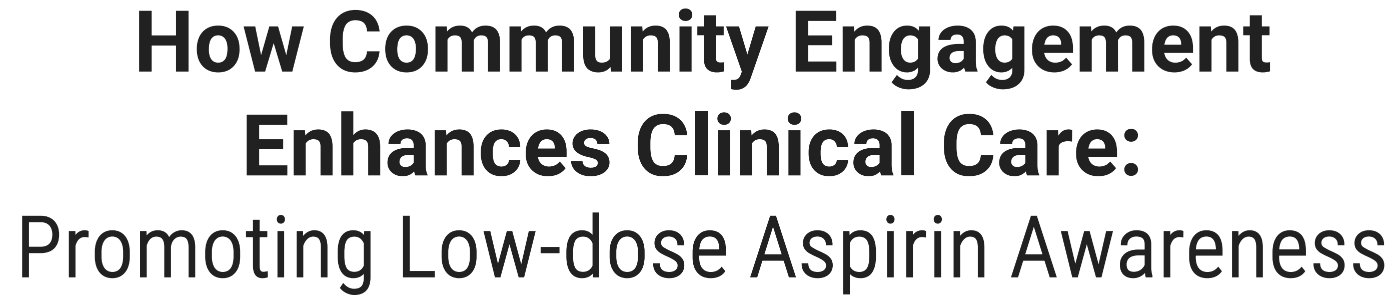

Monday, July 29, 2024

Today's Speakers

Lindsay du Plessis, DrPH, MPH
Community Engagement Lead, CMQCC

Sarah Vaillancourt, DNP, WHNP-BC, RN
Outpatient QI Clinical Lead, CMQCC

Logistics & Slide Deck

All attendees are muted upon entry.

Please use the Q & A function – we will do our best to answer questions during the webinar.

You are welcome to use any of the slides provided for educational purposes.

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We welcome your feedback and recommendations for improving future webinars.

Inclusive Language Notice

- Currently recognized identifiers such as “**birthing people,**” “**mother**,” “**maternal,**” “**they,**” “**them,**” “**she,**” “**her.**” and “**pregnancy-capable person**” are used in reference to a person who is pregnant or has given birth.
- We recognize that not all people who become pregnant and give birth identify as mothers or women and will use the above-recognized terms interchangeably to represent all those present in this space receiving care for pregnancy services. All persons are equally deserving of respectful patient-centered care that helps them attain their full potential and live authentic, healthy lives. The healthcare team should respect individual patient preferences regarding gendered language throughout the course of their care.
- The term “**family**” is used to refer to any persons the pregnant or postpartum patient designates as such (alternatives: partners, husbands, wives, support persons, loved ones).
- The term “**clinician**” is used to denote nursing and medical staff, whereas the term “**provider**” refers to a clinician with diagnosing and prescribing authority.

Continuing Education Notice

- To receive contact hours (RN) for this webinar, please complete the evaluation via the link, which will be sent to you 48 hours after this webinar.
- You must be in attendance* on the webinar for a minimum of 50 minutes, and **signed in under your own account**, for a contact hour to be awarded.
- We do not offer Contact hours for on-demand webinar viewing.

Disclosures

I have NO financial disclosure or conflicts of interest with the presented material in this presentation.

This slide set is considered an educational resource but does not define the standard of care in California or elsewhere. Readers are advised to adapt the guidelines and resources based on their local facility's level of care and patient populations served and are also advised to not rely solely on the guidelines presented here.

The California Maternal Quality Care Collaborative (CMQCC)

Mission:
To end preventable morbidity, mortality and racial disparities in maternity care.

- Celebrating 17 years!
- Multi-stakeholder collaborative since 2006
- Launched with funding from California Department of Public Health to address rise in maternal mortality
- Committed to evidence-based and data driven quality improvement
- Effector arm of the March of Dimes Prematurity Research Center – funding current LDA work

Funding for this project is generously supported by the March of Dimes

Webinar Objectives

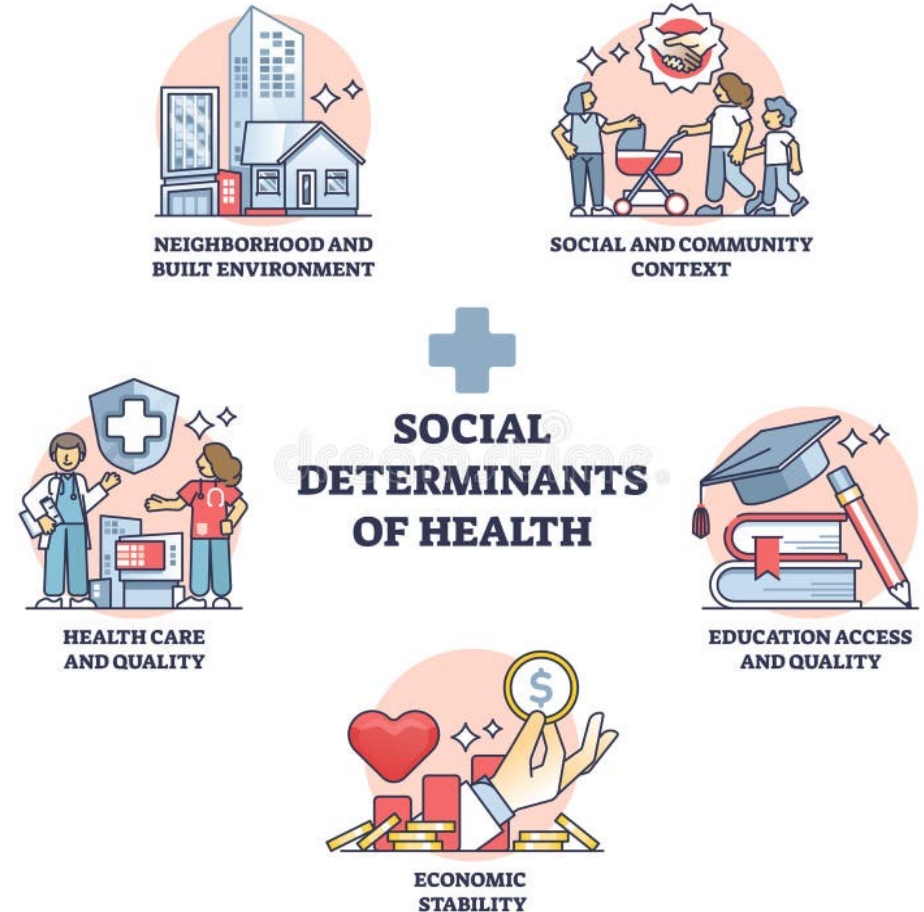
1. Discuss the impact of social health on perinatal outcomes, including preeclampsia and preterm birth
2. Discuss the importance of universal risk factor screening for preeclampsia prevention
3. Review strategies to leverage clinic and community partnerships
4. Discuss the Let's Do Aspirin campaign and the importance of community-based quality improvement implementation

Social Health in Clinical Care

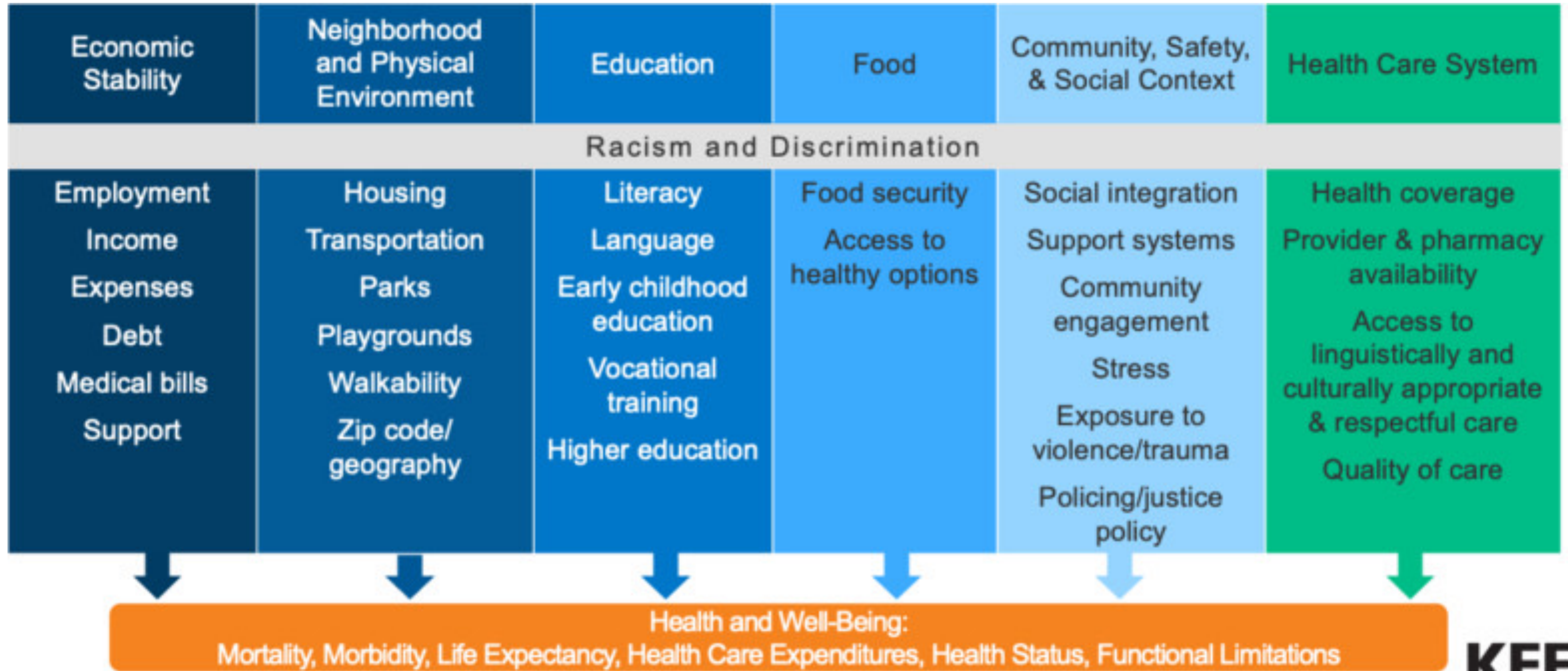
The Why and the How

What do we mean by social health?

- The cumulation and relationship of factors outside of medical care that impact our health and well being
- Social determinants of health (SDoH) are the factors that contribute to our overarching social and physical health
- SDoH can be **POSITIVE** or **NEGATIVE** in impact



Social Determinants of Health



Let's take a moment...

Consider your own Social Determinants of Health. How do they impact your health?

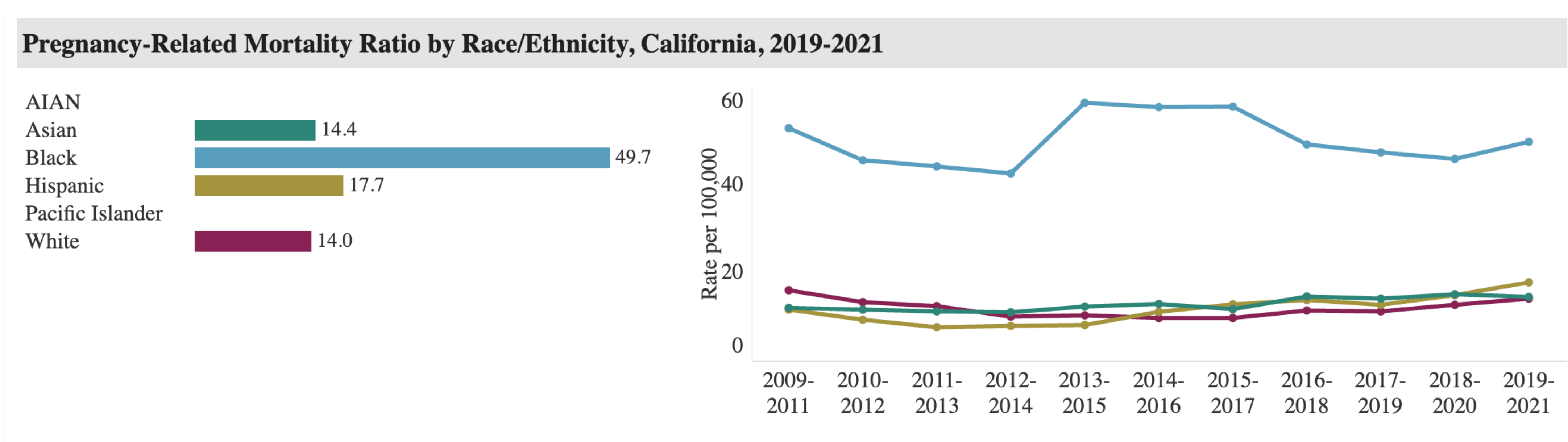
What about a loved one in your life?

What about a patient you've worked with?

Why does social health matter in direct clinical care?

Population Health Outcomes

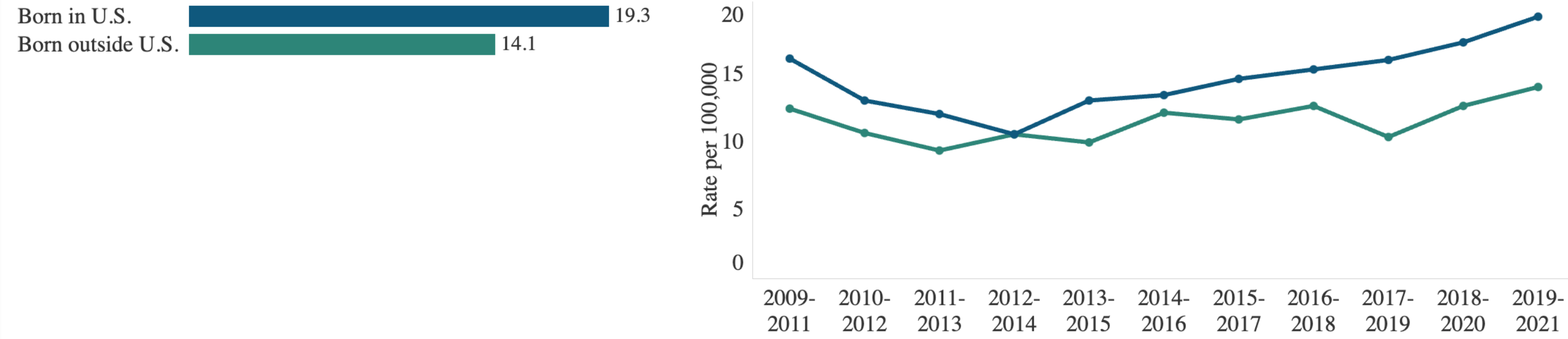
We will never improve disparities without addressing social health and social needs

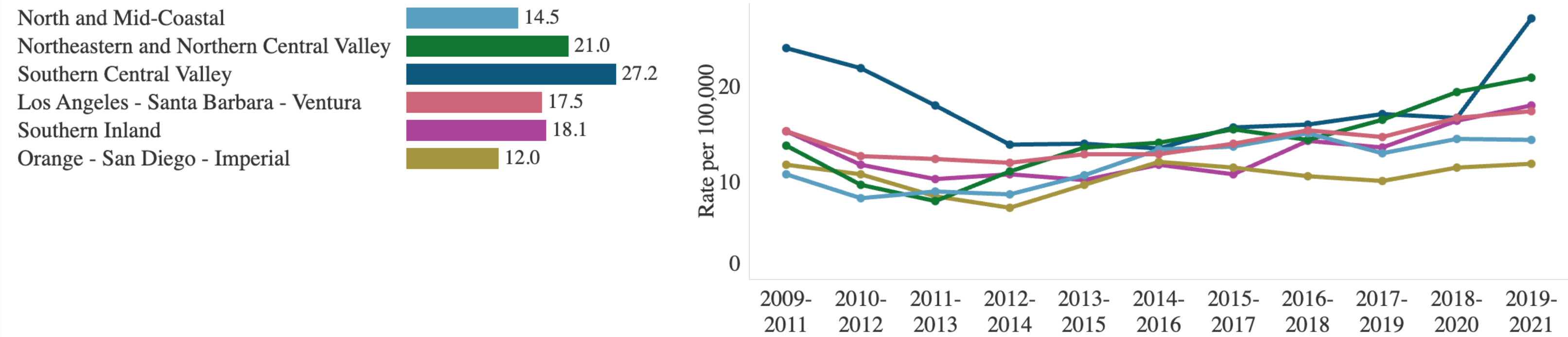


Race as a risk factor is NOT due to genetics, but rather due to the exposure to institutional and interpersonal racism and associated oppression, causing ongoing chronic stress. This results in negative health outcomes, as seen in maternal morbidity and mortality.

Why does social health matter in direct clinical care?

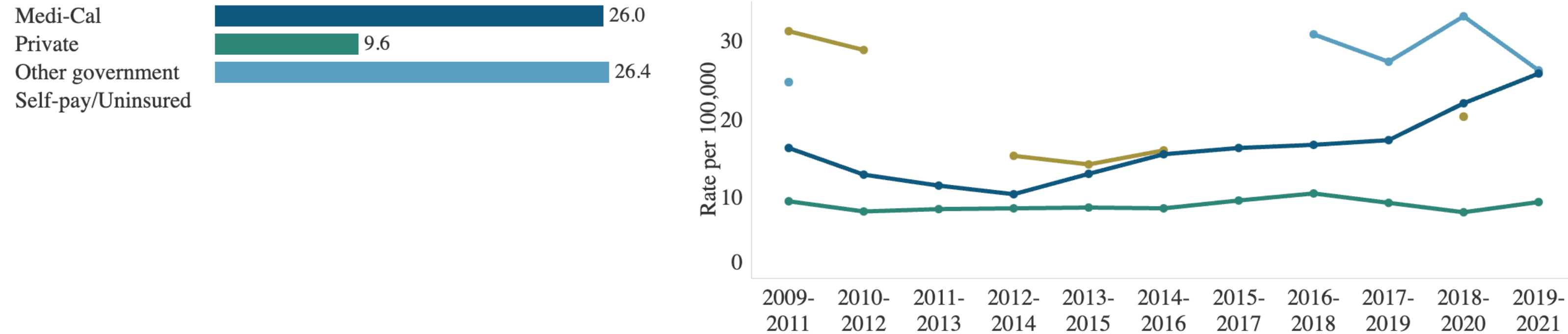
Population Health Outcomes

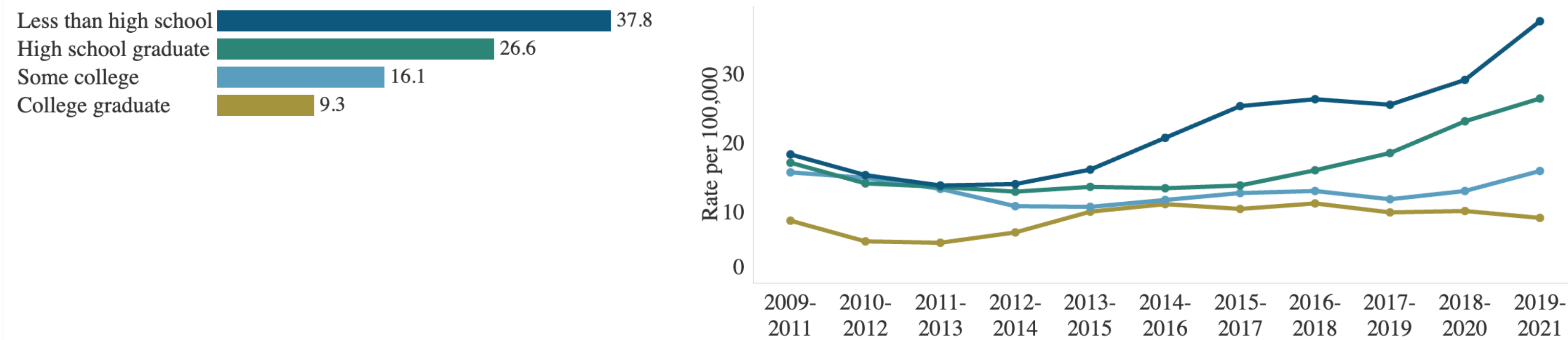




Why does social health matter in direct clinical care?

Population Health Outcomes





Why does this matter in direct clinical care?

Individual Patient Outcomes

- Social Health has a direct impact on health outcomes- even ones that we often think of ”medical” only
- Health behaviors as impacted by SDoHs: sleep, nutrition, exercise, stress management
- Chronic stress --> allostatic overload
  - May also hear toxic stress
- Positive SDoHs can be health promotive and protective

Why does this matter in direct clinical care?

Patient Experience and Engagement in Care

- SDoH screening and intervention supports whole person care
- We can understand patients more fully, outside of their medical issues alone
- Helping individuals address social health needs can increase the ability to engage in care AND can increase trust between the patient and care team
- This is particularly important in maternal care settings- many woman report not being listened to related to their concerns

How do we address social health in clinical care?

Screening AND Intervention

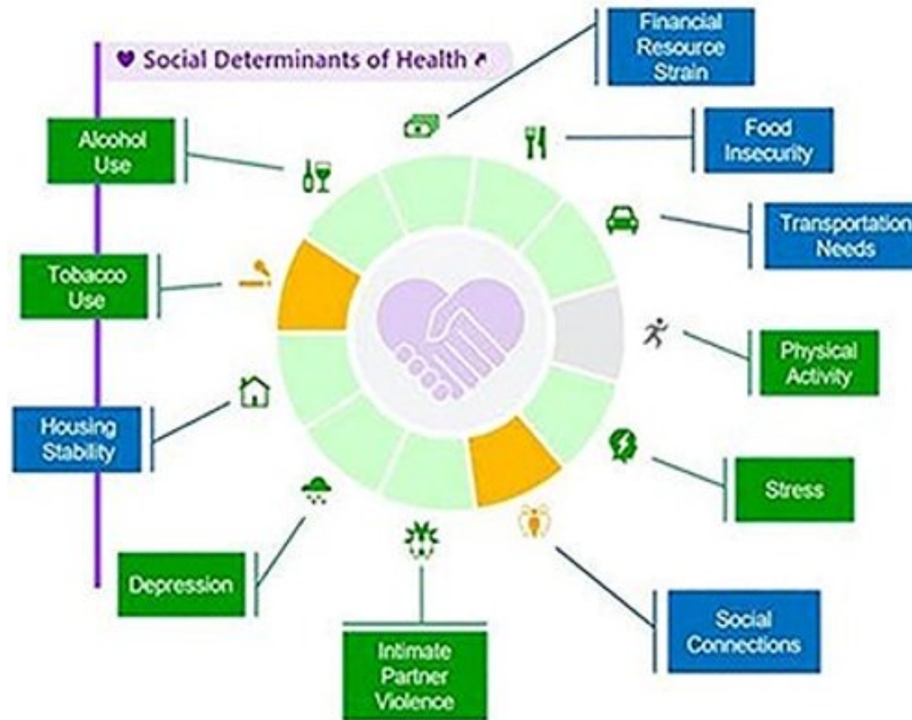
The purpose of screening is intervention

Screening: how do we know what individuals need?

Intervention: often looks like appropriate referrals

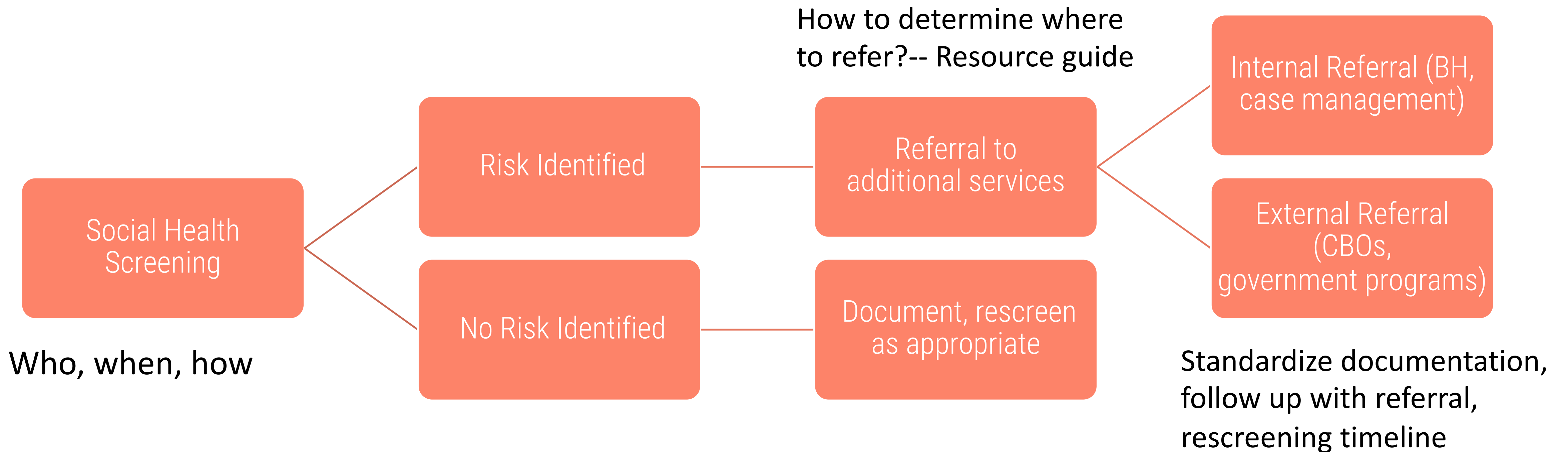
Screening Considerations

- Screening tool: efficient tools
- Delivery method: patient completed questionaire, can it be integrated directly into the Electronic Health Record?
- Results of screening: develop a flagging approach to limit review required by provider?
- Standard documentation: creation of SDoH favorites ICD-10 codes

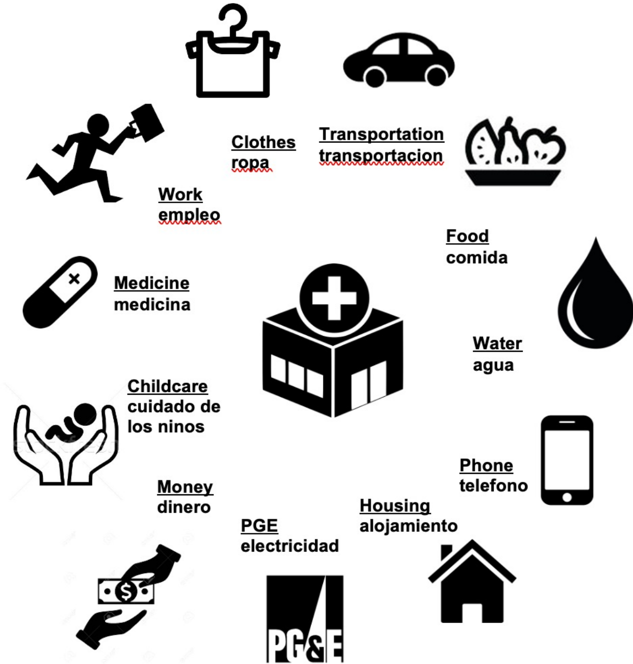


Clinical Approach to Social Health Intervention

Creating a resource guide and referral process



Please circle if you are having problems with any of these.
Por favor circule si tiene problemas con alguna de estas.



SOCIAL NEED DOMAIN	EXAMPLES
Food Insecurity	Limited or uncertain access to adequate & nutritious food
Housing Instability	Homelessness, unsafe housing quality, inability to pay mortgage/rent, frequent housing disruptions, eviction
Utility Needs	Difficulty paying utility bills, shut off notices, discounted phone
Financial Resource Strain	Public cash benefits, charity emergency funds, financial literacy, medication under- use due to cost, benefit denial
Transportation	Difficulty accessing/affording transportation (medical or public)
Exposure To Violence	Intimate partner violence, elder abuse, community violence
Socio-Demographic Information	Race & ethnicity, educational attainment, family income level, immigration status, languages spoken

PATIENT FORM (short version)

Please answer the following.

HOUSING

1. What is your housing situation today?[1]
   - ☐ I do not have housing (I am staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)
   - ☐ I have housing today, but I am worried about losing housing in the future
   - ☐ I have housing

2. Think about the place you live. Do you have problems with any of the following? (check all that apply)[1]
   - ☐ Bug infestation
   - ☐ Mold
   - ☐ Lead paint or pipes
   - ☐ Inadequate heat
   - ☐ Oven or stove not working
   - ☐ No or not working smoke detectors
   - ☐ Water leaks
   - ☐ None of the above

TRANSPORTATION

5. In the past 12 months, has lack of transportation kept you from medical appointments, meetings, work or from getting things needed for daily living? (check all that apply)[1]
   - ☐ Yes, it has kept me from medical appointments or getting medications
   - ☐ Yes, it has kept me from non-medical meetings, appointments, work, or getting things that I need
   - ☐ No

UTILITIES

6. In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?[1]
   - ☐ Yes
   - ☐ No
   - ☐ Already shut off

PERSONAL SAFETY

7. How often does anyone, including family, physically hurt you?[1]
   - ☐ Never
   - ☐ Rarely
   - ☐ Sometimes
   - ☐ Fairly often
   - ☐ Frequently

		Yes / No
	In the last 12 months*, did you ever **eat less than you felt you should** because there wasn't enough money for food?	Y N
	In the last 12 months, has the **electric, gas, oil, or water company threatened to shut off your services** in your home?	Y N
	Are you worried that in the next 2 months, you **may not have stable housing?**	Y N
	Do problems getting **child care make it difficult for you to work** or study? *(leave blank if you do not have children)*	Y N
$	In the last 12 months, have you needed to see a doctor, **but could not because of cost?**	Y N
	In the last 12 months, have you ever had to go without health care because you didn't have **a way to get there?**	Y N
	Do you ever need help **reading hospital materials?**	Y N
	I often feel that **I lack companionship.**	Y N
	Are any of your needs urgent? For example: I don't have food tonight, I don't have a place to sleep tonight	Y N
	If you checked YES to any boxes above, **would you like to receive assistance** with any of these needs?	Y N

*time frames can be altered as needed

Clinical Approach to Social Health Intervention

Creating a resource guide

- Will be unique to each community
- Connect with PH department for local programs
- Direct connections can strengthen referral process
- Integration into referral system can support sustainability

One Degree

Find free, life-improving resources in:

San Francisco Bay Area, CA

Select a category below to get started

Urgent | Family & Household | Food | Health | Housing | Education | Legal | Employment | Money

In this category: Adoption | Applying for ID & driver's license | Baby clothes | Baby supplies | And 32 more...

Find Help

FOOD | HOUSING | GOODS | TRANSIT | HEALTH | MONEY | CARE | EDUCATION | WORK | LEGAL

2,411 programs

in the Stockton, CA 95203 area

Choose from the categories above and browse local programs

Social Health Screening and Intervention Resources

Toolkits to support implementation

- UCSF Social Interventions Research and Evaluation Network Toolkit
- AAFP EveryONE Project Social Determinants of Health Toolkit
- Health Leads Screening Toolkit
- Office of the National Coordinator for Health Information Technology Social Determinants of Health Information Exchange Toolkit
- AHRQ Identifying and Addressing Social Needs in Primary Care Settings guide
- State Innovation Model of Iowa SDoH Toolkit

Social Health Considerations for Low-dose Aspirin in Pregnancy

California Maternal Quality Care Collaborative

CMQCC

How does this relate to Low-dose Aspirin use in Pregnancy?

LDA Recommendations

- USPSTF, ACOG, and SMFM Recommendations
- Start low-dose aspirin between 12 and 28 weeks, ideally between 12 and 16 weeks for individuals at risk for preeclampsia
- Continue until delivery
- Dose 81mg up to 162mg
- At risk includes:
    - 1 or more high risk factors
    - 2 or more moderate risk factors (though can recommend if single moderate risk factor depending on clinical situation)

Preeclampsia Risk Factor Screening

When?

Screening is recommended at the patient's 1st prenatal care appointment with LDA initiation at 12 -16 weeks gestation (up to 28)

Which Patients?

Risk factor screening for all prenatal care patients, whether deemed or viewed as low or high-risk

By Whom?

All prenatal care providers to screen at the first prenatal care appointment

- ✓ Even if a low-risk provider: patients still may have multiple risk factors and be seeing a low-risk prover. i.e., black race, nulliparity, and lower income

How does this relate to Low-dose Aspirin in Pregnancy?

While screening alone will help us identify who needs LDA, it does not address other factors that might impact their LDA uptake and adherence.

Thus, a clinical approach to social health screening and intervention will help aid in LDA use, which will **REDUCE PREECLAMPSIA AND PRETERM BIRTH RATES.**

How does this relate to Low-dose Aspirin use in Pregnancy?

Risk Assessment for Preeclampsia

Table 1. Clinical Risk Assessment for Preeclampsia[a]

Risk level	Risk factors	Recommendation
High[b]	• History of preeclampsia, especially when accompanied by an adverse outcome • Multifetal gestation • Chronic hypertension • Pregestational type 1 or 2 diabetes • Kidney disease • Autoimmune disease (ie, systemic lupus erythematous, antiphospholipid syndrome) • Combinations of multiple moderate-risk factors	Recommend low-dose aspirin if the patient has ≥1 of these high-risk factors
Moderate[c]	• Nulliparity • Obesity (ie, body mass index >30) • Family history of preeclampsia (ie, mother or sister) • Black persons (due to social, rather than biological, factors)[d] • Lower income[d] • Age 35 years or older • Personal history factors (eg, low birth weight or small for gestational age, previous adverse pregnancy outcome, >10-year pregnancy interval) • In vitro conception	Recommend low-dose aspirin if the patient has ≥2 moderate-risk factors Consider low-dose aspirin if the patient has 1 of these moderate-risk factors
Low	Prior uncomplicated term delivery and absence of risk factors	Do not recommend low-dose aspirin

[a] Includes only risk factors that can be obtained from the patient medical history.

[b] Includes single risk factors that are consistently associated with the greatest risk for preeclampsia. Preeclampsia incidence would likely be at least 8% in a population of pregnant individuals having 1 of these risk factors.

[c] These factors are independently associated with moderate risk for preeclampsia, some more consistently than others. A combination of multiple moderate-risk factors may place a pregnant person at higher risk for preeclampsia.

[d] These factors are associated with increased risk due to environmental, social, and historical inequities shaping health exposures, access to health care, and the unequal distribution of resources, not biological propensities.

African American/ Black Race

Exposure to Systemic Racism Risk Factor

1

Related to . . .

environmental, social, and historical inequities shaping health exposures, access to healthcare, and unequal distribution of health resources; not from genetic predisposition, nothing inherently wrong with the patients

2

Structural racism . . .

is recognized as a mediator of health outcomes and has impacted preeclampsia rates

3

This risk factor . . .

has been well-established and studied; acknowledging and discussing this factually and respectfully is the best practice; Non-Hispanic Black women are disproportionately affected by preeclampsia along with being most likely to experience related complications

4

The exact reasons . . .

for the increased risk of preeclampsia in Black patients in the United States is not fully understood; ***it is believed to be due to toxic stress from a history of racism and discrimination in American healthcare and throughout history***

How does this relate to Low-dose Aspirin use in Pregnancy?

Risk Assessment for Preeclampsia- Risk Factors Like Race

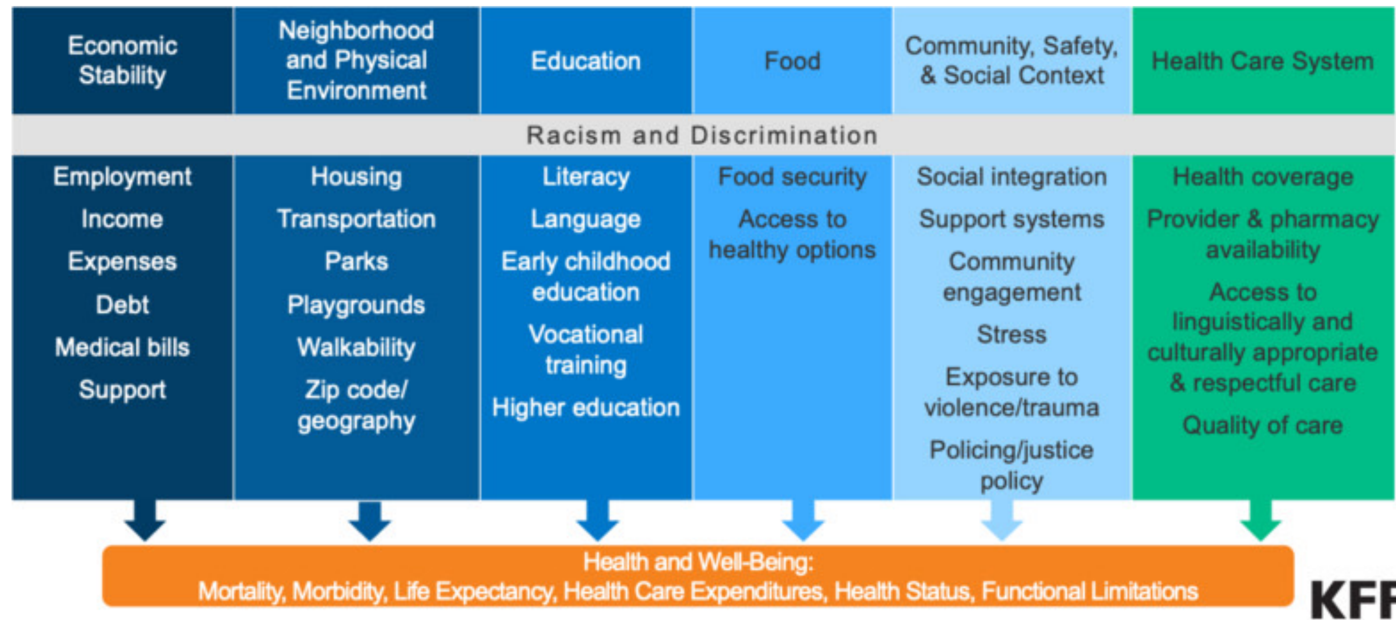
Interventions (in addition to prescribing LDA):

Respectful patient education about risk, culturally competent

Support services to specifically support Black patients- Black Infant Health Program, community-based organizations, doula support

How does this relate to Low-dose Aspirin use in Pregnancy?

Risk Assessment for Preeclampsia- Low Income



Most of these SDoH are impacted by finances/wealth/poverty level

- Financial hardship is a risk factor for other maternal health disparities, which should warrant attention and additional intervention
- **Intervention**:
  - respectful patient education about risk
  - appropriate referral to additional services to address financial hardship

How does this relate to Low-dose Aspirin in Pregnancy?

Patient uptake and adherence

Literacy and Language

Ability to understand importance of medication and overall recommendations

To do:

- Implement culturally and linguistically appropriate education (CLAS)

Means to obtain medication

Transportation, cost, knowledge of navigating pharmacy system

To do:

- Screen for and address SDoH barriers to access

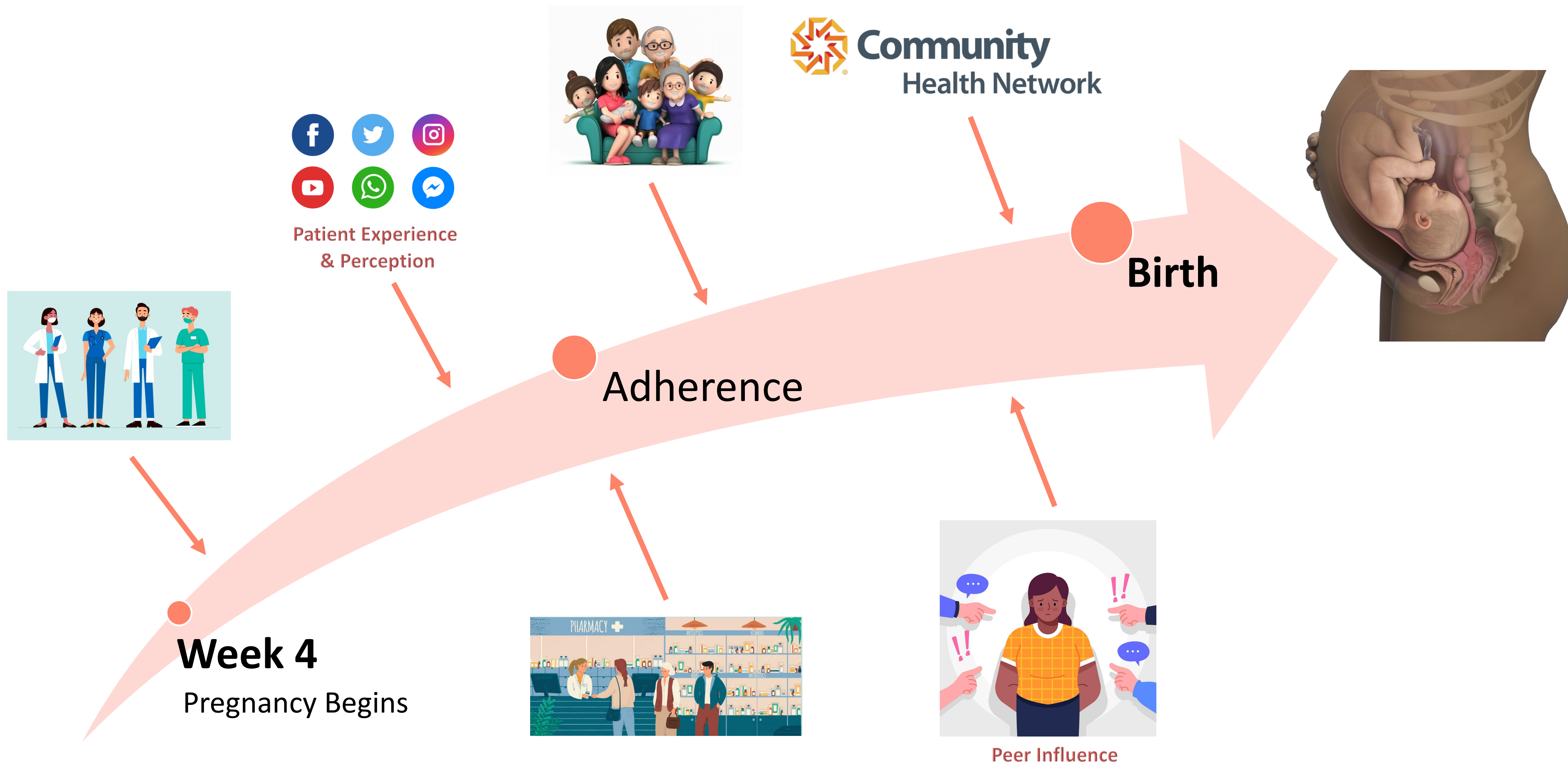
Community Support

Community endorsement is crucial to acceptance of recommendation

To do:

- Engage patients and communities- external messaging
- Work in conjunction with CBOSs for patient education

Community-Based QI Implementation and Roles of Influencers



California Maternal Quality Care Collaborative

CMQCC

The 'Let's Do Aspirin' Campaign

Pilot Hospital Sites:

- Loma Linda University Children's Hospital (*3 clinics*)
- Riverside University Health System Medical Center (*7 clinics*)
- UC San Diego (*3 clinics*)
- Scripps Chula Vista (*3 clinics*)
- Mercy San Juan Sacramento (*3 clinics*)

Partners:

- Kaiser Permanente Northern California

LDA Implementation: Patient and Community Outreach

- Patient Education Materials (English & Spanish)
  - ✓ Information Sheet
  - ✓ Poster
  - ✓ Patient Risk Assessment Scorecard
- Videos
- Patient Advisory Committee
- Press Releases
- Community Fairs and Events

Prevent Preeclampsia with Low-Dose Aspirin

Am I at risk for preeclampsia?

Ask your healthcare provider if aspirin is right for you.

#LETSDOASPIRIN

MARCH OF DIMES

CMQCC California Maternal Quality Care Collaborative

For more information, scan the QR Code with the camera on your smart phone.

TO KEEP BABY AND YOU SAFE FROM PREECLAMPSIA

Let's Do Aspirin!

What is preeclampsia?
Preeclampsia is a serious disease during pregnancy where high blood pressure and other complications can put baby and you at risk.

How can I prevent preeclampsia?
Low-dose aspirin, as recommended by your healthcare provider, is the only known effective solution to prevent preeclampsia.

How can low-dose aspirin keep baby safe?
Studies have shown that taking low-dose aspirin during pregnancy may help reduce your risk for serious problems, like preeclampsia and premature birth.

Ask your healthcare provider,
"Am I at risk for preeclampsia?"
#LETSDOASPIRIN

MARCH OF DIMES

CMQCC California Maternal Quality Care Collaborative

Scan the QR Code to access the **MARCH OF DIMES** Health Action Sheet to prevent preeclampsia and premature birth.

LDA Campaign Patient Scorecard Created

Should I do Aspirin...

TO KEEP ME AND MY BABY SAFE?

PLEASE MARK BELOW	HAVE YOU BEEN TOLD YOU HAVE ANY OF THE FOLLOWING?
YES NO	Preeclampsia ("toxemia") in a previous pregnancy
YES NO	Twins or triplets in the current pregnancy
YES NO	Hypertension (high blood pressure)
YES NO	Diabetes mellitus (type 1 or type 2)
YES NO	Kidney disease
YES NO	Autoimmune disorder (lupus, rheumatoid arthritis, etc.)
YES NO	Antiphospholipid or anticardiolipin syndrome
YES NO	Did your mother/sister have preeclampsia ("toxemia") while pregnant?
YES NO	Are you 35 years old or older?
YES NO	Did you weigh less than 5.5 lbs (2.5 kg) at birth?
YES NO	Do you identify as Black or are of African or Afro-Caribbean ancestry?*
YES NO	Will this be your first child?
	IF YOU HAVE PREVIOUS CHILDREN:
YES NO	Is your youngest child 10 years or older?
YES NO	Any previous child weighing less than 5.5 lbs (2.5 kg) at birth?

*Individuals who identify as Black experience more stress due to heightened exposure to racism.

- The original preeclampsia risk screening tool was created in collaboration between the US Preventive Services Task Force (USPSTF), the American College of Obstetricians and Gynecologists (ACOG), and the Society for Maternal-Fetal Medicine (SMFM)

Best Practices for Respectful
Compassionate Discussions with Patients

Our Responsibilities

Ensure patients feel:

- empowered
- well-informed
- equipped to make the best decisions for themselves and their baby

Explain

The risk factor screening process *benefits*

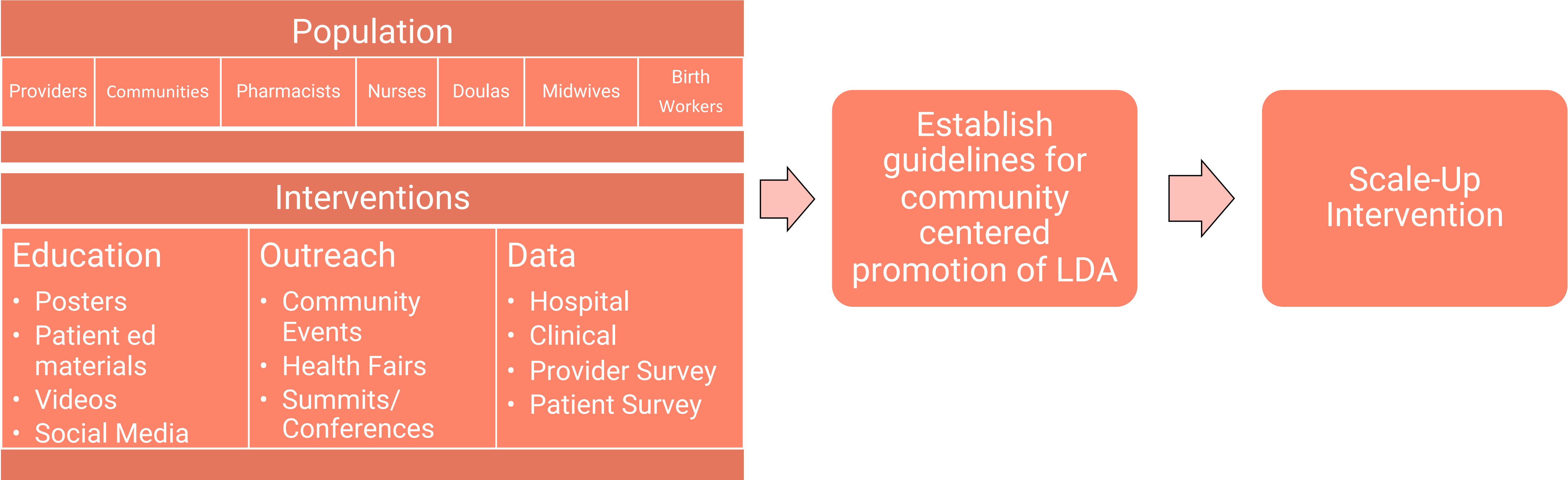
- can help identify those at higher risk for developing preeclampsia
- provides opportunity for prevention

Review and *Discuss*

ALL risk factors with ALL patients

- explain each risk factor fully
- assure questions are encouraged and patients verbalize their understanding

A Community-Centered Approach to Promoting LDA Adherence



Closing
Statements

The work continues…

- Community Engagement
  - ✓ Engage with communities to collaborate ***Starting Now!***
- Clinic-to-clinic and community-to-community networks
  - Connect inpatient and outpatient teams
  - Connect clinical teams with community teams

What you can do…

- Learn more yourself and listen.
- Educate your patients, family, friends about LDA and about preeclampsia symptoms.
- Key messages to share when patients ask about LDA:

  ✓ LDA is very safe to take, safely used in all races and ages
  ✓ LDA can make pregnancies last longer and keep moms and babies safer
  ✓ If taking LDA, it is important to take it daily

Our mission at CMQCC is to end preventable morbidity, mortality, and racial disparities in maternity care. We create tools, including scripts and education materials, and improve outcomes through data-driven quality improvement. We all must ***listen*** with our hearts and minds and remember that the more different someone is from us, the harder we need to listen!

Follow @CMQCC on LinkedIn, Facebook, and X
@CAMaternalQualityCare on Instagram

Access the LDA Project Resources here:

https://www.cmqcc.org/qi-initiatives/low-dose-aspirin-prevent-preeclampsia

THANK YOU!

Q&A

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