

PULLING UP A SEAT TO THE TABLE: EXPLORING AND EXPANDING THE ROLE OF SOCIAL WORKERS IN ADDRESSING RACIAL BIAS IN MATERNAL HEALTH CARE

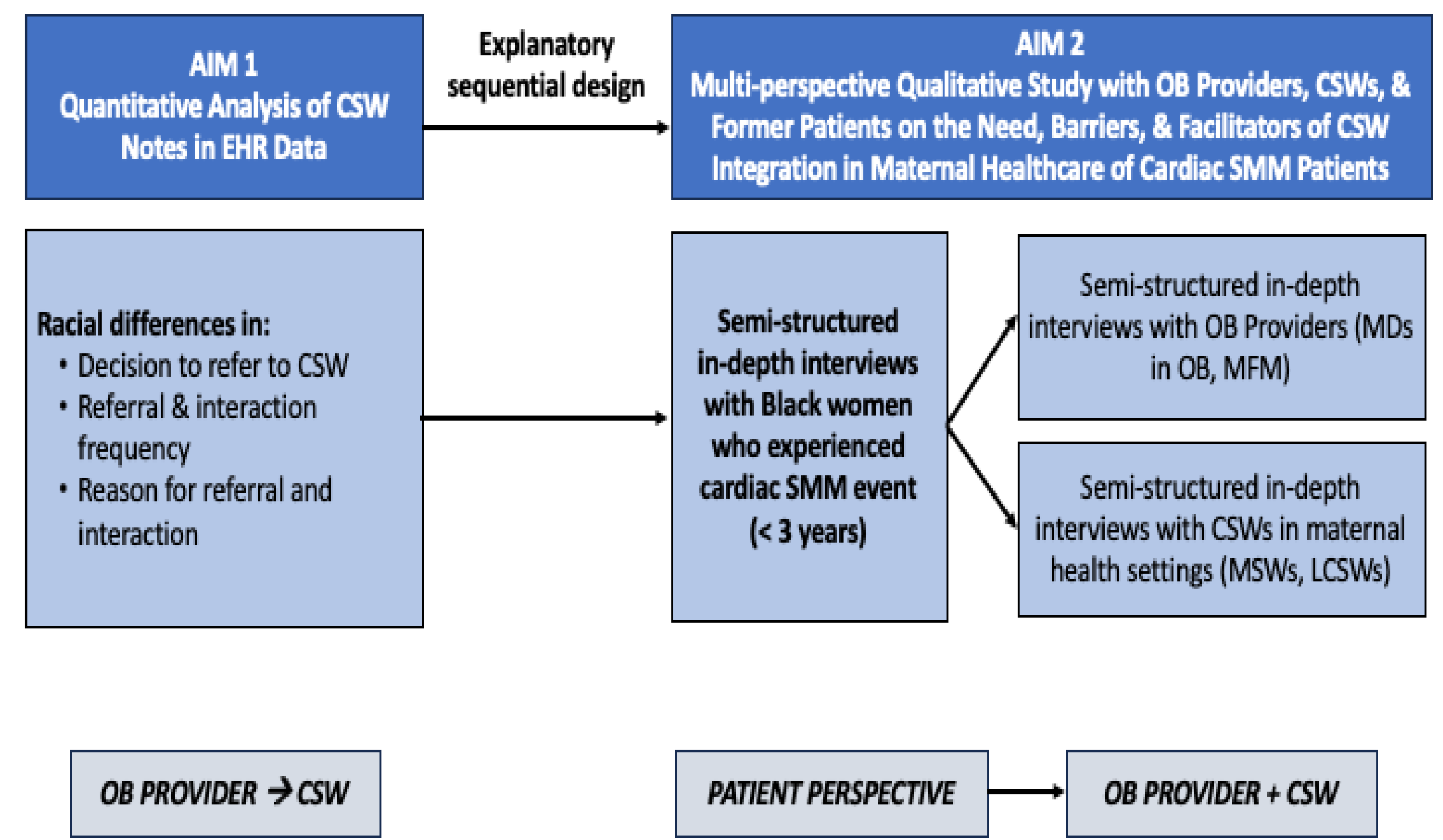
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BACKGROUND

- 84% of maternal deaths are attributable to preventable conditions including untreated mental disorders among all women and untreated cardiovascular disease among Black women³
- Black women are more likely to report experiences of mistreatment and discrimination during maternal care (e.g., violations of physical privacy, ignored requests for help, verbal abuse)—factors directly contributing to racial disparities in maternal mortality and severe maternal morbidity⁴
- Despite expertise and training in treating mental health disorders, addressing social determinants of health, facilitating patient-provider communication, and recognizing structural barriers to equitable healthcare, clinical social workers (CSWs) are underutilized and their roles remain underexplored in maternal healthcare⁵
- This explanatory sequential design mixed-methods study seeks to:
 - Identify if, when, and how clinical social workers are incorporated into the inpatient maternal healthcare of Black women with cardiac-related severe maternal morbidity (SMM) [AIM 1]
 - Explore the perceptions of social worker integration into maternal healthcare among Black women with cardiac SMM, OB providers, and OB clinical social workers to identify how to address psychosocial causes and consequences of cardiac SMM [AIM 2]

Project Conceptual Model



METHODS

AIM 1—EHR CSW Data Extraction

- Q1:** Among all patients with cardiac SMM, how many received referrals to a CSW, and how did receipt of referrals vary by patient race or ethnicity?
- Q2:** Among all patients with cardiac SMM, how many had interactions with a CSW, and how did the frequency of interactions vary by patient race or ethnicity?
- Q3:** Among cardiac SMM patients referred to or had interactions with a CSW, did receiving a CSW referral and frequency of CSW interactions vary by patient age, insurance type, delivery method, or cardiac history?
- Q4:** Among cardiac SMM patients who had interactions with a CSW, how many received referrals from a CSW, and did the receipt of a referral and the referral type vary by patient race or ethnicity?

Based on retrospective cross-sectional cohort data from the CACHE Maternal Health Project (N=24,199), a REDCap sub-database and case report form were developed to conduct a chart review for patients with cardiac SMM who gave birth at Duke Hospital in Feb. 2016- Aug. 2021 (N=201). The study sample was limited to:

- Live births
- Patients with a cardiovascular composite even associated with pregnancy or delivery (e.g., congestive heart failure, cardiomyopathy, acute myocardial infarction, cardiac arrest, hemorrhage, eclampsia)
- Inpatient CSW visits during pregnancy-related hospital admissions

AIM 2—Multi-perspective Semi-structured Interviews

- Quantitative analyses will inform the multi-perspective qualitative study with Black women who have experienced cardiac SMM (<3 years postpartum), OB providers, and OB CSWs to assess the need, barriers, and facilitators of CSW integration in the maternal health care of Black women with cardiac SMM.

Study Group	Inclusion Criteria	Interview Strategy
Black women with cardiac SMM experience (n = 6)	Gave birth within the last 3 years	Semi-structured in-depth interviews
OB Providers (n = 7)	MDs in OB/GYN, MFM	
OB CSWs (n = 7)	MSWs, LCSWAs, LCSWs working in maternal health inpatient & outpatient settings	

- Recruitment strategy:
 - Online support networks
 - Obstetric, pediatric, & women's health clinics
 - Community-based maternal health organizations
 - Professional organizations
- Data collection:
 - Phenomenological semi-structured in-depth interviews with probing questions will be conducted online via Zoom by a social scientist researcher paired with a graduate student assistant for 1-1.5 hours
- Analysis:
 - Thematic analysis with grounded theory approach using NVivo analysis software

RESULTS

- Among 201 patients, 85 CSW interactions in EHR data with the majority (85%) with only one interaction.
- Multiple consult orders were entered for the same interaction, inconsistencies in note types (e.g., intake, consult), and unreliable access to full clinical notes presented challenges for analysis.
- Analysis across race, ethnicity, interaction reasons, and other demographic variables is ongoing.

CONCLUSION & IMPLICATIONS

- The results of this study reveal that:
- CSWs are grossly underutilized in maternal health, most often serving SMM patients to "correct" negative behaviors including substance use (i.e., positive drug tests), perceived noncompliance with treatment plans, and child welfare concerns.
 - The skills, function, and guiding ethical principles of social workers can help reduce racial maternal health disparities through patient-, provider-, and system-level interventions; however, social workers must first address the harm caused by their historical and contemporary roles in maternal health care.

- With the collection and analysis of quantitative data from CSWs' EHR notes, enriched by qualitative data from cardiac SMM patients, OB providers, and OB CSWs, this study has the capacity to:
- Promote greater utilization and integration of social workers into maternal healthcare delivery
 - Demonstrate the need for new and innovative ways that OB providers and clinical social workers can collaborate in the delivery of respectful patient-centered care
 - Expand the roles of social workers in maternal health care at the patient, interpersonal (patient and provider interactions), and structural levels of health care and research
 - Inform the development of interdisciplinary interventions to address implicit racial bias in maternal healthcare and reduce health inequities experienced by Black women
 - Introduce new strategies for patient engagement, provider education, and internal and public-facing healthcare quality improvement measures

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