

October 26-28, 2020

Maternal & Infant Health in the Digital World:

Patient-Centered Care During COVID and Beyond

VIRTUAL CONFERENCE

hmhbga.org/event/beyondcovid2020

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Heart of Georgia Healthy Start Initiative

*Adapting to a New
Normal*

Latosha Elbert, Director

Heart of Georgia Healthy Start Initiative

Mission Statement

Partnering to promote healthy babies and families in our communities.

(A collaboration between the South Central Health District and the Heart of Georgia Healthy Start Coalition, Inc.)



Core Functions of Healthy Start

- Outreach
- Case Management
- Health Education
- Perinatal Mental Health
- Breastfeeding
- Fatherhood
- Consortium



Programs and Services

- Breastfeeding Education & Support
- Car Seat Safety
- Fathers Among Men (fatherhood program)
- Health Education, Screening & Referral
- Parent Involvement Team
- Prenatal & Childbirth Education
- Reach out and Read Book Program
- Safe Sleep Education & Crib Program
- Sister Strides Inter-conception Support Series
- Support Groups
- Triple P (Positive Parenting Program)

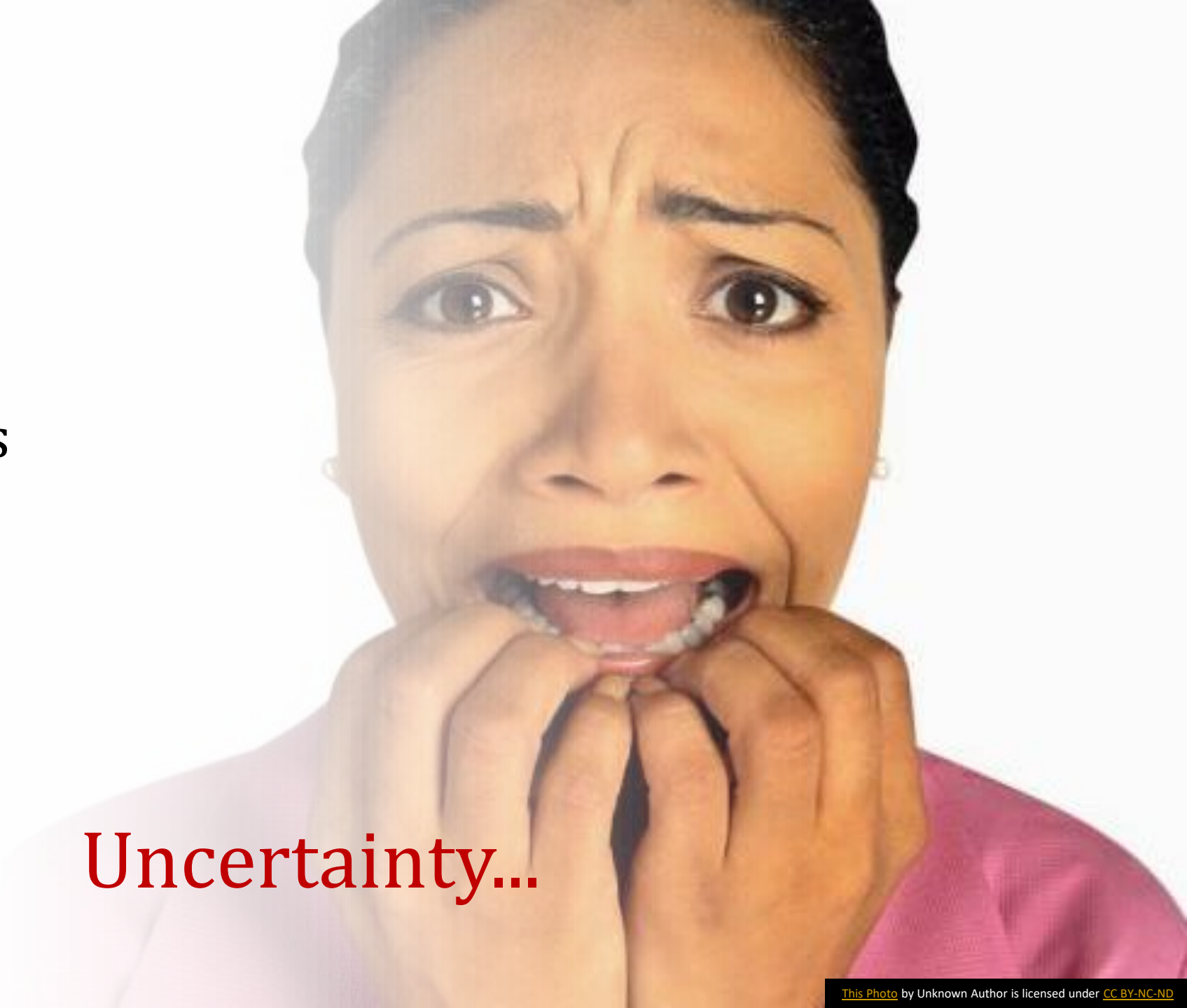
A large, fiery nuclear mushroom cloud explosion is the central focus of the image. The cloud is a mix of orange, red, and yellow, with a dark, smoky stem rising from a circular, glowing impact zone on the ground. The background is a dark, stormy sky with streaks of light, possibly representing meteors or falling bombs. The overall scene is one of catastrophic destruction.

COVID-19

Immediate Changes...

- Healthy Start offices close
- Staff work remotely
- In-person visits suspended

Uncertainty...



Important Questions...


- How will COVID-19 affect our pregnant and parenting women?
- What do we need to do?
- How can we serve our clients effectively?
- How can we keep our clients engaged?
- How do we best support staff during these times?

Educating Ourselves about COVID-19...

For example, the March of Dimes® website provided us with information about COVID-19 and its effect on pregnant and parenting women:

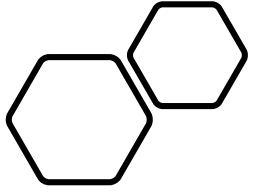
- Recent studies suggest that COVID-19 symptoms are more severe among pregnant people than non-pregnant people.
- Some pregnant people with COVID-19 do not experience fever or muscle aches
- There may be an increased risk of preterm birth among pregnant people with COVID-19.
- High fevers caused by any infection during the first trimester of pregnancy can increase the risk of certain [birth defects](#).
- There may be increased rates of depression and anxiety during and after pregnancy due to the crisis.
- We don't know if COVID-19 can cause pregnancy loss.

March of Dimes. (2020). Coronavirus Disease (COVID-19): What You Need to Know. Retrieved from <https://www.marchofdimes.org/complications/coronavirus-disease-covid-19-what-you-need-to-know.aspx>



Deciding what to do...

- Planning Sessions
 - Convened weekly conference calls with Healthy Start Leadership Team
 - Identified concerns, needs, resources, etc.
- Developing a New Plan
 - Created adapted plan with new guidelines and policies for client education and engagement
- Acquiring Additional Materials & Support
 - Purchase special equipment and supplies
 - Staff participate in special conversations and virtual training opportunities
- Implementing the New Plan
 - Introduced new information to staff
 - Introduced virtual services to clients
 - Monitor staff and client participation and feedback (ongoing)
 - Adapt services as appropriate (based on feedback)



Utilizing technology for client engagement



**CELL PHONES AND
TEXT MESSAGING**



**ONLINE
PLATFORMS**



VIRTUAL GROUPS



**PRE-RECORDED
VIDEOS**

Online Platforms (Telehealth)

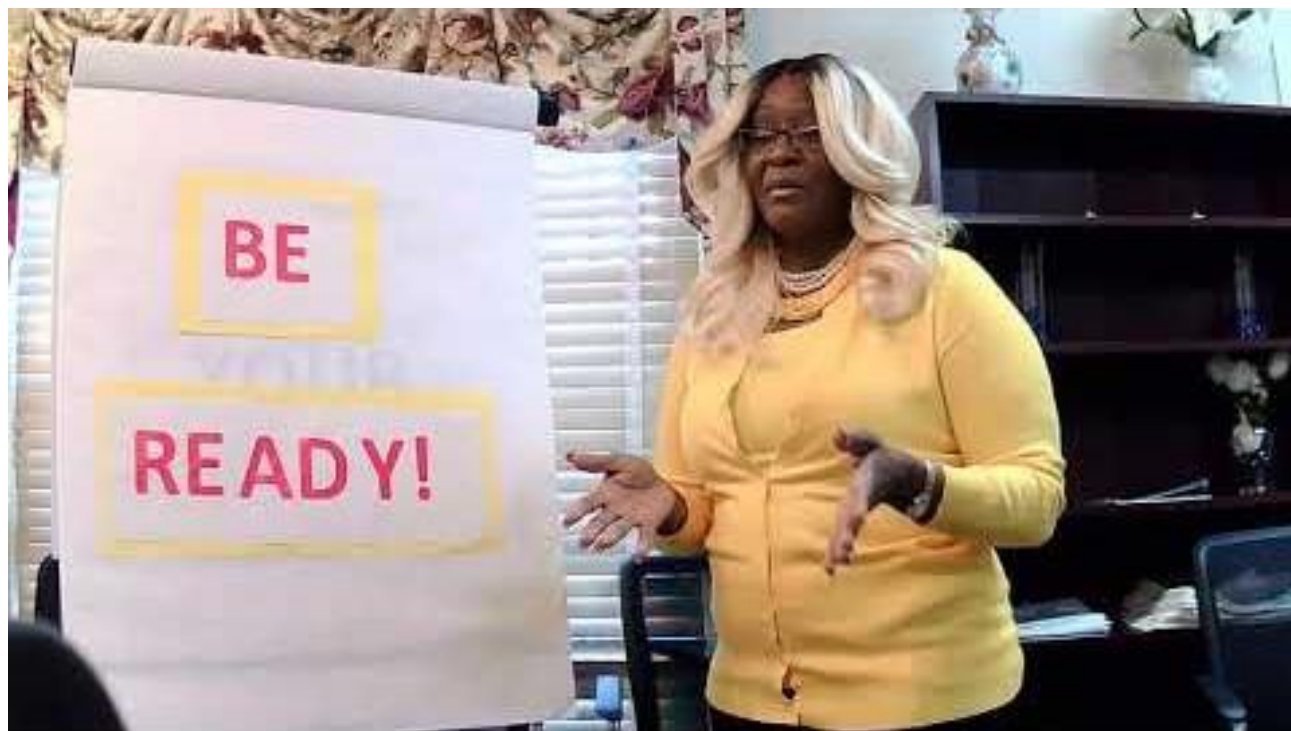
What we could use.

- Facebook Messenger
- Zoom
- Skype
- Whatsapp
- Google hangouts
- Apple Facetime
- Duo
- IMessage

What we could not use.

- Facebook Live
- Tik Tok
- Twitch
- Public Chatroom

US Department of Health and Human Services Office for Civil Rights



YouTube

Healthy Start mailed March of Dimes© and Georgia Department of Public Health material on COVID-19 to send to all clients.



Impact of COVID-19



Program Shift

Heart of Georgia Healthy Start had to shift from being a program centered around the home visitation model to one that is executed through telehealth and other electronic measures.

In rural Georgia, this has been a challenge. Many of our clients do not have reliable internet access or reliable telephone service.

How did we address the issue?



Guidance from Upper Management



Community Support



Social Media & US Mail

A large, abstract orange watercolor splash graphic on the left side of the slide, with various shades of orange and some darker spots, creating a textured, artistic background.

Staff Impact

- Individual Priorities & Focus
 - Staff have concerns about COVID-19 risks to themselves and their own families
 - Staff have been directly affected by COVID-19
- Increased Client Needs & Pressure Due to the Pandemic
 - Staff experience additional stress related to client needs for additional support
- Learning New Systems & Processes
 - Staff required time and support to adjust to adapted service delivery plan
- Ongoing Uncertainty As Pandemic Continues
 - Staff require ongoing development and support regarding Healthy Start's adapted service plan, self-care and client engagement

How did we address the issue?

DBDHH 2X2
Self- Care and
Learning Series

Team Meetings

Counseling
Services

Lessons Learned



- Change is inevitable
- Challenges must be met directly (head-on)
- Strong leadership and community support are essential
- Policies and procedures must allow for adaptation and flexibility (when needed)
- People (and programs) are more resilient than we realize



Thank You!

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Maternal & Infant Health in the Digital World: Patient-Centered Care During COVID and Beyond

Healthy Mothers, Healthy Babies
Coalition of Georgia Annual
Conference

Jeannine Galloway, MPH
Maternal Child Health Director
October 26, 2020

Georgia Home Visiting Program

Virtual Visiting

- Utilize the DPH Telehealth WebEx platform for virtual home visiting sessions
- Trained 125 home visiting staff

Statewide Group Connections

- Host monthly group educational sessions for families across the state
- Topics included breastfeeding, safe sleep, self care, mental health, and early brain development/language nutrition

Outreach and Recruitment

- Utilize social media such as Facebook and Instagram to recruit families
- Provide pre-recorded videos to families interested in the program and created online portals for inquiries

Babies Can't Wait

Virtual Visiting

- Utilize the DPH Telehealth WebEx platform for tele-intervention
- Trained 1000+ providers

Tele-intervention

- Includes a variety of health care and health promotion activities including education, advice, reminders, evaluations and assessments, interventions, and monitoring
- Families can receive physical therapy, occupational therapy and speech therapy in their homes

Next Steps

- Expand virtual visits with the Children's Medical Services and Children's 1st programs
- Continue to survey program participants on satisfaction of virtual virtual service

Contact Information

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Response to COVID-19

Denise Jamieson, MD MPH

Chair, Department of Gynecology and
Obstetrics, Emory

Associate Chief of Service, Obstetrics &
Gynecology, Grady

The Grady Flood, December 2019

HEALTH

Grady Hospital Expects Flooding Damage To Take Months Longer To Repair

SAM WHITEHEAD • JAN 13, 2020



A water pipe break in early December flooded three floors at Grady Memorial Hospital in Atlanta. Hospital officials originally expected repair work to take just a few months. Now they say it won't be done until October.

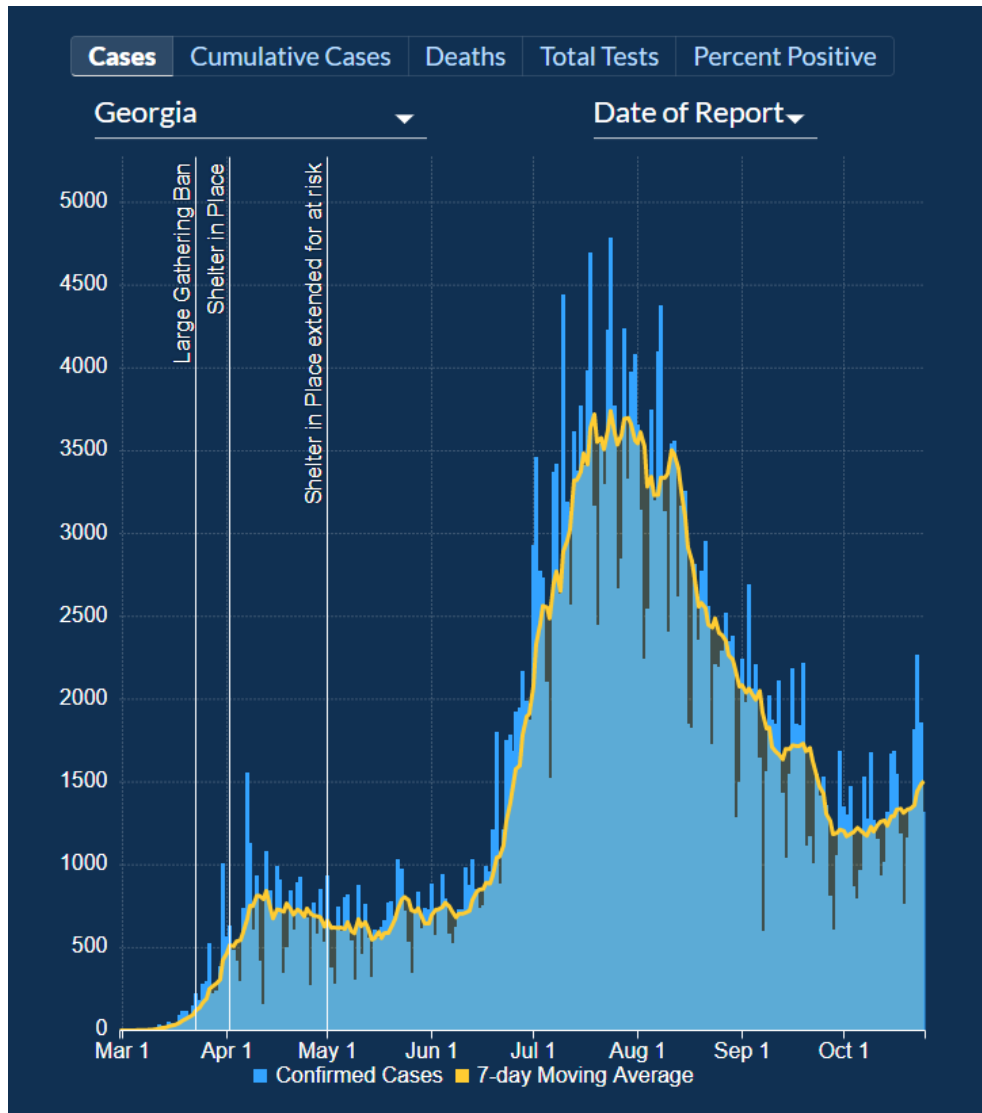
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Confronting Racial Injustice: Whitecoats4BlackLives



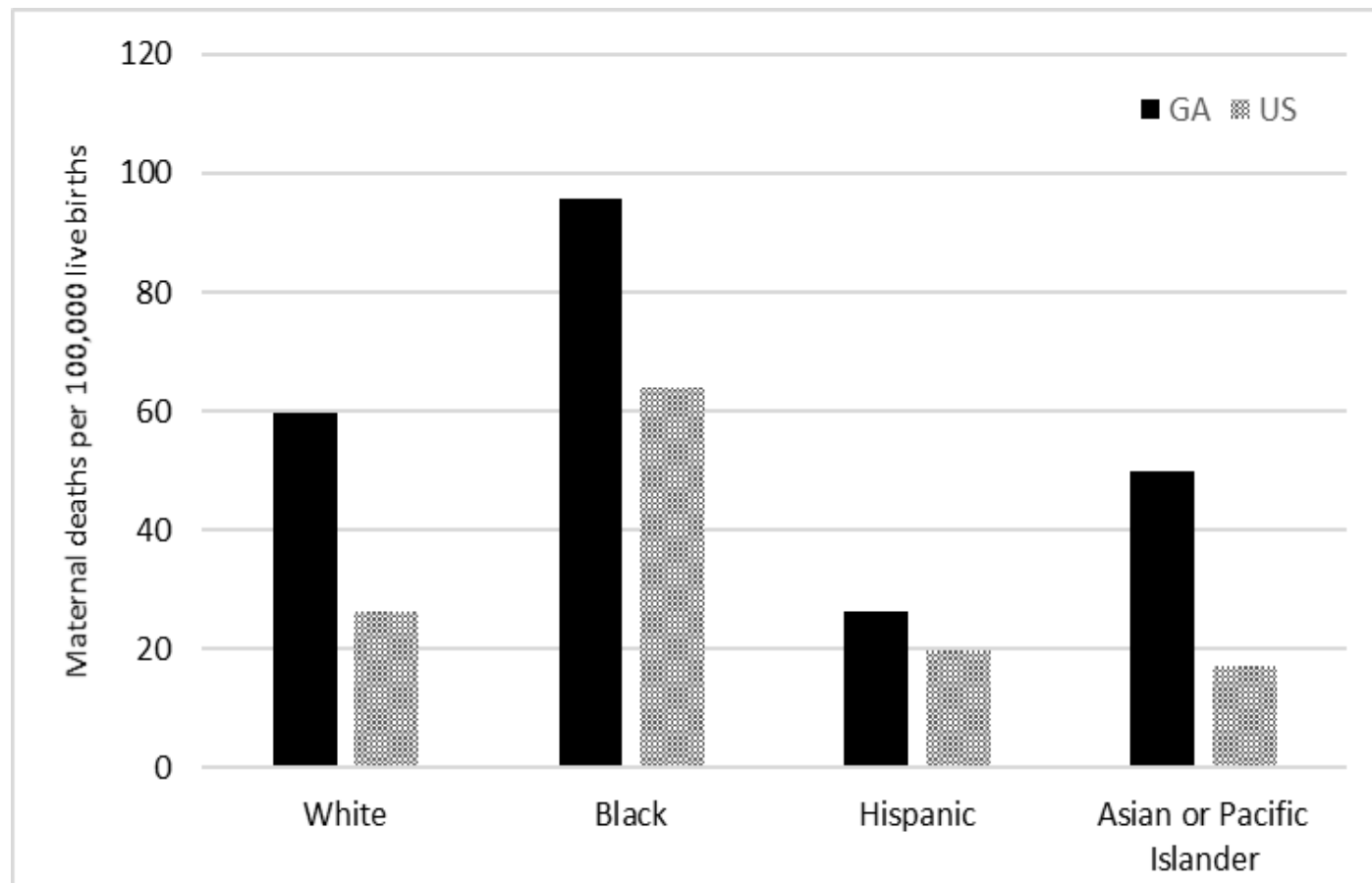
Looking Ahead: Winter 2020-2021



Georgia is facing a maternal health **crisis**.

- Georgia has the second highest maternal mortality ratio in the US (66.3 per 100,000 live births).
- 2/3 of maternal deaths in Georgia are considered preventable.

Maternal Mortality Ratio by Race, Georgia and US

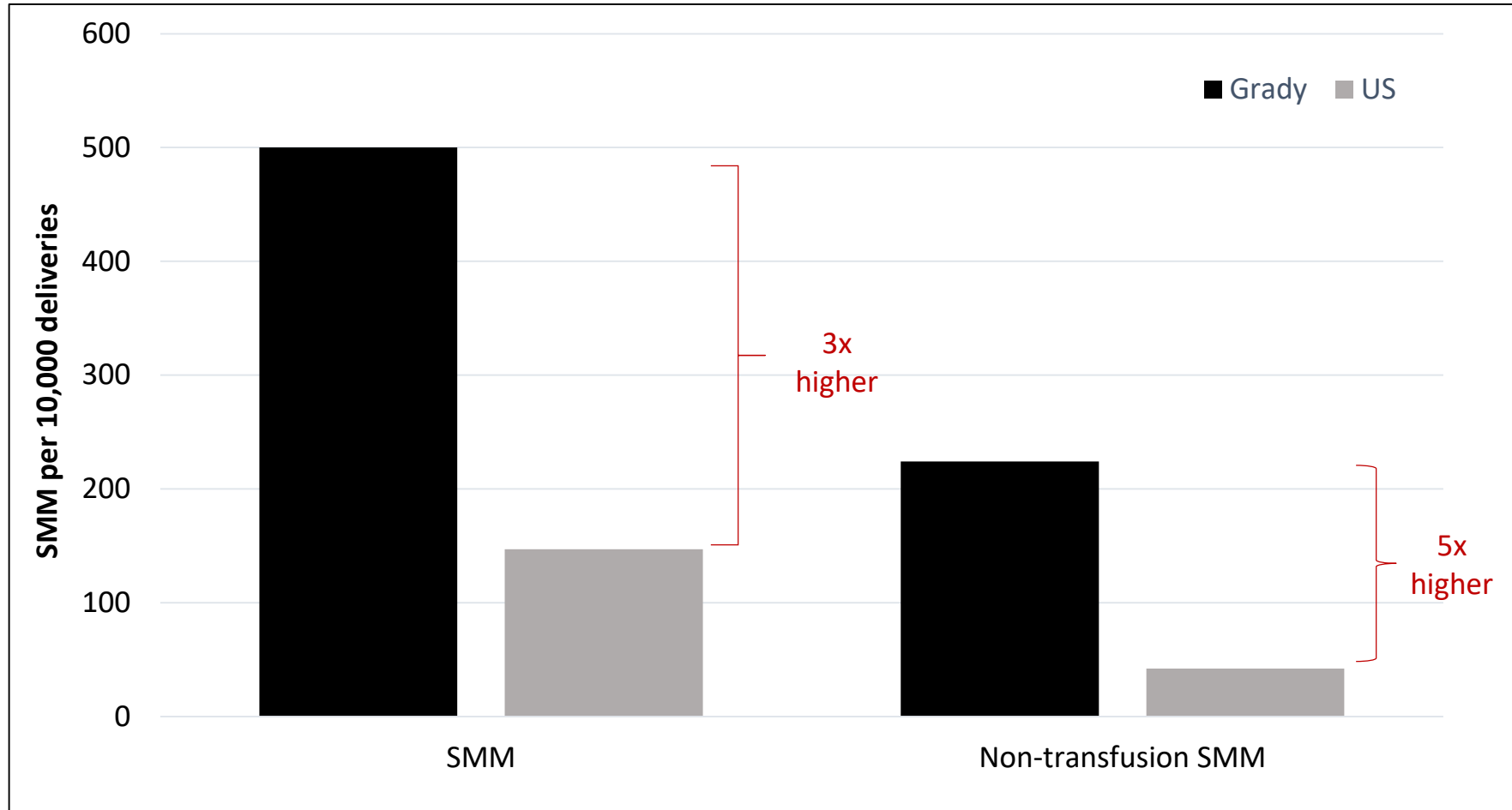


Severe maternal morbidity (SMM) is a “near miss” for maternal death

Unexpected complications of labor and delivery that result in significant short- or long-term consequences to a woman's health

- Closely related to mortality on the biological continuum from normal healthy situation to maternal death
- Without identification and intervention, in many cases, would lead to maternal death
- 100x more common than maternal death
- Includes hemorrhage, sepsis, renal failure, shock, acute respiratory distress, eclampsia, heart failure, etc

SMM: Grady vs US, 2006-2015



US data: Fingar KR, Hambrick MM, Heslin KC, Moore JE. Trends and Disparities in Delivery Hospitalizations Involving Severe Maternal Morbidity, 2006-2015: Statistical Brief #243. HCUP Statistical Briefs, 2018.

Keeping our pregnant patients and staff safe at Grady

- Temperature and symptom screening
- Use of telehealth – technology challenges
- Reduce in-person prenatal visits
- Universal COVID-19 testing on L&D
- Visitor (support person) restrictions
- PPE adaptations (N95 use, eye protection)
- Universal masking
- Physical distancing – waiting rooms
- Early discharges with home visits for patients with co-morbidities

Exacerbation of Many Ongoing Challenges during COVID-19 Pandemic

The *Social Determinants of Health* determine access and quality of medical care.



Childhood experiences



Housing



Education



Social support



Family income



Employment



Our communities



Access to health services



- Legal issues – evictions, loss of employment
- Financial strain
- Access to transportation
- Childcare options
- IPV
- Food insecurity

“Do the Right Thing” in this Time of COVID

- Your professional responsibility extends beyond the walls of hospital – everything you do has an effect on your patients, your colleagues, your community
 - You have a role in protecting others from COVID exposures
 - You have a role in ensuring that our limited workforce is healthy and ready to provide care
 - You serve as a role model in the hospital and in your communities



“Still Rising – Black Motherhood Panel” 8/27/2020 at 8:30 PM

Dr. Damilola Olatunji PGY2 will be participating on a panel discussing prenatal and postnatal care and reproductive justice for black women



MATERNAL HEALTH & WELLNESS
STILL RISING DISCUSSIONS

Still Rising

Still Rising

Dr. Damilola Olatunji

AUGUST 27, 2020/8:30PM EST/FACEBOOK LIVE

The graphic features a central portrait of Dr. Damilola Olatunji, a Black woman with her hair in a bun, wearing a black top and a necklace. The portrait is set against a light gray background and is framed by a white border. The overall design is framed by a light pink border with decorative elements, including pink flowers on the sides and circular logos with the text 'Still Rising' in the top corners. The text 'MATERNAL HEALTH & WELLNESS' and 'STILL RISING DISCUSSIONS' is at the top, and the doctor's name and event details are at the bottom.

Racial Justice Roadmap

Completed

- Addition of grand rounds language (Dr. Collins)
- Department pledge posted
- Dr. Lisa Flowers served as invited participant in NIH's Center for Scientific Review analysis on racial disparities in research
- Incorporation of Social Determinants of Health into Department M&M (Drs. Gopika Krishna, Crochet, Shockley, Davenport)

Ongoing

- Justice Link & Kudos Link
- Review & revise of department website (DJ to change chair welcome; need additional photos)
- Set up conversations (book club, journal club – Kottke)
- Diversity & Inclusion Committee report and next steps – formation of Anti-racist Task Force Community Engagement Committee – (Led by Dr. Mina Farahzad); ongoing focus group discussions
- Anti-racist curriculum for department – (Dr. Arluck and others)
- Writing manuscripts and applying for research grants with focus on anti-racism
- Voter registration efforts (G. Krishna, Reed)
- Develop pathway: Kindergarten through Medical School (Reed)

Updates

- One-month challenge reports due October 21 (Today)!

Our Pledge to Racial Equality and Justice

As advocates for women and healthcare specialists, we, the faculty of the Emory University School of Medicine Department of Gynecology and Obstetrics acknowledge the legacy of racism in the United States and its effects on the Black citizens of this nation.

We recognize that implicit bias and systemic barriers, particularly in the health care arena, have contributed and continue to affect access to care and delivery of quality healthcare services to communities of color which have been historically marginalized and not prioritized.

We affirm our commitment to the advocacy for and protection of Black people and families through all stages of life, and we recognize the pivotal role we play in bringing attention to stark disparities in Black maternal and infant mortality and working to correct these inequities.

As we work to dismantle centuries of miscommunication and mistrust between the medical establishment and the Black community, we recognize and are sensitive to the history of abuse and terror visited on this community at the hands of those in whom trust was placed.

We understand that studying this history enables us to better understand and contextualize conversations with our patients to engender their trust.

Through active engagement with our policymakers at the city, state and federal levels, we will continue to engage the community at large and educate decision-makers on the state of health care outcomes for Black people to improve funding for research, facilities, education programs and personnel to begin to correct these inequities, a process which benefits not just Black people and families, but all people and families.

We recognize systemic racism and violence as public health crises which extend beyond healthcare to community policing, education, housing, our financial system and beyond.

We honor our sacred vow to do no harm and will continue to work to safeguard and shield the health and lives of Black persons and families as is consistent with our calling and our training as physicians.

Adopted by Department of Gynecology & Obstetrics Faculty, written by [Dr. Kalinda Woods](#), June 2020

Vote!

- ACOG's District IV "Get Out the Vote" virtual voter registration drive (Drs. G. Krishna and Reed)
- Emory Votes Initiative (Castellano)



— Advocacy —

District IV Voter Registration Campaign

District IV: Get Out the Vote!

ACOG District IV recognizes the importance of supporting civic engagement among all our members. Voting is a tenet of medical professionalism. The American Medical Association's "Principles of Medical Ethics" states that "a physician shall recognize a responsibility to participate in activities contributing to the improvement of the community." However, research has shown that physicians have lower adjusted voting rates than other members of the general population, including those in other demanding industries such as lawyers.¹ We need your help to fix that.



Department of Gynecology
and Obstetrics

Emory Votes Initiative Launches New Website

To help the Emory community register and vote this fall, the Emory Votes Initiative (EVI) has launched a fresh website. On it you can sign up for help from TurboVote, an online platform that guides you to check your registration status and update if needed or register for the first time! If asked, TurboVote can mail you an absentee ballot request form, and it texts occasional reminders of important dates and polling places.



On the Path to the Polls page of the website, you can consider your voting options: by-mail voting, in-person early voting, or voting at your local precinct on Election Day. (EVI recommends voting as early as possible, whether by mail or early in person.) Also there, EVI suggests ways you can help others vote in this election, in particular by stepping up as a poll worker. Check out Opportunities for Engagement.

As for timeline, while Georgia's registration deadline is October 5, EVI suggests aiming for September 22, National Voter Registration Day, to allow time for processing and mailings.

Once registered, you can request and track an absentee (mail-in) ballot through the Georgia Secretary of state's [My Voter Page](#) or use TurboVote's help. Requested ballots go out starting September 15. Follow directions carefully. Allow at least two weeks if returning it by mail. Ballots can also be dropped off at secure county drop boxes. Either way, to count, voted ballots must be received, not just postmarked, by 7 p.m. November 3.

Early in-person voting on Georgia's new voting machines starts October 12. Consult your county for exact dates and locations.

Finally, the general election itself is Tuesday, November 3.

The Emory Votes Initiative is a nonpartisan effort developed by faculty, staff, and students to strengthen and centralize voting efforts on campus. One Emory, your vote, our future. #emoryvotes

Department of Gynecology and Obstetrics, Emory

The vision: To address disparities and promote health equity in women's health.

Responding to Dual Pandemics

- Historic moment in time –*how we react to it defines us*
- None of this is easy –*hardest situation we have endured in memory*
- Show compassion and share grace with your teammates –*everyone is under more stress at work and at home than what we are used to*

d for
Denise

We must accept finite disappointment, but
must never lose infinite hope. (MLK, Jr)

OB High Risk Clinic

(404) 616-8056

404 616 1000
Emergency Appointment

Thank you for
helping

Eric
12/1/11