BACKGROUND

Social Determinants of Health (SDoH) are defined by the World Health Organization as "the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life." This includes access to food, education, social inclusion and nondiscrimination, housing and safe neighborhood conditions, transportation, personal safety (or exposure to interpersonal violence), community and social support networks, affordable, good quality healthcare, and other contextual threads of daily life. Individual experiences and interpersonal relations are shaped by structural factors such as political and economic policies, power relations, resource distribution, and institutional inequities.

Addressing individual and community level needs within the context of maternity care offers health care institutions the opportunity to support two generations at once. However, this work also presents challenges and potential harms. Incorporating SDoH screening and referral into clinical care, maintaining accuracy, providing meaningful solutions to problems identified, and finding local resources for referrals have all presented limitations to SDoH screening programs.

OBJECTIVE

This study explored patient and health care team member perspectives on SDoH in maternity care to identify their recommendations for effective screening and referral.

STUDY DESIGN

The research project was reviewed by the University of North Carolina at Chapel Hill IRB (#18-2811) and determined to be exempt. A human-centered design approach guided the study design and analysis.

SETTING

The study setting was a prenatal clinic and surrounding community of a university teaching hospital in the Southeastern United States.

DATA COLLECTION

Between March 2019 and February 2020, the study team completed:

- Clinic shadowing of health care team members (n=7)
- Interviews with postpartum individuals (n=15)
- Focus group with health care team members (n=11)
- Focus group with Spanish-speaking individuals (n=4)

Best practices in addressing social needs for maternal health

Birthing parents described concerns about potential mistreatment or harm because of SDoH disclosures, and said those worries influenced their screening responses. According to participants, responses reflect the extent to which they feel understood by their health care team and whether they anticipated that sharing information would translate to help. **Consider leading with resources.**

RESULTS

When SDoH resources are available (and screening is necessary) all patients should be screened:

- As part of integrated health assessments Early in care and then periodically
- every should not be conducted unlose.

Screening should not be conducted unless clinics have protocols in place.

Institutions should be ready to:
Addressing urgent, immediate needs

Offer referrals for quality resources

When people are dealing with unmet needs,

They are "not in the mind state to go research a lot." Health care team members should offer:

- Verbal acknowledgement
 - Clear, actionable information
 - "Something they can just grab"

Patients were concerned about bias and stigma.

They wanted their health care team to:

- Really listen
- Understand challenges
- Normalize seeking support



Kristin P. Tully, PhD,¹⁻² Amelia N. Gibson,³ Alison M. Stuebe, MD, MSc, ^{1-2,4}

- Division of Maternal Fetal Medicine, Department of Ob/Gyn,
- University of North Carolina at Chapel Hill
- Collaborative for Maternal and Infant Health, School of Medicine, University of North Carolina at Chapel Hill
 University of Maryland
- 4 Gillings School of Global Public Health, University of North Carolina at Chapel Hill

Correspondence: Kristin.Tully@unc.edu



RESOURCES

Systems of care can be strengthened through more transparency, for patient autonomy. For example, UNC Health developed a webpage to describe the purpose of screening and patient rights, and to offer a direct connection to resources.



Do I need to answer these questions?

No, you can choose not to respond to a screening question. You can also choose not to talk to your care team about some of your needs.

If you decide to share information later, we are here to listen and help. Your responses are securely stored.

FUNDING

North Carolina Translational and Clinical Sciences (NC TraCS) Institute, which is supported by the National Center for Advancing Translational Sciences (NCATS), National Institutes of Health grant UL1TR001111.

REFERENCES

Tully KP, Gibson AN, Pearsall MS, Umstead K, Gill C, & Stuebe AM. (2022). Screening and referral for social determinants of health: Maternity patient and health care team perspectives. *Health Equity*, 6(1), 1-11.

Umstead KA, Gill C, Pearsall MS, Stuebe AM, Tully KP. (2023). Human-centered design in the context of social determinants of health in maternity care: Methods for meaningful stakeholder engagement. *Int J Qual Stud Health Well-being*, 18(1).