

## Coordinate Existing Services & Needs

Coordinating existing services and needs includes innovations that integrate clinical and social services to help avoid disjointed care for the birthing person. Demand for this coordination existed prior to the pandemic, and this need has been exacerbated by confusion and abrupt changes to hospital policies during COVID-19, increasing isolation, fewer touch-points for screenings for social services, and worsening disparities in low-income communities and communities of color.

More than ever before, participants expressed an increased need in screening for social determinants of health (SDOH), but in parallel with this increasing need, the content, setting, and connection of appointments have changed due to fears of exposure, leading to a reduction in patient follow-ups and the personal connections that would have potentially improved screenings for domestic violence, maternal mental health issues, and SDOH. Participants also expressed a need to strengthen the connections between the clinical sphere and social services that already exist within the communities where birthing people live.

Participants highlighted that innovations that coordinate existing services and needs can be particularly helpful for:

- Targeting feelings of isolation, mistrust, and misinformation during prenatal care and connecting patients with support systems
- Expanding postpartum resources (mental health and infant feeding) and continuity of care
- Checking in on partners, support persons, and other children who are currently not being included
- Connecting survivors of domestic violence with resources
- Harnessing increased options for virtual connectivity
- Promoting non-clinical collaboration with childcare and faith-based partners who are mobilizing with maternal health linkages
- Standardizing processes with Departments of Health that are interested in expanding screening

## Strategies for Coordinating Existing Services & Needs

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Health system leaders interested in innovations that coordinate existing services and needs should consider the following strategies for building demand among birthing people and health system stakeholders and augmenting the supply of enabling factors to support successful and sustainable implementation. These strategies summarize key action steps recommended by participants for building momentum, but they are not intended to be comprehensive or required for all settings depending on your local context.

## Build buy-in from all stakeholders for addressing social determinants of health, including birthing people, support people, and clinicians

- ❑ Normalize screening for social determinants of health as a part of the standard course of care and support for birthing people
- ❑ Provide mass communication and education for birthing people to understand different support services and roles available to them (e.g. midwifery services)
- ❑ Listen to birthing people and their families to build trust before discussing potentially sensitive aspects of their lives and to ensure that services align with their needs
- ❑ Engage all disciplines in prioritizing care coordination and developing shared solutions

## Adopt standardized tools and processes for screening and connecting birthing people with appropriate services

- ❑ Ensure risk profiles incorporate multifaceted data on wellbeing beyond physical health
- ❑ Clearly articulate the “why” for screenings and services (i.e. the value and challenges to be solved) in addition to practical questions and steps
- ❑ Identify or develop tools that are practical to implement, structurally integrate questions about social determinants of health into standard care processes, and center birthing people’s voices in the screening process
- ❑ Build clinician comfort and confidence in asking birthing people questions about social determinants of health through education and training
- ❑ Establish a clear landscape of resources and services available within the health system and community partners so clinicians have actionable next steps for supporting birthing people

## Expand and diversify roles involved in screening, connecting, or providing for support needs

- ❑ Staff advocates, care coordinators, social workers, and/or community health workers in all care facilities (e.g. birth center, clinic, hospital) to connect birthing people to the resources that they need
- ❑ Engage interpreters to provide culturally and linguistically-appropriate care and services for birthing people with limited English proficiency
- ❑ Connect birthing people with peer advocates or care coordinators who are representative of their communities and have experienced birth themselves to provide education, support, and connections with health or social services

- ❑ Incorporate midwives as partners with other clinical roles to provide low-risk care and connect birthing people with prenatal and postpartum resources and support
- ❑ Engage clinicians in thinking about the broader context of health and continuum of care beyond individual interactions or procedures (e.g. prescriptions, surgeries)
- ❑ Increase partnerships and collaborations with community-based organizations and other stakeholders to provide support and services (e.g. food access, transportation, internet)

## Provide multi-modal access to care, social services, and support

- ❑ Leverage virtual connections and remote screenings as a way to increase access (e.g. for those who don't get paid time off or face transportation barriers)
- ❑ Expand home health services (e.g. home visits, home outreach) to meet birthing people where they are, especially for those for whom transportation is an issue

## Advocate for increased funding for social services screening and provision

- ❑ Demonstrate the cost effectiveness of social services and support
- ❑ Increase funding for more time and staff to be dedicated to screening and support
- ❑ Expand financial support to ensure all birthing people can access the services they need