

Improving Postpartum Maternal Outcomes For Populations Experiencing Disparities

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Objective: To improve mean postpartum systolic blood pressure at 6 weeks and to reduce depression severity at 3 months postpartum.

Rationale: Maternal mortality in the US has increased recently, and approximately 1/3 of this mortality occurs during the postpartum period. For most birthing persons, insurance coverage for prenatal care and delivery ends at 6 weeks postpartum, making it difficult to provide adequate, ongoing care for women with medical or mental health issues during pregnancy. This is especially the case for women on government insurance who already face significant disparities in access and adequacy of care, and are at higher risk for pregnancy-related morbidity and mortality.

Methods: We will enroll priority populations in three medical centers using a stepped wedged study design, comparing standard of care (SoC) for postpartum participants with: 1) a Remote Medical Model (RMM) which includes SoC PLUS remote home blood pressure (BP) monitoring and treatment, weekly virtual visits for 6 weeks by a physician extender (e.g. Nurse Practitioner, Pharmacist, etc.), and screening for social determinants of health and anxiety/depression with referral for services if positive; 2) a Community Health Model (CHM) which includes SoC, RMM PLUS the utilization of community health workers trained in a strength-based trauma informed dyadic evidence-based approach.

This is a 5-year study across 3 academic clinical sites that plans to enroll a total of 6,000 women immediately after delivery. The study population will be identified to belong to a priority population (Black, AI/AN, Hispanic, and rural persons, and persons experiencing lower SES).

Outcomes:

Primary outcome 1. Reduction of mean Systolic blood pressure (SBP) at 6 weeks postpartum.

Primary outcome 2: Reductions in maternal perinatal depression at 3 months post-partum, measured with the Edinburgh Postnatal Depression Scale (EPDS).

Secondary outcome: Engagement with care

If funded by the Patient-Centered Outcomes Research Center, we will begin recruitment in March 2023.