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Health-related socioeconomic risk screening in outpatient obstetrics and gynecology practice

OBJECTIVE: The COVID-19 pandemic has exacerbated socioeconomic barriers to health among people seeking obstetrical and gynecologic care, including cisgender women and transgender patients.[1,2] Increased socioeconomic vulnerability in these populations is associated with alarmingly high rates of mental health problems observed during the pandemic.[1,2] The American College of Obstetricians and Gynecologists (ACOG) recommends that healthcare providers screen and refer for health-related socioeconomic risk factors (HRSRs) as a means to provide more effective care, improve individual health outcomes, and reduce population-level inequities in reproductive health.[3] Previous studies have established the appropriateness of HRSR screening among primary care patients and caregivers of pediatric patients.[4] To complement the ACOG recommendation, this study examined how obstetrical and gynecologic patients perceive HRSR screening and documentation.

STUDY DESIGN: A cross-sectional convenience sample of patients was recruited from urban, academic obstetrical and gynecologic clinics between April 2019 and June 2019. Eligible participants were English- or Spanish-speaking patients aged ≥18 years and able to provide informed consent. Potential participants were approached in clinic waiting areas, provided with information about the study, and screened for eligibility if interested. Eligible participants completed a self-administered survey assessing sociodemographic characteristics, HRSR status, and attitudes toward HRSR screening and documentation in electronic health records (EHRs). All participants provided verbal confirmation of the informed consent process. The protocol was approved by the institutional review board. Descriptive statistics were used to summarize survey responses across all patients and stratified by HRSR status (no HRSR or ≥1 HRSR).

RESULTS: Of the 133 patients who expressed interest when approached, 79 met eligibility criteria and were included in the sample. Moreover, 47% of patients reported ≥1 HRSR, including food insecurity (33%), housing instability (25%), transportation difficulties (22%), utilities difficulties (13%), and interpersonal violence (1%) (Table). The desire for assistance with HRSRs was endorsed by 90% of patients with utilities difficulties (n=9), 65% of patients with housing instability (n=13), and 73% of patients with food insecurity (n=19). Among all patients with ≥1 HRSR, 60%

TABLE
Sample characteristics of obstetrics and gynecology patients

Characteristics	Total (N=79) N	%
Age (n=77)		
18–44 y	64	83
45–64 y	12	16
≥65 y	1	1
Gender		
Cisgender woman	78	99
Transgender man	1	1
Race		
Black	48	62
White	22	28
Other[a]	8	10
Education		
Less than high school or high school	20	25
Greater than high school	49	75
Income (n=67)		
≤$25,000	26	39
>$25,000	41	61
HRSRs		
Food insecurity	26	33
Transportation difficulties	17	22
Utilities difficulties	10	13
Housing instability	20	25
Interpersonal violence	1	1
Number of HRSRs		
No HRSR	42	53
≥1 HRSR	37	47
Desiring HRSR assistance		
No	54	68
Yes	65	32
Appropriateness of HRSR screening		
Inappropriate	14	18
Appropriate	65	82
Comfort with EHR documentation (n=77)		
Uncomfortable	26	34
Comfortable	51	66

EHR, electronic health record; *HRSR*, health-related socioeconomic risk factor.

[a] Includes participants self-identifying as Asian, >1 race, or other unspecified race.

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desired assistance with HRSRs (32% overall), 72% were comfortable with EHR documentation (66% overall), and 92% felt it was appropriate to assess for HRSRs in clinical settings (82% overall).

CONCLUSION: Consistent with the ACOG recommendations and studies of other patient populations,[4] most obstetrical and gynecologic patients felt that HRSR screening in a clinical setting was appropriate and were comfortable with EHR documentation. Most patients with HRSRs desired assistance. Although generalizability was limited by a small convenience sample and the single institution design, our findings support the US healthcare sector's investment in social care integration. The National Academies of Science, Engineering, and Medicine's social care framework[5] emphasizes the importance of not only assessing HRSRs but assisting patients to mitigate health-related socioeconomic vulnerability, a prevalent condition among people presenting for obstetrical and gynecologic care before and during the COVID-19 pandemic.[1,2] To enable systematic assessment and assistance, our team developed the CommunityRx intervention. CommunityRx is an evidence-based, electronic medical record-integrated, and personalized community resource referral system that connects patients to resources in their community to address health-related social risk factors and wellness, disease self-management, and caregiving needs.[6] ■

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Delivery hospitalizations among incarcerated women

OBJECTIVE: Women are a fast-growing segment of the incarcerated population, and those who enter prisons, jails, and detention centers often do so with undertreated mental health conditions, substance use disorders, chronic conditions, and infectious diseases.[1,2] About 4% of women who enter US prisons and jails will be pregnant at intake and will require prenatal care tailored to meet these needs.[1] There are limited and inconsistent data on the risk for preterm delivery in this population and no data on the risk for other pregnancy complications such as severe maternal morbidity. Outcomes may be poorer because of limited or suboptimal care. We used a large administrative