

## Title: Incorporating Social Determinants of Health into Prenatal Care

Background: Social Determinants of Health (SDOH), as defined by the Centers of Disease Control and Prevention, is “the conditions in the places where people live, learn, work, and play that can affect health outcomes.” These social constructs can have a lasting effect on individuals, particularly in the realm of reproductive health. SDOH, includes, but is not limited to factors like access to healthcare, access to food and clean water, access to transportation and education. Obstetric patients are a particularly vulnerable population who are at risk of facing poor health outcomes based on their environment. The perinatal period can also introduce additional social/life stressors that can impact the health of patients. As related to prenatal care, the increased stress levels is associated with “increased odds of preeclampsia (62%), preterm birth (44%), and low-birth weight (39%).” Recognizing the SDOH during prenatal and postpartum care can help mitigate and reduce adverse outcomes for disadvantaged communities.

Objective: To increase the use of the EPIC Social Determinants of Health (SDOH) hyperlink tool by 50% during prenatal care by March 31, 2023.

Methods: A retrospective chart review was completed for patients who delivered at Shands Hospital in May 2022 (N=100). Demographic data and baseline documentation rate of SDOH during prenatal care were obtained. RedCap was utilized for data management. The proposed intervention was incorporating SDOH screening questions into the OB Registration appointment to capture social needs at the patient’s initial point of contact. The specific areas of focus in the SDOH hyperlink were Financial Resource Strain, Food Insecurity, Transportation Needs, Stress, Intimate Partner Violence and Housing Stability. OB Registration appointments that occurred in March 2023 at Medical Plaza (N=50) and Springhill clinic (N=50) were then reviewed to determine if there was an increase in the rate of SDOH documentation. Provider’s perspective on the importance of SDOH and the barriers in addressing SDOH were obtained via a validated questionnaire. Univariate analyses and Fisher Exact test were performed in Excel version 16.

Results: There was an increased rate of EPIC SDOH hyperlink use from 0% to 86% ( $p < 0.001$ ) at Medical Plaza and 0% to 64% ( $p < 0.001$ ) at Springhill. At the Medical Plaza, 22% (N=11) of respondents had a “medium” or “high” risk response to at least one of the SDOH categories compared to 16% (N=8) at Springhill. Of the 27 providers, 96% agree that SDOH are important for patient health and 82% agreed providers should identify and help address social needs. Clinical obstacles such as lack of knowledge of community resources, limited time and clinical environment were identified as barriers.

Conclusion: Incorporation of EPIC SDOH tool within the obstetric registration visit significantly increased utilization and provides an opportunity to address patient’s social needs. Most providers recognize the importance of addressing SDOH. Next steps include distribution of a community resource document, incorporating hyperlink into prenatal notes and expansion of SDOH into gynecologic care.