

WELCOME to

Caring for Mother/Baby Dyad  
during the COVID Era ECHO

Session will start in less than 15 minutes



Presenter:

## **Neel Shah, MD, MPP**

Director, Delivery Decision Initiative, Ariadne Labs

Assistant Professor of Obstetrics, Gynecology and Reproductive Biology,  
Harvard Medical School

Obstetrician-Gynecologist, Beth Israel Deaconess Medical Center

Founder, Costs of Care and March for Moms



# Conflict of Interest Disclosure Statement

I have no Conflicts of Interest



**Point/Purpose:** During the COVID19 pandemic communities around the world have been split into two groups: those who can protect themselves and those who cannot, their fates divided by geopolitical borders as well as neighborhood blocks within the same city.

Our apparent inability to help the most vulnerable among us stems from the local as much as the global. Decades of city policies that fail to account for health, compounded by decades of health services that fail to account for the social circumstances, have left an inexorable and widening gap between those who provide care and those who need care most.

Addressing this challenge requires repairing mistrust between community leaders and health care providers. We must re-write the rules for change and we must redesign the way we deliver care.



## Premise:

People who are starting or growing their families are uniquely vulnerable during humanitarian disasters, and history indicates that their wellbeing is an important bellwether for the wellbeing of all of us. During the period spanning pregnancy through parenthood, daily life is disrupted by shifting biological and social circumstances. Without attention, care, and support, these disruptions lead to multiple forms of suffering: undertreated illnesses, economic disempowerment, isolation. People of color, immigrants, those living in underserved settings suffer most.

The services that were essential to the wellbeing of people growing their families a few months ago are still essential now. However, because of the risks posed by the COVID19 pandemic we are not able to deliver these services in the same way. Merely pausing and waiting for a return to normal will exacerbate the threats to their wellbeing, leaving society less safe and less equitable. Instead, we must invest and innovate to establish a new normal.

**Motivation:** story of Amber Isaac

<https://thecity.nyc/2020/04/woman-dies-in-childbirth-after-tweet-about-hospital-concerns.html>



## Solutions:

- We need to generate empathy in order to create trust between communities who are feeling dismissed, policed, condemned --and health care workers who are feeling sacrificed, blamed, and burned out.
- We need a “health in all policies” approach to city planning to ensure the right health metrics are tracked, and health-enabling services are accessible to those we need them most, including safe means to bring people to services and bring services to them
- We need a “social care” approach to health services that recognizes the way biology and sociology interact to set priorities. Rather than prioritizing health care based on physical symptoms alone, we should also consider social vulnerability (ie, if someone with mild symptoms lives in a multigenerational house in a community of immigrants holding high risk jobs that make them unable to self-isolate, we would be keeping them and their families and communities safer by taking their social circumstances into account -- the question to be resolved is how to do this in a sensitive and trauma informed way)

