

POSTER ABSTRACT

Problem identification in highly vulnerable pregnant women with multiple social and medical problems

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Introduction: Within the Netherlands, large differences in perinatal outcomes are observed between groups with different ethnicities and socioeconomic status. Pregnant women with multiple social problems are more at risk of poor perinatal outcomes. This is also true for the municipality of Rotterdam, thus a holistic program was developed to optimize care for highly vulnerable pregnant women. The Mothers of Rotterdam MoR is an unique program that combines social and medical care from pregnancy until the second birthday of the child.

MoR has a central registration point where socialcare can be requested for pregnant women living in Rotterdam who are social vulnerable. Registration is easily accessible and pregnant women can also apply for care themselves. An intake by a social professional in the home environment is scheduled with each pregnant woman to assess the amount and intensity of their problems.

This study aims to determine how problems, registered at referral, represent those determined by a social professional after the home visit.

Methods: A prospective cohort study containing 128 participants, who were referred to MoR between 01-01-2016 and 30-05-2017, was conducted to investigate the differences in problems indicated at referral and after the home visit. The referring party filled out a checklist including potential social- and medical problems. This checklist consisted of 47 problems divided over 8 domains. The social professional of MoR filled out the same checklist after the first home visit. The problem scores were constructed by counting the number of problems indicated on the checklist. A Wilcoxon signed rank test was used to test the differences between the problems scored on both checklists.

Results: 176 pregnant women received care from MoR. 13 of them 7.4% were self-referred pregnant women. From 128 pregnant women both checklists were available for evaluation. 95 pregnant women 74% were referred by a medical professional and 33 pregnant women 26% were referred by a social professional. The social professionals scored a significantly higher number of problems $p=0.004$ after the first home visit than the referring party.

Discussion: The setting in which the checklist is completed, behind a desk versus in the home environment, contributes to the assessment of the problems. A medical professional has less

knowledge of social problems and besides their medical responsibility, they have less time to pay attention to this.

Conclusions: Social professionals detect more problems after a home visit than medical and social professional at referral.

Lessons learned: A home visit by a social professional is of added value in the identification of all social problems that are present in our population of socially vulnerable pregnant women.

Limitations: The information about the checklist at registration is missing from the self-referral pregnant women and therefore not analyzed.

suggestions for future research: We suggest to validate the items on the checklist and to use prediction modeling to optimize the checklist. This can help a medical or social professional to make a quick and accurate assessment of the problems.

Keywords: pregnant women; vulnerable populations; social problems; community care
