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Centering High Risk Pregnancies Interprofessionally (CHRPI) to Reduce Racial Disparities in Pregnancy Outcomes

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Introduction

• Significant racial disparities exist in pregnancy-related outcomes in the U.S.1

• Pregnancy related mortality is the highest among racial minorities (African American, non-Hispanic American Indian/Alaska Native). Cardiovascular complications such as preeclampsia and gestational diabetes were major drivers.

• Reasons for this disparity is multifactorial. However, lack of adequate prenatal care due to socioeconomic factors and implicit bias in healthcare settings have shown to be contributory. This calls for a new prenatal care model that address these known issues.

• Centering High Risk Pregnancies Interprofessionally (CHRPI) is an innovative prenatal care model designed to reduce mortality in patients with cardiovascular risk factors and conditions particularly prevalent in African Americans, Hispanics, and Native Indians by placing significant emphasis on multidisciplinary care, nutrition, education, and transition to primary care after delivery.

Objective

To introduce group prenatal care and propose how CHRPI model can address limitations of traditional prenatal to reduce maternal and infant mortalities among racial minorities.

Methods

• Current practice has maternal-fetal medicine (MFM) specialists see patients between two to four weeks depending on their status. Changes in patient status between appointments are often missed, and potential interventions are delayed.

• Limited interaction with other healthcare workers such as nutritionists, pharmacists, social workers that play critical role in managing risk factors directly related to pregnancy related mortality (eg. nutrition, blood pressure readings, blood sugar checks, etc.)

• Poor transition to primary care during postpartum period often lead to uncontrolled or worsening chronic conditions (eg. DM) that threaten subsequent pregnancies. This is a huge missed opportunity.2

Figure 1. Traditional Prenatal Care Model

Figure 2. CHRPI Model

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Figure 2. CHRPI Model

Expected Results

1. Reduced rate of maternal and infant mortality, preterm birth, and NICU admissions.

2. Reduced rate of post-partum development of CVD.

3. Reduced incidents of racial discrimination in healthcare setting.

4. Increased prenatal care satisfaction across all age groups and racial/ethnic backgrounds.

Conclusion

CHRPI model allows for adequate interaction between patients and interprofessional team of healthcare workers without compromising necessary surveillance by MFM.

Empowers patients to support one another through shared sense of unity and community.

Limitations

Group prenatal care has not been tried on high-risk obstetric patients.

Expected results are based on outcomes of previous clinical trials of group prenatal care on relatively healthy patients.3

References

