



# NATIONAL PERINATAL ASSOCIATION

## STUDENT SECTION NEWSLETTER

### Beyond the History: Understanding the Role of Medical Students in Maternal Health Advocacy with *Moms to Moms*

Authors: Brenna Briles, Ariana Olvera, Olivia Watson

Moms to Moms is a medical student-led organization that was created out of the Albert Schweitzer Fellowship to address inequalities in maternal health education and outcomes. We work with moms in the antepartum and postpartum service at Ben Taub Hospital and are piloting an expansion to Lyndon B. Johnson Hospital, another Harris Health System location in the next academic year. The Harris Health System provides healthcare for a county of over 4 million people, where about 16% live under the poverty line and over 60% (over 2.6 million) are of minority backgrounds. Severe maternal morbidity disproportionately impacts Non-Hispanic Black and Hispanic women, which make up the majority of the Harris Health System's obstetrics patients.

In their 2020 Biennial Committee Report, the Texas Maternal Mortality and Morbidity Review Committee recommended an increased focus on postpartum care and discharge instruction, "with specific attention to health literacy." Our curriculum intends to educate mothers on topics such as postpartum depression, breastfeeding, and contraception, which are often under-addressed in our target population. Through targeted and individualized education, we aim to improve health literacy and connect mothers with necessary resources in an attempt to rectify the lasting, intergenerational effects of healthcare inequalities. In addition to providing educational material, our program focuses on advocating for patients' needs in the hospital and at home, and meeting moms where they are to listen to their stories. It is in these areas that we have seen a unique opportunity for medical students to impact change.

Whether it be on clinical rounds or through a volunteer program, medical students are uniquely positioned on the healthcare team to take their time in understanding the totality of patients' health situation. We learn how to take a social history, but as students we have the opportunity to go beyond history gathering. One of the most common topics we discuss with moms is postpartum depression. While moms may express similar symptoms, understanding of the

their child taken away for any mental health diagnosis, often due to experiences of their past family members. Some moms have expressed a misunderstanding of the difference between postpartum depression and psychosis as contributing to their hesitancy to seek psychiatric care. It is understanding reasons like these behind the symptoms we gather in our histories that medical students have the opportunity, and the duty, to explore. Such knowledge can guide our practice in ways that maximally benefit each individual patient and work to address social inequities perpetuated through inequitable education.

By using the greater amount of time we have available to spend with patients, medical students are also poised to serve as a liaison between the patient and healthcare team. As part of our program, we ask moms how they are feeling in terms of a variety of in-hospital factors: support from the healthcare team, pain management, access to follow up, and access to hospital resources. We ask patients if they are comfortable asking for help in the hospital and offer to ask in their place if they aren't. For moms having difficulty with breastfeeding, we ensure that they have had an opportunity to consult with the in-hospital lactation specialists and offer to request another consultation from the team if they don't feel comfortable doing so. Although we are still learning and growing in the medical field, Moms to Moms is an apt opportunity for students to develop compassionate bedside manner and advocacy skills that can mitigate some of the inequities that may serve as a barrier for patients' self-advocacy.

Finally, aside from the education and advocacy we can provide as medical students, we can offer an empathetic listening ear that fosters trust in the healthcare team. Especially during the Covid-19 pandemic, many moms have felt overwhelmed with the amount of care that they must now provide on their own. A particular mom we visited during the pandemic was struggling with pain and immobility post-caesarean section and could not have her husband around at night to help with the baby. She expressed to us how much she longed to leave the hospital because she felt so isolated and unsupported. Although we could not directly influence the Covid-19 policies of the hospital, we could sit and be present with a mom who felt lonely. As first year students, we can use the valuable resource of time to be there and advocate for our patients who are impacted by maternal health inequities.

## COVID-19 Vaccination in Pregnancy: A Trial in Shared Decision Making

Authors: Savannah Bryce and Lauren Taylor

The COVID-19 pandemic has adversely affected every country across the globe, with over 125 million confirmed cases and 3 million deaths and counting. Over the past year, we have seen our ICU's become overwhelmed, our loved ones pass away without goodbyes, and our world transformed with repercussions likely to last for years to come. Not exempt from the burdens of this pandemic are our pregnant patients and their children, populations who have been underrepresented and therefore have become particularly vulnerable to this pandemic.

According to the CDC, COVID-19 has affected around 80,000 pregnant women in the United States. Of these women, around 14,000 were hospitalized and 92 have died. Current data has shown that pregnant women who acquire COVID-19 are more likely to need ICU level care than women of the same age who are not pregnant and are more likely to develop respiratory complications and be placed on a ventilator while in the ICU. Many physiologic changes associated with pregnancy such as immune suppression, decreased lung capacity, and increased cardiac demand may increase the vulnerability of this patient population to this respiratory illness. COVID-19 is also associated with complications in delivery in several studies, in which COVID positive women were more likely to have premature and cesarean deliveries than COVID negative women. While data on COVID-19 in pregnancy is limited, we do know that our pregnant patients are at a higher risk of developing severe disease and having adverse events during delivery.

COVID-19 in pregnancy also raises concern for the neonate, as in-utero transmission and transmission at delivery have been demonstrated in several studies, with rates ranging from 2-3.2%. While most neonatal cases have been mild with minimal symptoms, there have been several severe cases requiring NICU care. Beyond delivery, transmission can occur through standard maternal contact and breastfeeding. This concern guided initial recommendations for separating COVID-19 positive mothers and their babies. However, data has shown that there is a similar risk of infection for newborns who room-in with their mothers and newborns that were separated. These mothers have been asked to wear masks and practice good hand hygiene when in contact with their child to prevent transmission of the virus, emphasizing the importance of skin-to-skin contact and breastfeeding in a neonate's development and the mother-baby relationship.

In December 2020, the Pfizer and Moderna covid vaccines were approved by the FDA in the United States following very successful clinical trials with 95% efficacy rates. 275 million vaccines have been administered in the United States, and almost 40% of the population has received at least one dose. While we have made huge strides in vaccinating the public, there are still concerns amongst the pregnant community. Although The American College of Obstetrics and Gynecology worked to advocate for the inclusion of pregnant patients in vaccine clinical trials throughout the pandemic, the original trials did not include pregnant women. This left many women to decide for themselves: Should I risk the complications of COVID during pregnancy, or should I receive a vaccine that has not been adequately studied in my population?

Outside of the US, we have some data to suggest these vaccines are safe in the pregnant population. According to the European Medicines Agency report, the Pfizer vaccine

### ACOG PRACTICE ADVISORY:

#### VACCINATING PREGNANT AND LACTATING PATIENTS AGAINST COVID-19

Updated April 28, 2021

##### Summary of Key Recommendations:

- COVID-19 vaccines are now available to all adults who choose to be vaccinated.
- ACOG strongly recommends that all eligible persons receive a COVID-19 vaccine or vaccine series, depending on the product.
- ACOG recommends that pregnant individuals have access to COVID-19 vaccines.
- While limited safety data specific to use to COVID-19 vaccines in pregnancy are available, to date there are no data to indicate that the vaccines should be contraindicated, and no safety signals were generated from DART studies for the Pfizer-BioNtech, Moderna, and Janssen COVID-19 vaccines.
- Clinicians should review the available data on risks and benefits of vaccination with pregnant patients, including the risks of not getting vaccinated in the context of the individual patient's current health status and risk of exposure.
- Conversations about risk should take into account the patient's values and perceived risk of various outcomes and should respect and support autonomous decision-making.

was studied in animals and there were no harmful effects to the pregnancy or fetus. The Moderna vaccine was also studied in rats, and there were no harmful effects to female reproduction or fetal development. Furthermore, a few pregnancies incidentally occurred in clinical trial participants, and these patients have been followed and found to have no adverse outcomes in the mother or fetus. The CDC has also enrolled pregnant individuals in a registry to track safety concerns, demonstrating similar side effects in pregnant individuals when compared to the population as a whole. There is CDC data available on 275 completed pregnancies in which the women were vaccinated, resulting in similar rates of miscarriages, stillbirths, pregnancy complications, preterm births, and congenital abnormalities when compared to the general population. Although the studies available regarding the COVID-19 vaccine and pregnancy are ongoing, the data we have suggests that the vaccine is safe and effective in pregnant women.

There are also studies suggesting that the vaccine has benefits for the baby as well. Evidence indicates that pregnant patients have similar IgA, IgG, and IgG antibody responses to the vaccine, and these antibodies can be passed from the mother to the fetus in umbilical cord blood. This data suggests that the neonate should be relatively protected against COVID-19 after delivery. Studies have also found elevated IgA antibodies in breast milk, suggesting the possibility of neonatal protection through breastfeeding. Although the studies are new and ongoing, the information available about the vaccine is reassuring for pregnant women everywhere.

So, is the vaccine safe for our pregnant patients? The CDC emphasizes that “getting vaccinated is a personal choice” for pregnant patients, but women should consider many factors when making their decision. Most recently, the American College of Obstetrics and Gynecology released a new recommendation, stating that pregnant individuals should have access to COVID-19 vaccines and COVID-19 vaccines should be offered to lactating individuals similar to non-lactating individuals. However, they maintained that the choice should remain a personal one and should be thoroughly discussed with a clinical provider.

The current data on the COVID-19 vaccine does not indicate any safety concerns, but the choice to get vaccinated while pregnant is a personal one that must consider exposure risks and evolving data about the disease and its vaccines. In addition to discussing the vaccine and its benefits with their physicians, pregnant women should continue to practice mask-wearing, social distancing, and good hand hygiene to prevent COVID transmission. As more women get vaccinated and more studies are performed, we will continue to collect data on the safety and efficacy of the vaccine in pregnant women, allowing us to aid our patients in making educated decisions about their care.

## A Year of Advocacy

NPASS-Sponsored Events at Baylor College of Medicine

### “2021 Texas Legislature: A Perinatal Health Preview”

*December 16th, 2020*

NPA VP of Development and BCM student Cody Miller Pyke, JD, LL.M, MSBE led 30 BCM students on zoom in a discussion about the Texas legislative process and previewed bills relating to perinatal health that had been filled for this year’s session.

### “2021 Texas Legislature: Updates”

*April 7th, 2021*

As a follow up to their previous lecture, Cody discussed their experience as a 2021 legislative fellow with 20 BCM students - both on zoom and in person. They provided an informed perspective on concrete steps NPASS can take to advocate for or against proposed bills, and how to monitor a bill’s progress throughout the legislative session. Those who chose to attend in person received a yummy dinner of Torchy’s tacos

## Bronchopulmonary Dysplasia: Beyond the Fourth Trimester

Author: Samantha Morgan

At the end of this academic year, I spent four weeks rotating through the pediatric intensive care unit at Texas Children’s Hospital. Many of the infants I helped care for had bronchopulmonary dysplasia (BPD) - a chronic lung disease due to impaired lung development. These infants were born premature and many of them were on a ventilator at some point. NICU providers for children with BPD often focus on the neonate’s nutrition with the assumption that as they grow older, their lungs will grow large enough to breathe independently.

As more children with BPD survive the neonatal period, pediatricians will care for more infants who “outgrew” BPD but still don’t have structurally normal lungs. However, we lack data to guide care and predict long-term outcomes. Toddlers with BPD may be more likely to be hospitalized with respiratory infections than infants without lung disease, but are there ways to reduce this risk? How do we assess this risk? How can we manage expectations in the NICU? Pediatricians should closely follow the respiratory status of children with BPD as they reach school age and adolescence to gather data and standardize preventative care in this population.