**Worksheet 2 OBGYN – (Facilitator Versions 1.0) - Studying the system: Social determinants**

Background information

The social determinants of health are non-medical factors which contribute to a person’s health. They are the conditions within which we are born, live, grow, work and age. These factors such as education, housing, employment, childhood experiences, access to services, community involvement and overall well-being all contribute to what makes us healthy. When we work within the health system, we encounter inequalities in the social determinants of health and often see how these wider conditions of society contribute to our patients becoming ill or how they manage their disease. Understanding social determinants will help us firstly to get to the root of the problem, help us to identify important inequalities in our patient populations, and allow us to focus on preventing disease in the first place. This will reduce healthcare activity by reducing demand, which is the most important driver for sustainable healthcare.

# Activity 1. – Scanning for social determinants

**Task: Read the scenario below and look at the Scanning for Social Determinants Table 1. How might the social determinants of health be contributing to this patient's pregnancy complications and the care that she requires.** Consider each of the social determinants of health in turn, and think about how each one might contribute to the patient's condition, its management and her interactions with the health service.

Write your answers in the **Scanning for Social Determinants below**. (Please appoint a scribe in your group and someone to feedback your answers when you return to the whole group).

# Scenario

Farhana is a 34 year old primip who books at CSH University Hospital at 9+2 weeks gestation. At booking her risk factors are identified as; having a BMI of 36 (weight 96kg), being from a high risk ethnic group for GDM and having limited social support as a single mother-to-be with only her older sister residing in the UK 1 hour away.

She is recommended to take Aspirin 150mg from 12 to 36 weeks, as well as take high dose Folic Acid and Vitamin D for the duration of her pregnancy. Booking bloods are taken, all of which return normal bar a borderline Hb of 116g/L. She is booked an OGTT for 24 weeks and put on a shared care pathway, which develops as follows:

* 12/40 Dating scan and combined blood test, all return low risk results
* 16/40 Consultant clinic, satisfactory review, booked serial scans for 28, 32, 36 +/-39 weeks
* 20/40 Anomaly scan, normal
* 24/40 OGTT, results raised for both fasting and 2 hours, referred to GDM clinic
* 25/40 Combined MW/GDM review. Given teaching session on dietary advice and instructions on monitoring her blood sugars
* 26/40 1 week GDM review, satisfactory BS readings, GDM now reviewed fortnightly
* 28/40 Consultant clinic. Satisfactory BS readings. Weight 106kg (BMI 40). US normal EFW 80th centile. Hb 98 g/L. Referred to anaesthetic clinic, commenced on 200mg FeSO4 BD
* 32/40 Consultant clinic. Satisfactory BS readings. US EFW now between 90-97th centile
* 36/40 Consultant clinic. Abnormal BS readings. US EFW now >97th centile. Hb 112 g/L. Started on Metformin, recommended 37/40 sweep and 38/40 IOL
* 38/40 Inpatient IOL. Remains on AN ward or 48 hours before transfer to LW for augmentation. After a further 18 hours has a category 3 CS at 3cm for failed IOL.
* Remains on PN ward for 72 hours before discharge (delay in paperwork, hasty discharge when complete)
* Sent to MDAU at D4 by CMW due to wound infection and prescribed oral abx

**Scanning for Social Determinants**

Scanning for Social Determinants Table 1.

| **Social Determinant of Health** | **How do these social determinants contribute to the problem?**  **(Development of GDM & CS)** | **How can we measure them, and how much they might contribute?** |
| --- | --- | --- |
| **Housing** | Lack of accessibility/insecure accommodation/inappropriate size → negative impact to MH/negative financial impact/isolated during recovery with difficulty mobilising to & from flat | Social history, local housing population data, surveys |
| **Education level, including health education** | Poor understanding of pregnancy problem → risk to long term health/risk to baby | Social history, attendance hx, surveys |
| **Access to essential services (health/social/transport etc.)** | Poor access → increased risk of DNA → lack of contact to educate risk/potential to affect diet & exercise | Patient survey, geographical data |
| **Involvement in community networks** | Social isolation/lack of support → detriment to mental health/self-care/potential to affect diet & exercise | Community groups, patient survey, local/national statistics |
| **Food security** | Access to good quality healthy food/cheaper foods high in sugar & salt → malnutrition/poor diet/risk of GDM | Patient survey, dietician insight, local charities/food banks |
| **Green and blue space access** | Detriment to mental health/self-care/lack of exercise → risk of weight gain/GDM/CS | Local authority, geographical data |
| **Cultural factors** | Cultural foods higher in sugars → risk of weight gain/GDM/CS  Lack of cultural network → less likely to be active/detrimental to MH | Patient survey, community groups |
| **Employment** | Unsocial hours/low pay → financial stress/poor housing/negative MH impact/less exercise | Social hx, survey, population data |
| **Poverty** | Fuel poverty, reluctance to use oven to cook healthier meals/reluctance to use heating, detriment to diet/MH | Indices of deprivation, liaise with LA/social care teams, local charities |