Preconception Health Care: Integrating Reproductive Life Planning into Family Planning Settings

DHHS Region V & VI

Webinar
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Objectives

♦ Identify Title X Reproductive Life Plan priority and increase knowledge about integrating reproductive life plans in a family planning program;

♦ Discuss CDC recommendations for preconception care, and which guidelines are relevant for reproductive health settings;

♦ Review types of family planning visits that offer unique opportunities for introducing reproductive life plans; and

♦ Identify strategies to implement reproductive life plans in family planning settings.

“If you fail to plan, you plan to fail”
Old Saying (unknown)
Reproductive Life Planning

How many women that you know have created a reproductive life plan with complete details of:

- When their children will be conceived
- How they will avoid pregnancy until they are ready
- How they can prepare their bodies for pregnancy

Title X Program Priority

Priority # 4:
“Emphasizing the importance of counseling family planning clients on establishing a reproductive life plan, and providing preconception counseling as a part of family planning services, as appropriate”

Reproductive Life Plan (RLP)

A set of personal goals about having or not having children based on personal values and resources
Why Create A RPL?

A RPL gives women and men a:
• Clear direction
• Certainty about their future
• Focus for achieving their goals
• The motivation to make progress
• The ability to make their dreams a reality

Reproductive Life Plan Cont.

What is in it?
Must be: Client-centered, cultural competent, age appropriate, aim to eliminate health disparities.

Assess for:
1. Desire to becoming pregnant/being a mother
2. Personal Habits
3. Health Problems
4. Reproductive Cycle
5. Vaccines/Immunizations
6. Family Health History
7. Personal Safety
8. Personal Development
9. Emotional Health
10. Healthy Relationships
11. Financial Security
CDC Recommendations’ Background

Aimed at achieving the Healthy People 2010 objectives to improve maternal and child health outcomes.

CDC Recommendations’ Goals

- Improve the knowledge and attitudes and behaviors of men and women related to preconception care.
- Assure that all women of childbearing age in the USA receive preconception-care services that will enable them to enter pregnancy in optimal health.
- Improve interventions following an adverse pregnancy outcome in order to reduce risk during subsequent pregnancies; and
- Reduce disparities in adverse pregnancy outcomes.

CDC Recommendations

1. Encourage men and women to have a reproductive life plan.
2. Increase public awareness about preconception health.
3. Provide risk assessment and counseling during primary-care visits.
4. Increase the number of women who receive intervention after risks screening.
5. Use the time between pregnancies to provide intensive interventions to women who have had a pregnancy that resulted in infant death, low birth weight, or premature birth.

6. Offer one pre-pregnancy visit.

7. Increase health insurance coverage among low-income women.

8. Integrate preconception health objectives into public health programs.

9. Augment research.

10. Maximize public health surveillance.

Preconception Health

Definition:
“a woman’s health before she becomes pregnant and focuses on the conditions and risk factors that could affect a woman if she becomes pregnant” CDC

Key Point:
Addresses factors that must be acted on before conception
Preconception Care Cont.

Goals
- Help women make the connection between their health issues, life factors and pregnancy outcome
- Improve, stabilize, enhance women’s health
- Minimize health risks to women
- Prevent unplanned, unprepared future pregnancies
- Improve birth outcomes and infant health

Interconception Care

Definition:
“a woman’s health in between pregnancies and focuses on the conditions and risk factors that could affect a woman if she becomes pregnant”

Key Point:
Care-in-between pregnancies

Why Consider Stronger Focus on Preconception & Interconception Care in Your Family Planning Setting?
Family planning prevents costly health and social problems associated with unintended pregnancy.
It also reduces:
- premature births
- infant mortality
- teen pregnancy
- the need for abortion
- the spread of infectious disease
- the incidence of some cancers
Planned Pregnancies

“Before you plant the seeds, make sure you can tend the flowers”

Prevention Before Conception or Inter-conception is Key

• Prenatal care begins too late to prevent many serious maternal and child health complications
• Many women do not take vitamins
• Most women do not associate their lifestyle with pregnancy outcome (drugs, smoking, etc.)
• Many women’s health status puts them at risk (obesity, diabetes, etc.)
• Significant unplanned pregnancy rate
  - 90% unplanned pregnancy rate for adolescents
  - 50% unplanned pregnancy rate for adult women

Why Pre-Conception and Inter-Conception Care is Hard?

Both a supply and a demand problem
• Clinicians do not routinely provide inter-conception care
  - Often no source of payment
  - Many women whose maternity care was paid for by Medicaid lose eligibility 60 days after birth
  - Coverage under private insurance varies
  - No clear billing code for this type care
  - Many have little interest in inter-conception care
  - Question effectiveness, cost effectiveness
Why Pre-Conception and Inter-Conception Care is Hard?

Consumer demand is low
- Often women have no source of payment
- Many women do not have insurance coverage public or private – between pregnancies
- Women are not aware of inter-conception care
- Not aware of value or of availability
- Unclear about how differs from routine ob/gyn or family planning visit
- Many women do not return for postpartum visits – the logical place to start inter-conception care

Why Pre-Conception and Inter-Conception Care Should be Easy?
- Over 95% have had some prenatal care
- Large percentage have been delivered in a hospital
- All live births and still births are identified by certificates filed with state
- Almost all with miscarriages or elective abortions were cared for in the medical care system
- Most take infant to pediatric care provider
- FP, WIC PNCC providers often see women postpartum
- Many seek family planning services

What Can Family Planning Do for Preconception & Inter-conception Care?
- Re-engage women in care after pregnancy
- For those with prior pregnancies, obtain information on pregnancy-related problems and outcomes
- Make referrals to primary care providers and specialty physicians for risk management
  - Chronic diseases
  - Substance use/abuse (tobacco, alcohol, drugs)
- Focus on those at elevated risk
  - Schedule additional visits to monitor contraceptive and health status
You already Support Preconception Care Cont.

- History and physical
- Pap, STI other tests including HIV
- Screen for breast and reproductive cancers, high blood pressure, and diabetes
- Referrals to other health care providers when necessary
- Provide prescription for contraception

You already Support Preconception Care Cont.

- Preventive health messages/client education
  - Smoking cessation
  - Substance misuse/abuse
  - Weight loss
  - Nutrition/exercise/stress management
  - Domestic violence/child sexual abuse screening

Barriers

**Personal/Cultural:**
- Seeing a health care provider before a pregnancy is foreign to many women
- Planning a pregnancy is more than physical, it has social, psychological and spiritual components
- Challenges in selecting and using appropriate birth control
- Pregnancy planning is often solely focused on women
Barriers Cont.

Providers:
• Not enough time to do RLP in a visit
• Staff shortage

Organizational:
• Public-supported facilities
  • Limited availability of emergency contraception
  • Insufficient funds to allow distribution of most expensive contraceptives at some sites
  • Understaffed for follow-up of missed appointments
• FDA refusal to allow over-the-counter sale of emergency contraception
• Pharmacists’ unwillingness to fill contraceptive prescriptions

What is wrong with this picture?

Some Solutions

Reimbursement:
• Pay providers for time spent in preconception and interconception counseling under public and private insurance
• Change Medicaid to allow coverage of women for five years after birth for all medical needs, broadly defined
  • 27 states already have waivers expanding eligibility for family planning
• Increase private insurance coverage
  • In 2004, 99% of managed care plans included an annual ob/gyn visit
Reproductive Life Plan & In Family Planning Context

Framework for Integration:
Five different levels:
- Organizational level
- Clinical Services Level
- Provider level
- Patient level
- Community level

Integration of RLP: Organization

- Cooperative effort between administration and clinical staff
- Create short and long term goals and timelines
  - Revised history form by ___.
  - Revised pregnancy testing and counseling and protocol by ___.
  - Create client education materials by ___.
- Identify steps to reach goals
- Coverage/Funding

Integration of RLP: Clinic Level

PLAN A: Example of Visits

1. New Clients: History Taking
2. Annual Exam
3. Test Results: Negative or Positive
Integration of RPL: Clinic Level

PLAN A: Right Questions for the Right Visits

Determine:
- Pregnancy Intent: Do you want to be have a (another) baby/want to be a father?
- Timing: When?: Within 1 year, 5 years, after 5 years, don’t know?
- Risk: Are you having sex? Using a BCM?
- Support: If you became pregnant/father, do you have emotional support? Money? Resources?
- Feelings: How would you feel if you were to become pregnant/father over the next few months?

If answer is no: Counsel on and determine most appropriate contraception

Special Populations:
- Risk takers – women & men who say they are not trying to become pregnant/parent yet probability of conceiving is great
- Contracepting ineffectively – inconsistent or no condom use, ECs

Special Populations Cont:
- Every adolescent and adult woman with a health challenge
- Ambivalence: not sure wants pregnancy but would not mind one
Integration of RPL: Clinic Level

♦ Special Populations Cont:
  • Client has a negative pregnancy test
    ▪ Clients who are not contracepting well, may be pregnant within the next several months
  • Immigrant and Refugee Populations
  • Men

Integration of RPL: Clinic Level

If Answer is yes:
1. Identify who needs preconception
   • Women who want to be biological mothers
   • Women who are planning a pregnancy
   • Women who are planning to become pregnant over the next few years

Integration of RPL: Clinic Level

If Patient Wants to be a mom:
2. Provide basic preconception screening
   • Vitamins and calcium intake
   • Screen for pregnancy risk when prescribing
   • Assess pregnancy risk as part of medical treatment program
3. Provide checklist and pre-conception care information
Integration of RPL: Provider Level

- Training
- Materials – websites
- Vitamins – Cooperative Purchasing??

Integration of RPL: Clients

- Posters
- Brochures
- Reproductive life plan
- On-going assessment of pregnancy risk

Integration of RPL: Community

- Health fairs and community programs - distribute educational materials
- Speakers for community health programs, parent programs, etc.
- Smoking Cessation Programs
- Substance Abuse Prevention Programs
  - Survey: 153 women
  - 66% believed drug use would not change the likelihood of a baby being born with mental difficulties
  - 9% believed drug use would decrease mental difficulties
Summary

♦ Family planning and other health visits
  • Are ideal times to discuss reproductive life planning/preconception care.
  • Provide opportunities to address a woman’s health before pregnancy and resolve issues before conception.
  • Many issues take months or years to effectively resolve (drugs, smoking, weight, finances)

Resources

- [http://www.everywomancalifornia.org/content.cfm?categoryID=13](http://www.everywomancalifornia.org/content.cfm?categoryID=13)
- CDC’s Recommendations to Improve Preconception Health and Health Care

Thank you & Sources

- Literature Search
- Title X Grantee Agency: Health Quarters, Region I
- Planned Parenthood of Utah Website [www.uncg.edu/hhp/cwhw/research5.html](http://www.uncg.edu/hhp/cwhw/research5.html)
- Power Point Presentation by Tamara Wrenn, Northern Manhattan Perinatal Partnership [http://www.cdc.gov/ncbddd/preconception/QandA.htm](http://www.cdc.gov/ncbddd/preconception/QandA.htm)
- Title X Family Planning Services: 2010
- CDC’s Recommendations to Improve Preconception Health and Health Care
- Power Point on Preconception Care, CA Family Health Council, Inc
- Inter-conception care presentation by Lorraine V. Klerman, Dr.P.H. The Institute for Child, Youth, and Family Policy, The Heller School for Social Policy and Management, Brandeis University
Thank you for your participation!

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