
PRECONCEPTION AND INTERCONCEPTION CARE: *THE RIGHT TIME IS EVERY TIME*

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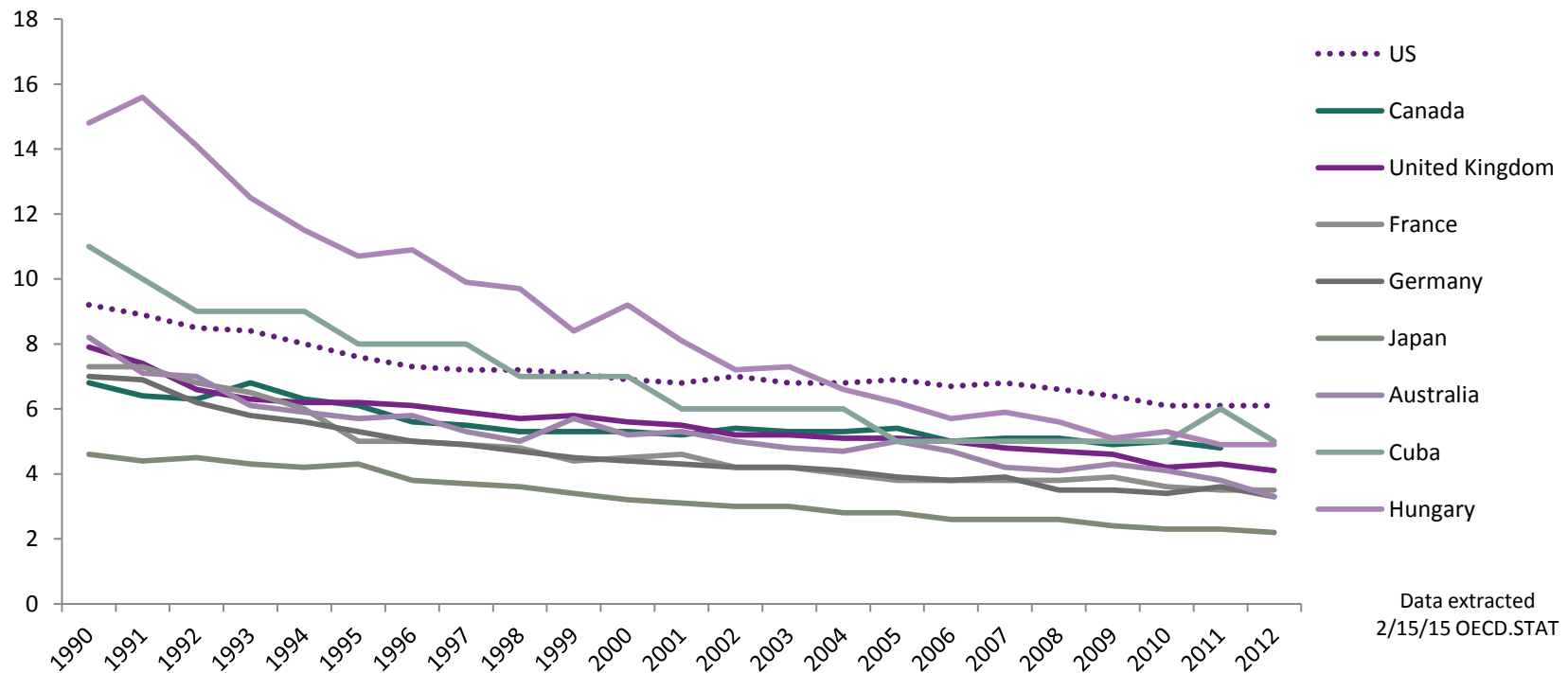
NATIONAL PRECONCEPTION HEALTH AND HEALTHCARE INITIATIVE

MAY 2016

THE BIG PICTURE

**1990-2012 Country Comparison
Infant Mortality (per 1000 live births)**

**US Ranks
26th**

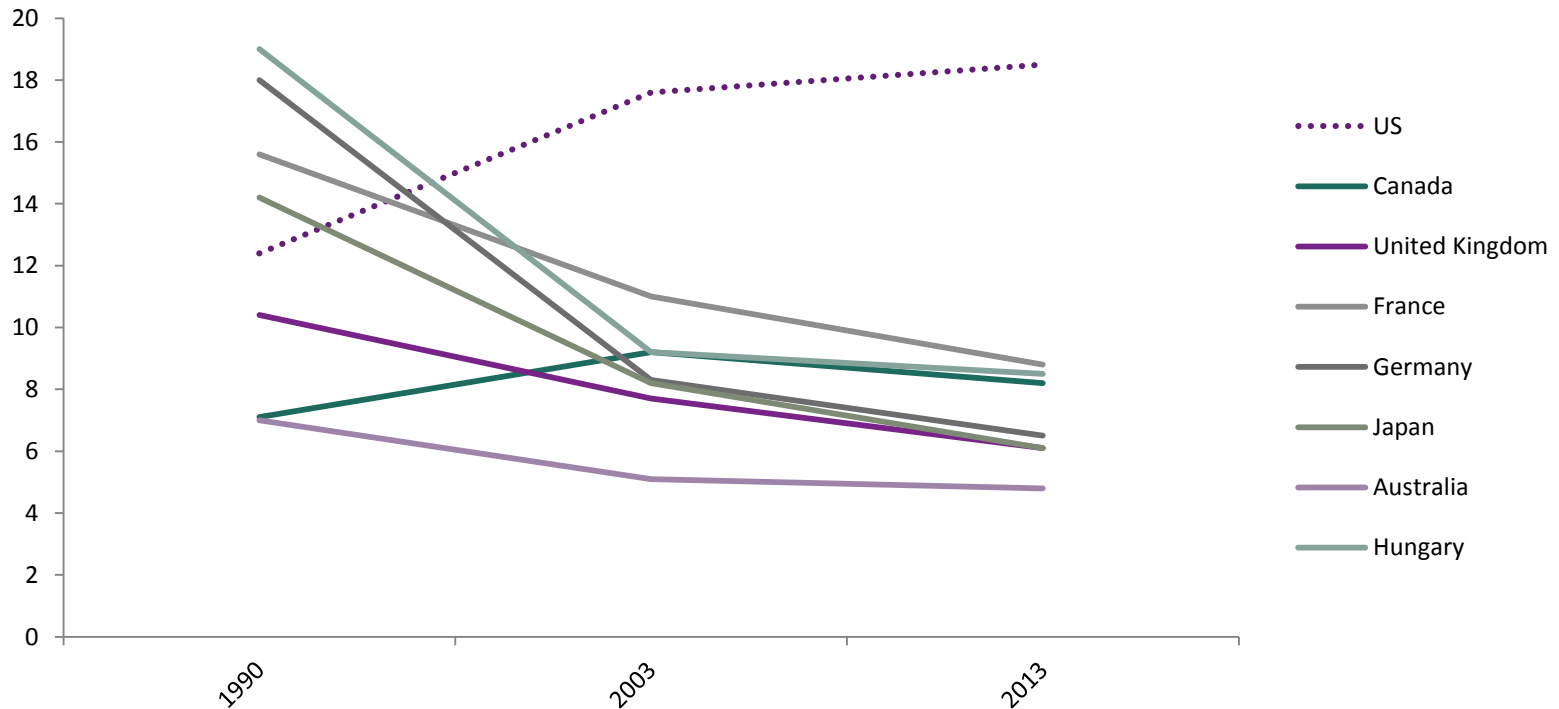


Data extracted
2/15/15 OECD.STAT

THE BIG PICTURE: *SENSE OF URGENCY*

**1990-2013 Country Comparison
Maternal Mortality (per 100,000 live births)**

US rate is RISING!



Global, regional, and national levels and causes of maternal mortality during 1990-2013: a systematic analysis for the Global Burden of Disease Study. Kassebaum NJ, et al. Lancet 2014; 384:980-1004.

HOW TO IMPROVE?

- Main drivers of maternal mortality
 - => **Cardiovascular and other chronic conditions**
- Main drivers of infant mortality
 - => **Preterm birth and birth defects**

HOW TO IMPROVE?

- Most efforts focus on *prenatal or intrapartum care*
- Since 2000 (*after 40 years of improvement*) **infant mortality rates have stalled** and **maternal morbidity is increasing**
- Improved prenatal care has not been able to further modify outcomes!

PRE-CONCEPTION HEALTH

Many of the modifiable risks for adverse pregnancy outcomes
(for both moms and babies)
occur BEFORE pregnancy

BEFORE the 1st missed menses and BEFORE prenatal care begins

EXAMPLES OF MODIFIABLE RISKS THAT DETERMINE BIRTH OUTCOMES (INFANT AND MATERNAL)

- Pregnancy intendedness
- Interpregnancy interval (<18 months or >59 months)
- Maternal age
- Exposure to teratogenic medications
- Exposure to substances (alcohol, tobacco, drugs)
- Chronic disease control
 - Diabetes, obesity, cardiovascular disease, hypothyroidism, etc
- Congenital anomalies
 - Neural tube defects related to folic acid

TRADITIONAL SOLUTION

“Preconception health visit”

Work with women who are *planning*
pregnancy

Specific prevention, discuss at annual well
woman exam

TRADITIONAL APPROACH IS SYSTEMATICALLY CHALLENGED...

- Almost half of pregnancies unintended
- Only 18.4% have had a PCC visit
- Only 1 in 5 women taking folate prior
- 1 in 4 women of reproductive age have no insurance (until pregnancy)
- Many women miss their postpartum visit
- And US women of reproductive age increasingly have more risks...
 - Obesity, chronic disease, medication use, substances, mental health issues, age...

WHAT IS YOUR SOLUTION?

Devise a system to reduce maternal and infant mortality through PCC

- Caveats:
 - Most women are not seeking this type of care
 - Many women have no insurance coverage
 - Most women have competing priorities for their attention (children, work, school, etc)
 - Almost half of all pregnancies are unintended
 - Half of unintended pregnancies were using some form of birth control

2006

CDC SELECT PANEL

Recommendations to Improve Preconception Health and Health Care – United States

Recommendation #3:

“As a part of primary care visits, provide risk assessment and educational and health promotion counseling to all women of childbearing age to reduce reproductive risks and improve pregnancy outcomes.”

THAT WAS 2006... IT IS 2016

- <10% of FM is providing OB care
- But almost all primary care providers see women and children
- Preconception care is/should be important for ALL providers
- MCH leaders need to assist and embrace those who do not see themselves as providers of MCH into effort
- We need a systematic CHANGE ...

FAMILY MEDICINE IS IDEALLY SUITED TO LEAD PCC EFFORTS!



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Preconception Care (Position Paper)

- Introduction
- Benefits of Preconception Care
- Barriers to Delivery of Preconception Care
- Call to Action: Why Family Medicine Should Lead this Process
- Key Concept
- Preconception Interventions for Women
- Table 1 General Recommendations for Preconception Interventions for Women
- Preconception Interventions for Men
- Effects on Fertility and Conception
- Effects on Maternal and Fetal Outcomes
- Table 2 - General Recommendations for Preconception Interventions for Men
- Summary
- References

SEE /



Every Woman, Every Time

“It is not a question of whether you provide preconception care, rather it’s a question of what kind of preconception care you are providing.”

Joseph Stanford and Debra Hobbins

Family Practice Obstetrics, 2nd ed. 2001

- Providers see women every day in multiple settings
- Need to take the opportunity when we can
 - **When she is in front of us, for whatever reason....**
 - Primary care providers should be leaders in this effort
 - *Need to change our paradigm*
 - **Preconception Care IS Primary Care**

I AM MORE THAN MY UTERUS!

- Yes, **but...**
- Most preconception **health promotion is appropriate for all women, *irrespective*** of pregnancy plans

AND

- Almost half of pregnancies are unintended
- Be respectful of the whole woman and where they are in their life plans...

while recognizing that **good primary health prevention includes preconception care for ALL women.**

PRECONCEPTION CARE: CONTENT AREAS

- Family Planning
- Nutrition
- Infectious disease/
immunizations
- Chronic Disease
- Medication
exposures
- Substance Use
- Previous Pregnancy
Outcomes
- Genetic History
- Mental Health
- Interpersonal
Violence/Abuse

PRECONCEPTION CARE: CONTENT

- Giving Protection
- Managing Conditions
- Avoiding exposures known to be teratogenic
- Identifying historical risk

GIVING PROTECTION

- MVI and Folic acid supplementation
 - 50-70% of NTD can be prevented with adequate folic acid PRIOR to pregnancy
- Immunization and Infection prevention
 - Rubella, Varicella, Hep B, HIV, tuberculosis
- Family planning
 - Prevention of unintended pregnancy
 - Preventing rapid repeat pregnancy (short interpregnancy intervals)
- Interpersonal Violence and Sexual Abuse

MANAGING CONDITIONS

- Diabetes
 - Reduction in birth defects from ~10% to 2-3% with strict glycemic control PRIOR to pregnancy
- Obesity
- Hypothyroidism
- Hypertension and Cardiovascular disease
- Asthma
- Autoimmune disorders
- Coagulopathies
- HIV disease
- Seizure disorders
- Depression and bipolar disorder

AVOIDING EXPOSURES

- Alcohol
- Tobacco
- Drugs
 - Prescribed opiates, methadone, illicit
- Environmental toxins
 - Mercury, lead, radiation, pesticides, BPA
- Medications
 - Anti-seizure meds (valproic acid and others)
 - Warfarin
 - ACE-Inhibitors
 - Statins
 - Isotretinoin
 - Psych meds (valproic acid, lithium)

IDENTIFYING HISTORICAL RISK

- Genetic/Family history
 - Ethnic background
- Maternal age
 - *Timing matters*
- Prior pregnancy outcomes
 - Preterm birth
 - GDM, preeclampsia
 - Congenital anomalies
 - Recurrent miscarriages

FRAMING THE DISCUSSION: REPRODUCTIVE LIFE PLAN


- **Do you plan to have any (more) children at any time in the future?**
- **If YES:**
 - How many?
 - How long would you like to wait until you become pregnant?
 - What family planning method would you like to use until you are ready?
 - How sure are you that you will be able to use this method without any problems?
- **If NO:**
 - What family planning method will you use to avoid pregnancy?
 - How sure are you that you will be able to use this method without any problems?
 - People's plans change. Is it possible you or your partner could ever decide to become pregnant?



Preconception Health+Health Care Initiative

A National Public-Private Partnership

Before, Between
& Beyond Pregnancy

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THE NATIONAL PRECONCEPTION CURRICULUM
AND RESOURCES GUIDE FOR CLINICIANS

NEW PRECONCEPTION CARE
CLINICAL TOOLKIT

Tool Kit

Advancing women's
health in the primary
care setting.

Learn how to incorporate preconception health
efficiently into routine well woman care.

[Read Toolkit >](#)



NEW Quality Family Planning Guidelines have recently been released by the Office of Population Affairs and the Centers for Disease Control and Prevention. Guidelines include recommendations for preconception health services for women and men. [Click here to read more.](#)

Desires Pregnancy

At Risk / Unsure

Does Not Desire P

About This Toolkit

Reproductive Life Planning Assessment

At Risk / Unsure



At Your Fingertips

Family Planning and Contraception

Nutrition

Infectious Disease and Immunizations

Chronic Disease

Medication Use

Substance Use

Previous Pregnancy Outcomes

Genetic History

Mental Health History

Intimate Partner Violence

REPRODUCTIVE LIFE PLANNING CONTINUUM

Opportunistic Triage of Risk

Reproductive
Action Plan
NOW

Reproductive Plan
(1-2 years)

Life Plan (Includes Reproduction)



ONE KEY QUESTION[®]

Would you like to become pregnant in the next year?

- **If YES:** Focus on maximizing preconception health and reducing risks
- **If NO:** Focus on contraception to reduce unintended pregnancy and general preventive health
- **If Unsure:** Focus on preconception health, risk reduction, and reproductive life planning

INTO THE WORKFLOW...

- Paradigm shift of provision of routine care to include reproductive desires and risks
- Provider vs. MA driven?
- Incorporate into EHR?
- What happens after the answer?

Ask*: "Would you like to become pregnant in the next year?"

YES

OK EITHER
WAY

UNSURE

NO

High Risk Assessment:

Chronic Health Conditions, Medication Review, Acute Psychosocial Concerns

Prescribe multivitamin w/ Folic Acid

Screen for current
contraception use

Review birth spacing recommendations
and consider patient centered optimal
timing of pregnancy

Assess satisfaction of
method, review
effectiveness and
compliance of use

Develop follow up plan for additional
preconception care and assess
contraception needs for today

Offer all available
options including LARC
and Emergency
Contraception

Patient
response will
influence the
medical decision
making of
prescriptions,
follow up care,
and preventive
reproductive
health services
provided

*Patient already
screened for medical
eligibility: age 18-45,
reproductive capacity,
etc.

REDUCE SYSTEM BARRIERS

- Need systematic ways to address identified needs in timely manner
 - May not be able to handle in the moment
 - Care for patient's agenda...
 - But it may be your only opportunity!
- QuickStart methods for immediate contraceptive use
- Emergency Contraception
- Identify ways to maximize billing for time and screenings



Patient Visit	Routine Care	PCC Opportunity
Diabetes follow up	Adjust meds and assure quality measures (ACE-I, statin, A1C, foot exam, pneumonia vaccine)	Family planning, education on risks, MVI with folic acid
Asthma follow up from ED after exacerbation, has bipolar d/o controlled on valproic acid	Counsel on appropriate inhaler use, asthma action plan, smoking cessation	Family planning, education on risks, MVI with folic acid, consider switching valproic acid
Recent sex, stopped depo due to side effects, here for pregnancy test (neg)	Reassurance, encourage routine appt for birth control, safe sex	Emergency contraception, birth control that day, STI screening, MVI with folic acid
Acute ankle sprain, college student, no meds	Ankle sprain management	Family planning, MVI with folic acid, STI screening
Chronic back pain f/u	Pain management, refill	Family planning, MVI

INTERCONCEPTION CARE



Every Woman California

Preconception Health Council of California

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Interconception Care Project of California

- Algorithms/resources for postpartum care
- Focus on next steps after the postpartum visit
- OB/GYN providers connect back to primary care

http://www.everywomancalifornia.org/content_display.cfm?categoriesID=120&contentID=359

IDEAL OPPORTUNITY FOR INTERCONCEPTION CARE: *INCORPORATE MATERNAL ASSESSMENTS INTO WELL CHILD VISITS*

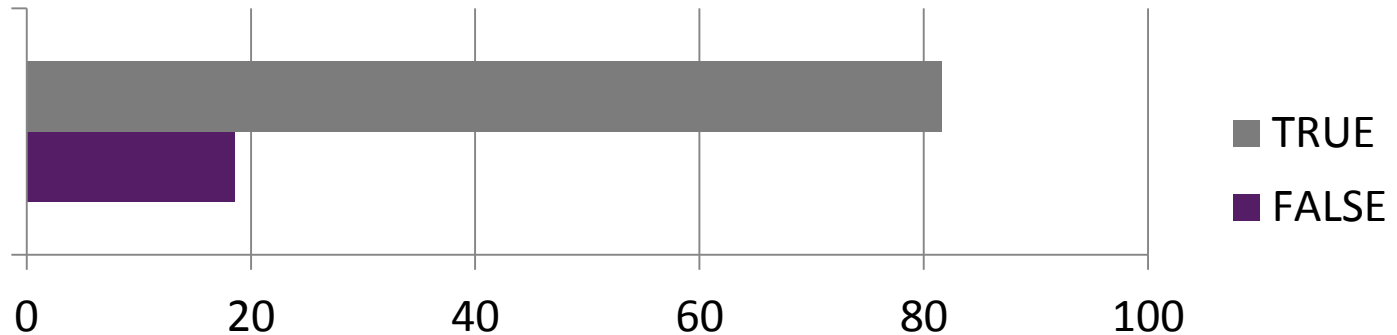
- Mothers bring children to WCV though may not seek care for themselves
- Mother's health and behaviors directly impact child's health – positively and negatively
 - Tobacco use, depression
- Women accept inquiry and advice about own health at pediatric visits
 - Even if not their provider



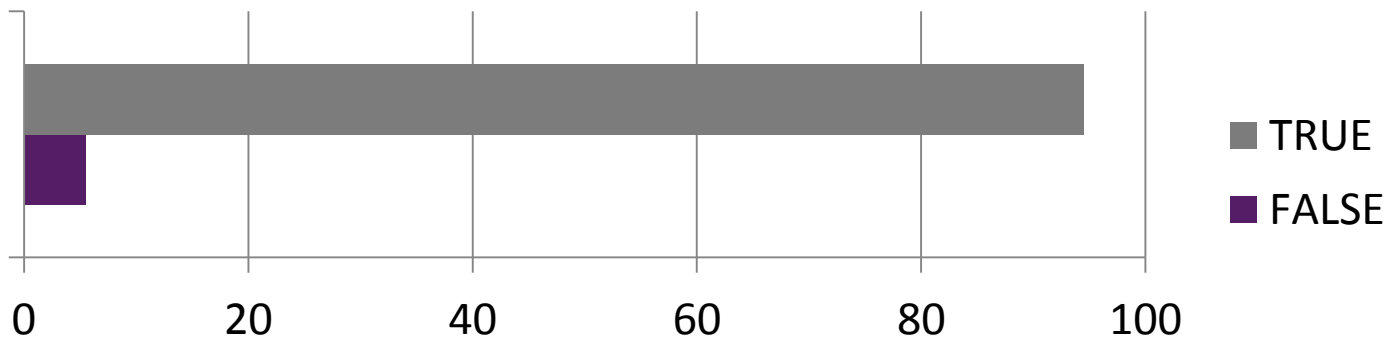
Kahn and Wise, Pediatrics, 1999
Gjerdingen et al., Ann Fam Med, 2009

Acceptability from an IMPLICIT Baseline Survey (N=658)

“I believe that my health affects the health of my children and children from future pregnancies.”



“I am willing to take advice about my health that affects my children from my child’s doctor.”



**Focus on 4
behavioral
risks affecting
future birth
outcomes**

Smoking

Depression

**Family planning &
birth spacing**

**Multivitamin with
folic acid use**

IMPLICIT ICC Model

During well child visit



IMPLICIT ICC Model

- ✓ Repeatedly screen mothers during WCVs from 0-24 months of age for behavioral risk factors
- ✓ Assess current risks at each WCV 0-24 mo
- ✓ Reinforce desired behaviors
- ✓ Connect with primary providers or community resources to address risks
- ✓ Collect and analyze data
- ✓ Develop strategies to improve care delivery and patient outcomes



WHAT ABOUT THE MEN?

- OKQ can be used to engage with men, too
- Similar health promotion
 - Reproductive Planning and Contraception
 - Infection/Immunizations
 - Genetics/Family History
 - Social and behavioral issues, domestic violence
- Opportunity to counsel about role in parenting



Preconception Health & Health Care Initiative: Connecting for Change

Sarah Verbiest, DrPH, MSW, MPH
Senior Advisor to National PCHHC



NATIONAL VISION

All women and men of reproductive age will achieve optimal health and wellness, fostering a healthy life course for them and any children they may have.

NATIONAL GOALS



- Improve the knowledge, attitudes and behaviors of men and women related to preconception health
- All pregnancies are intended and planned
- Build health equity and eliminate disparities in birth outcomes
- Ensure that all women and men of reproductive age receive quality services that enable them to achieve high levels of wellness, minimize risks and enter any pregnancy they might have in optimal health
- Reduce risks among women who have had a prior adverse maternal, fetal or infant outcome through interventions during the postpartum / interconception period

PCHHC PURPOSE



- Public-Private Partnership
- Foster connection & push momentum
- Multiply local impact through national collaborative efforts
- Support development of key PCC resources, science, policy, surveillance and messaging

CROSS CUTTING OPPORTUNITY: THE WELL WOMAN VISIT

- **Consumers:** Education about importance of visit, covered services and quality of care to be expected = activated clients
- **Providers:** Encourage use of the reproductive life plan and One Key Question™, establishment of preconception wellness measures, resources for practice integration
- **Policy:** Developing measures and metrics to hold providers and health systems accountable for delivering care
- **Population:** Benchmarking and monitoring to assess national improvements in health and birth outcomes over time.
- **Public Health:** Resource alignment - one of two maternal health National Performance Measures for Title V Block Grant




**"Every system is perfectly designed to
achieve exactly the results it gets."**

Dr. Donald M. Berwick

(Former Administrator of the Centers for Medicare and Medicaid Services)

**For U.S. = high costs, rising maternal
mortality and stagnate infant mortality**



“Measurement is the first step that leads to control and eventually to improvement. If you can’t measure something, you can’t understand it.

If you can’t understand it, you can’t control it. If you can’t control it, you can’t improve it.”

— H. James Harrington

CURRENT SYSTEM QUALITY MEASURES

- Focused on chronic disease management and preventive service delivery, e.g.
 - Immunizations (influenza, pneumococcal)
 - BMI assessment and dietary counselling
 - Tobacco screening and counselling
 - HTN, diabetes, CHF evidence based screens, management, and target goals
 - Colon, breast, cervical cancer screening
 - **But none focus on reproductive age women as a special group**

CURRENT SYSTEM QUALITY MEASURES

- Focused on Electronic Health Record (EHR) meaningful use, e.g.
 - Electronic prescribing
 - Patient registries
 - Patient portal communication
 - Medication reconciliation
- Focused on patient satisfaction and shared decision making

CURRENT SYSTEM QUALITY MEASURES

- For pregnancy outcomes...
 - Prenatal care (access, 17-P, STI screening)
 - Intrapartum management (no elective deliveries <39 weeks, hemorrhage, NTSV rates)
 - Birth outcomes (Apgars, prematurity, BW, neonatal and infant mortality, maternal morbidity and mortality)

CURRENT SYSTEM QUALITY MEASURES

For preconception care...



Actually, there are! Just not being addressed in this way....

Good PCC starts with good women's health...

- Immunizations, BMI, depression screening, tobacco, STI screening, diabetes management...

PRECONCEPTION CARE VS. PRECONCEPTION WELLNESS

- **Preconception wellness** is the state of a woman's health at the time of conception
- **Preconception care** is the care provided to promote and achieve preconception wellness

- Preconception care is provided in multiple settings across clinical and public health sectors
 - *Thus it is difficult to measure and difficult to hold any one group/domain accountable!*

ACCOUNTABILITY FOR CHANGE

- Women are not achieving a high level of PC wellness
- An intermediate measure of a woman's “preconception wellness” **upon entering pregnancy** would serve as a surrogate marker of the state of preconception care in the community – this could drive decisions on processes, programs, and quality improvement



PCHHC CLINICAL WORKGROUP CONSENSUS PANEL

- Broad expert representation
 - MFM, FM, OB-GYN, CNM, Public Health, Nursing
- Reviewed available evidence based PCC recommendations
- Current quality measure crosswalk (HEDIS, NCQA, NQF, ACO, CMS, PQRS, etc)
- Current EHR collection practices and abilities
- Feasibility and reliability of collecting and reporting data through the EHR
- Impact for improving perinatal outcomes

CLINICAL MEASURES FOR PRECONCEPTION WELLNESS*

- Intended/planned to become pregnant
- ★ Entered prenatal care in the 1st trimester
- Daily folic acid/multivitamin consumption
- ★ Tobacco free
- ★ Not depressed (mentally well / under treatment)
- ★ Healthy BMI
- ★ Free of sexually transmitted infections
- ★ Optimal blood sugar control
- Medications (if any) are not teratogenic

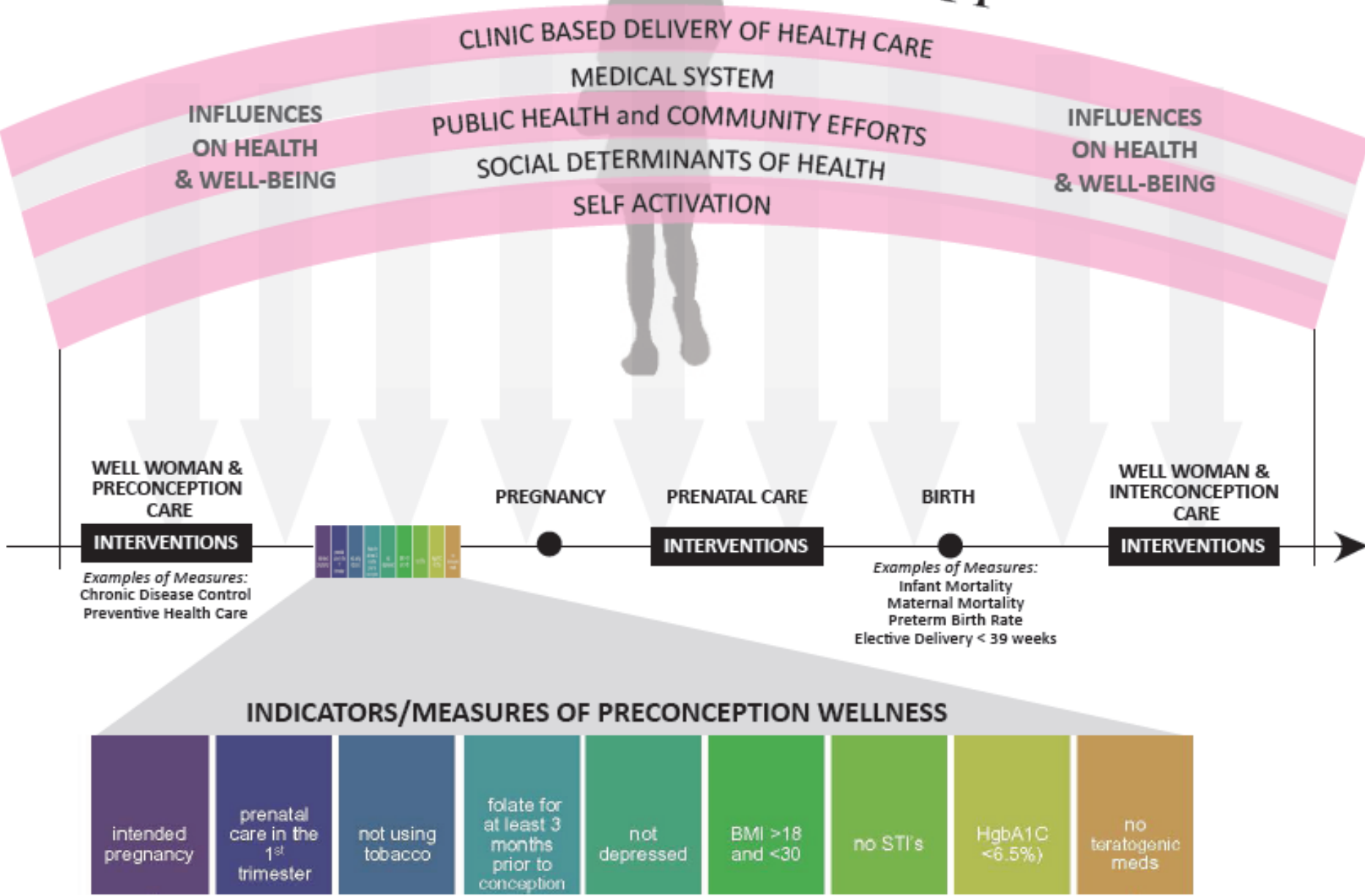
No single measure alone is sufficient to describe “preconception wellness”

But taken in aggregate can be a marker of wellness and receipt of quality preconception care

★ Current Quality Measure

* [Obstet Gynecol.](#) 2016 May;127(5):863-72

WOMEN'S HEALTH



INFLUENCES ON HEALTH & WELL-BEING

INFLUENCES ON HEALTH & WELL-BEING

CLINIC BASED DELIVERY OF HEALTH CARE

MEDICAL SYSTEM

PUBLIC HEALTH and COMMUNITY EFFORTS

SOCIAL DETERMINANTS OF HEALTH

SELF ACTIVATION

WELL WOMAN & PRECONCEPTION CARE

PREGNANCY

PRENATAL CARE

BIRTH

WELL WOMAN & INTERCONCEPTION CARE

INTERVENTIONS

INTERVENTIONS

INTERVENTIONS

Examples of Measures:
Chronic Disease Control
Preventive Health Care

Examples of Measures:
Infant Mortality
Maternal Mortality
Preterm Birth Rate
Elective Delivery < 39 weeks

INDICATORS/MEASURES OF PRECONCEPTION WELLNESS

- intended pregnancy
- prenatal care in the 1st trimester
- not using tobacco
- folate for at least 3 months prior to conception
- not depressed
- BMI >18 and <30
- no STI's
- HgbA1C (<6.5%)
- no teratogenic meds

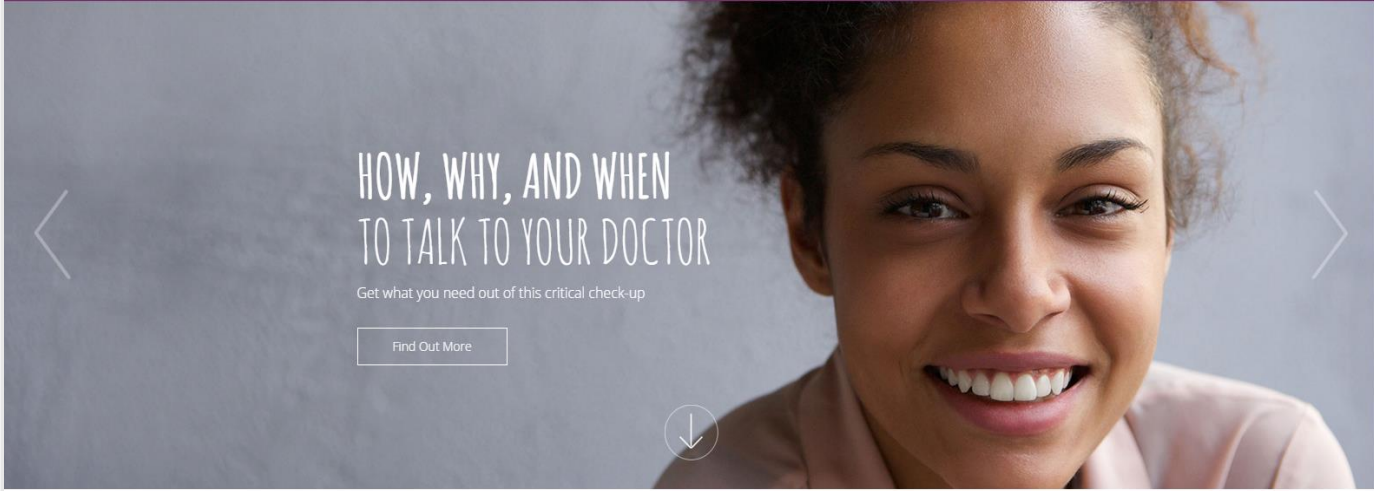
MISSION HEALTH PARTNERS

DIABETES CARE PROCESS MODEL:

- **Opportunity for engagement across the continuum of care**
- Uses the “One Key Question” to triage women of reproductive age with newly diagnosed diabetes (inpatient or out)
- Brief educational intervention, handouts
- Recommendation of MVI with folate
- Automatic referral to MFM if desires pregnancy
- Follow up with Primary Care Provider for Reproductive Life Plan and contraceptive needs

MAHEC PHARMACY COLLABORATION

- Utilizing disease/medication registries
- Identify women of reproductive age on a teratogen with no documented contraception
- Phone call inquiry using OKQ
 - Encourage MVI and folic acid use
 - Arrange office visit for family planning discussion/adjustment of medications if appropriate
 - Standardize contraception documentation in EHR



HOW, WHY, AND WHEN TO TALK TO YOUR DOCTOR

Get what you need out of this critical check-up

[Find Out More](#)



SHOW LOVE TO YOURSELF, YOUR FRIENDS AND YOUR FAMILY

Share tips and tools to stay healthy and well

[Find Out More](#)



Before, Between & Beyond Pregnancy

JOIN THE LOVE!

Coming soon from The National Preconception Health & Health Care Initiative

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Your
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