

## Preconception Health Care: Integrating Reproductive Life Plans into Title X Settings

MT 2010  
Montana Family Planning Training  
Conference

Missoula, MT  
Friday, March 24, 2010

Myriam Hernández Jennings, MA  
JSI Research & Training Institute

---

---

---

---

---

---

---

---

## Objectives

- Discuss CDC recommendations for preconception care, and which guidelines are relevant for reproductive health settings;
- Identify Title X Reproductive Life Plan priority and increase knowledge and skills about integrating reproductive life plans in a family planning program; 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

---

---

---

---

---

---

---

---

## 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

---

---

---

---

---

---

---

---

## 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

---

---

---

---

---

---

---

---

## CDC Recommendations' Background

- Compiled with input from 16 groups, including the American Academy of Family Physicians, the American College of Obstetricians and Gynecologists, and the March of Dimes
- Developed by using published research; convening experts panels; reflecting the body of evidence and professional opinion and practice in medicine, public health, and related fields to guide changes in program, practice, and policy.

---

---

---

---

---

---

---

---

## CDC Recommendations' Background

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

---

---

---

---

---

---

---

---

## CDC Recommendations' Goals

1. Improve the knowledge and attitudes and behaviors of men and women related to preconception care.
2. Assure that all women of childbearing age in the USA received preconception-care services that will enable them to enter pregnancy in optimal health.
3. Improve interventions following an adverse pregnancy outcome in order to reduce risk during subsequent pregnancies; and
4. 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.

---

---

---

---

---

---

---

---

### CDC Recommendations Cont.

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.

---

---

---

---

---

---

---

---

### CDC Recommendations Cont.

8. Integrate preconception health objectives into public health programs.
9. Augment research.
10. Maximize public health surveillance.

---

---

---

---

---

---

---

---

## Preconception Care

### 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

---

---

---

---

---

---

---

---

## Why Consider Stronger Focus on Preconception & Inter-conception 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

---

---

---

---

---

---

---

---

## Family Planning Counts in MT

During SFY 2008 in Montana:

- A total of **9,186** women received screening for Chlamydia, a major cause of infertility
- Approximately **17,310** unintended pregnancies were prevented, which would have resulted in an estimated **11,684** births, **2,458** abortions and **3,168** miscarriages

*MT SFY 2008 Annual Report*

---

---

---

---

---

---

---

---

## Family Planning Counts in MT

In SFY 2008 there were:

- **56** counties—services were provided to men and women residing in all Montana counties
- **27** family planning sites
- **26,828** clients served

*MT SFY 2008 Annual Report*

---

---

---

---

---

---

---

---

## Family Planning Counts in MT

Montana's investment in services is highly cost-effective.

- Every year family planning saves the state at least \$3.80 for every \$1 spent

*MT SFY 2008 Annual Report*

---

---

---

---

---

---

---

---

## Family Planning Clients in MT

In SFY 2008, Montana family planning agency clients were:

- **25,190** women
- **1,638** men

Of these clients:

- **84%** qualified for reduced fees
- **55%** qualified for services free of charge
- **79%** of the women were 18 or older; only 21% were under 18-years-old

*MT SFY 2008 Annual Report*

---

---

---

---

---

---

---

---

## MT Family Planning Indicators

- 32nd in overall efforts and 35th in service availability
- 44% of pregnancies in Montana were estimated to be unintended
- In CY 2007, it was estimated that 55,270 women were in need of subsidized family planning services in Montana, 60% (33,606) did not receive the needed services

*Contraception Counts 2006 Guttmacher Institute*

---

---

---

---

---

---

---

---

## Family Planning & Title X Program in MT

- The Title X Federal grant accounts for only 30% of the total expenditures of the program
- MT has applied for a Medicaid Waiver to expand Family Planning services to additional low income women

*MT SFY 2008 Annual Report*

---

---

---

---

---

---

---

---

## The Key Role of Title X

- Title X of the Public Health Service Act, the only federal program devoted solely to the provision of publicly supported family planning services, supports 35 family planning clinics in Montana. These clinics serve 28,820 women, including 8,330 teenagers.
- Title X-supported clinics in Montana help women avert 6,700 unintended pregnancies each year.

*Contraception Counts 2006 Guttmacher Institute*

---

---

---

---

---

---

---

---

## 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**”

---

---

---

---

---

---

---

---

## 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
- Most 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
  - ◆ Lack adequate information
    - Information on problems during pregnancy and pregnancy outcomes are not available to primary care providers
    - Records are often not integrated
  - ◆ Absence of follow-up systems

---

---

---

---

---

---

---

---

### 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 have little interest in 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?

- Almost all the women in need of preconception & inter-conception care are already known to the medical care system
  - 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
  - Many seek family planning services

---

---

---

---

---

---

---

---

### Increase Access to & Use of Pre and Inter-conception Care

- Incorporate into existing systems of care and provider networks
- Reduce financial barriers for providers and for women
- Generate consumer demand
- Increase family planning coverage and 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

Goal of Family Planning Program:

Improve pregnancy planning and spacing, prevent unintended pregnancies, (including teen pregnancy), prevent sexually transmitted diseases, and provide community outreach and education on reproductive health. Referral and linkages with community resources

*MT DPH&HS*

---

---

---

---

---

---

---

---

### 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

---

---

---

---

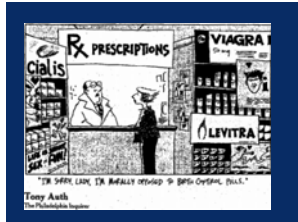
---

---

---

---

## What is wrong with this picture?



---

---

---

---

---

---

---

---

## Barriers Cont.

### Reimbursement:

- Pay providers for time spent in pre-conception and inter-conception counseling under public and private insurance
- Change Medicaid to allow coverage of women for five years after birth for all medical needs, broadly defined
  - 21 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
  - More in HMO plans – less in conventional ones

---

---

---

---

---

---

---

---

## Reproductive Life Plan

Reproductive Life Plan's (RLP) purpose is to provide women of reproductive age with a written tool to help translate preconception health concepts into easy, lay health objectives to ensure health birth outcomes prior to pregnancy

---

---

---

---

---

---

---

---

## Reproductive Life Plan Cont.

### What is in it?

- Explains what a Reproductive Life Plan is
- 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

---

---

---

---

---

---

---

---

## Reproductive Life Plan Cont.

6. Family Health History
7. Personal Safety
8. Personal Development
9. Emotional Health
10. Healthy Relationships
11. Financial Security

---

---

---

---

---

---

---

---

## Reproductive Life Plan & In Family Planning Context

### Framework for Integration:

Integration must address Five different levels:

- a. Organizational level
- b. Clinical Services Level
- c. Provider level
- d. Patient level
- e. 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 RPL: Clinic Level

### PLAN A: Right Questions for the Right Visits

1. Expand current history to integrate reproductive life planning questions for men and women

#### Determine:

- ◆ **Pregnancy Intent:** Do you want to be pregnant someday/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?

---

---

---

---

---

---

---

---

## Integration of RPL: Clinic Level

### PLAN A: Right Questions for the Right Visits

If answer is no:

1. Counsel on and determine most appropriate contraception
2. 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

---

---

---

---

---

---

---

---

## Integration of RPL: Clinic Level

### 2. Special Populations Cont:

- Every adolescent and adult woman with a health challenge
- Ambivalence: not sure wants pregnancy but would not mind one
- Client has a negative pregnancy test
  - ◆ Clients who are not contracepting well, may be pregnant within the next several months

---

---

---

---

---

---

---

---

## Integration of RPL: Clinic Level

### 2. Special Populations Cont:

- Immigrant and Refugee Populations
- Men

---

---

---

---

---

---

---

---

### Integration of RPL: Clinic Level

#### 3. 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:

1. Provide basic preconception screening
  - Vitamins and calcium intake
  - Screen for pregnancy risk when prescribing
  - Assess pregnancy risk as part of medical treatment program
2. 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 baby 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://cme.medscape.com/viewarticle/553457\\_print](http://cme.medscape.com/viewarticle/553457_print)
- CDC Calls for Reproductive Life Plans at <http://www.medpagetoday.com/OBYN/Pregnancy/3136>
- <http://www.everywomancalifornia.org/content.cfm?categoriesID=33>
- 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.unco.edu/hhp/cwhw/research5.html](http://www.unco.edu/hhp/cwhw/research5.html)
- Power Point Presentation by Tamara Wrenn, Northern Manhattan Perinatal Partnership
- <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
- Integrating HIV Prevention & Family Planning Services: Organizational Self-Assessment Manual (2004) JSI Research & Training Institute
- 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

---

---

---

---

---

---

---

---