Preconception & Interconception Care Integration into Family Planning Services

Objectives
- Inform providers on the California Family Health Council Inc. (CFHC)/March of Dimes Preconception Integration Project
- Discuss challenges and plans for furthering integration of preconception care in family planning clinics
- List two ways that administrators managed the integration of preconception health into their system of care

California Family Health Council Inc.
Largest Title X Grantee in the U.S.
- Distributes Title X funds to 74 California health care agencies/316 clinic sites
- Represents 60% of Family PACT billable services
- Conducts agency evaluations, provides technical assistance, training, community outreach
- Performs advanced research in reproductive health care and contraception

Preconception Care Defined
A health care system that is responsive to and addresses the requirements of comprehensive women's health care regardless of pregnancy status (Wise, 2008)

CFHC Assumptions
Family planning clinics are an opportunistic place to integrate PCC/ICC
- CFHC funded agencies serve over 1 million low income women throughout California
- High rates of poor birth outcomes and unintended pregnancy
Interventions must be cost effective and time efficient
- Provider Challenges/Constraints - Competing demands, increased client load/multiple medical problems, budget constraints
Providers need training in PC/IC strategies

Readiness Assessment
Completed by 91 Title X family planning clinics in Los Angeles, San Francisco and Yolo counties
- All basic health care services in gynecologic, STI, and contraception were being offered.
- About half offered various immunizations
- Less than half offered genetic testing
- Majority of clinics did not ask specific questions about Accutane use, folic acid use, maternal phenylketonuria, and environmental exposures
- All asked if taking medications
What was missing?

Clinic PCC/ICC needs
- Majority did not have PCC/ICC protocol
- Majority did not have visual aids or other materials in the clinic
- Majority did not have trained staff
- Majority did not display PCC/ICC information at community events

Recommendations from the Clinics
- Include PCC/ICC questions on history form as reminder to providers to give clients the information they might need.
- Offer clients PCC/ICC education materials. Need for such materials/bilingual/appropriate literacy level/men.
- Offer PCC/ICC educational materials during PT, annual/initial exam, and EC visits.

Provider Response to Training
- Over 300 Providers trained in integration strategies.
- Highlights of evaluations
  - Believed PCC/ICC to be extremely important
  - Appreciated the “wake up” call
  - Additional training primarily in integration needed “how do you do this with significant time constraints?”
  - Need culturally and linguistically appropriate educational materials

Providers and Participant Surveys
- Providers
  - 10 clinicians, 1 health educator
- Participants
  - Female
  - Family planning visit
  - Ages 13 – 45 (54% in 20s)
  - Race: 73% Hispanic Latina, 12% white, 11% Asian,
  - n = 555

Findings from the Surveys
- Women were receptive to preconception messages within the context of family planning visits and interested in making health changes to improve pregnancy outcomes.
- Clinicians were supportive of integration.
- Family planning clinics have significant potential for delivery of PCC/ICC messages. Further development of PCC/ICC interventions for family planning clients is needed.

Intention to Make Health Behavior Changes
- Key Findings
  - 86% of respondents stated that they were interested in making at least one change
  - 70% of respondents thought they would make changes within 3 months
Desire for Change by Intent for Pregnancy

<table>
<thead>
<tr>
<th></th>
<th>Desire Change</th>
<th>No Change</th>
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</thead>
<tbody>
<tr>
<td>Intend Pregnancy</td>
<td>88%</td>
<td>12%</td>
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<tr>
<td>No Intention for Pregnancy</td>
<td>76%</td>
<td>24%</td>
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</tbody>
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p < .0051
n = 502

Desire for Change by Timeframe for Pregnancy

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<tr>
<th>Timeframe</th>
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<tbody>
<tr>
<td>&lt; 1 year</td>
<td>99%</td>
<td>1%</td>
</tr>
<tr>
<td>2-4 years</td>
<td>90%</td>
<td>10%</td>
</tr>
<tr>
<td>&gt; 5 years</td>
<td>82%</td>
<td>18%</td>
</tr>
</tbody>
</table>

p = .0004
n = 346

Client Acceptance of Preconception Messages

- 97% “strongly agreed” or “agreed” that information about how women can prepare for healthy pregnancies should be offered to women during their family planning visits (n=527, mean 4.7)
- 94% “strongly agreed” or “agreed” that they were interested in the information they received during their visit about how they can have a healthy pregnancy (n=486, mean 4.5)

Recommendations

- Develop PCC/ICC interventions that address intention and timeframe of pregnancy
- Develop or identify protocols and guidelines for family planning providers
- Provide training for family planning providers and clinic administrators
- Add screening questions including intention for pregnancy and timeframe in health history forms and EHR (Electronic Health Record) systems

CFHC PCC/ICC Activities 2010

- Measure PCC/ICC readiness in 5 areas: knowledge, current practice, organizational readiness, outreach, and interest.
- RLP – www.teensource.org
- Agency on-site visits
  - Medical records audit, encourage expansion of history forms
  - Review of forms and protocols
  - Review of client education materials and in-reach efforts (posters, brochures, etc)

Resources

- Many national and statewide resources available
  - http://lapublichealth.org/mch/ReproductiveHealth/PreconceptionHealth/PCH_AboutUs.htm
  - www.everywoman california.org
  - www.marchofdimes.com/california
  - www.cfhc.org/Resources
  - www.teensource.org – Reproductive Life Plan
  - www.cdc.gov/ncbddd/preconception
  - www.coloradoguidelines.org/guidelines/preconception.asp
  - www.mombaby.org
Thank You

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