Preconception & Interconception Care / Life Course Integration into Family Planning Services

Objectives
- Introduce Preconception Care/Life Course concepts
- Discuss the history of the work nationally and in California
- Discuss the California Family Health Council Inc. (CFHC)/March of Dimes Preconception Integration Project
- Identify strategies and resources for furthering integration of preconception care in family planning clinics

Preconception Interconception Care (PCC/ICC)

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

Life Course Perspective
A woman carries with her into a pregnancy the sum total of biopsychosocial experiences that have characterized her life up to that particular point in her development (Lu, Halfon 2003)

What does Preconception Interconception Care entail?
Consideration of the entire woman, her life and experience holistically

CDC REPORT April 2006
Context of Preconception Care

- Counseling to promote healthy behaviors such as appropriate weight, nutrition, exercise, oral health. Counseling can help a woman avoid substance abuse and toxic substances. It can help women and couples understand genetic risks, mental health issues (such as depression), and intimate partner domestic violence.
- Family planning counseling to avoid unplanned pregnancies
- Eliminating alcohol consumption to prevent Fetal Alcohol Syndrome, and other complications

- Reviewing medications that can affect the fetus or the mother, such as epilepsy medicine, blood thinners, and some medicines used to treat acne, such as Accutane.
- Reviewing a woman’s pregnancy history
- Stopping smoking to reduce the risk of low birth weight
- Folic acid supplements to prevent neural tube defects
- Rubella vaccinations to prevent Congenital Rubella Syndrome
- Environmental surroundings

Context of Preconception Care

- Detecting and treating existing health conditions to prevent complications in the mother, and reduce the risk of birth defects:
  - Diabetes
  - Hypothyroidism
  - HIV/AIDS
  - Hepatitis B
  - PKU
  - Hypertension
  - Blood diseases
  - Eating disorders

Sexual History “5 Ps”

- Partners
- Prevention of pregnancy
- Protection of STDs
- Sexual Practice
- Past hx of STDs

* CDC Clinical Prevention guidelines, MMWR 2006, 55:2-6

California Story

Evolution of Preconception Care in California

- Every Woman, Every Time
- CDC Call to Action
- Preconception Health Council of CA
- CDPH Support for PCH/ICH
- March of Dimes PCH/ICH Funded Projects
- LA Preconception Health Council
Preconception Health Council of CA
A partnership of the March of Dimes, ACOG and CA Department of Public Health MCAH Division

Membership is multidisciplinary, statewide and includes governmental and non governmental agencies

The mission is to engage individuals, communities and policymakers to optimize the health and wellbeing of women and partners leading to healthier infants and families

Interconception Advisory Groups
March of Dimes funded California ACOG to develop post partum visit strategy to improve and maximize these visits

Visit priorities:
- Folic Acid
- Contraception
- Breast feeding

CFHC March of Dimes funded Integration Project

Goals:
- To assess the level of preconception care integration in family planning clinics
- To develop training for clinical staff in preconception care
- To assess knowledge and behavior change resulting from training and care expansion

WHY INTEGRATE IN FAMILY PLANNING?

Unintended Pregnancy
- Nearly half of all adult pregnancies and 90% of teen pregnancies are unintended.
- In the U.S. 48% of unintended pregnancies occur among women who were using a contraceptive method at the time they conceived.

*Fer et al, Perspectives in Sexual and Reproductive Health 2006
Disparities in Unintended Pregnancies in California

<table>
<thead>
<tr>
<th>Poverty Level</th>
<th>Percent with unintended pregnancy, 2006</th>
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<tbody>
<tr>
<td>0-100%</td>
<td>58</td>
</tr>
<tr>
<td>101-200%</td>
<td>50</td>
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<tr>
<td>201-300%</td>
<td>39</td>
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<tr>
<td>301-400%</td>
<td>32</td>
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<td>Over 400%</td>
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Source: CA Maternal and Infant Assessment, 2006

Disparities in Unintended Pregnancies in California

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percent with unintended pregnancy, 2006</th>
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<tbody>
<tr>
<td>African American</td>
<td>60</td>
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<tr>
<td>Asian/Pacific Is.</td>
<td>34</td>
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<tr>
<td>Latina--Immigrant</td>
<td>42</td>
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<td>Latina--US born</td>
<td>59</td>
</tr>
<tr>
<td>White</td>
<td>35</td>
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</tbody>
</table>

Source: CA Maternal and Infant Health Assessment 2006

Race, Racism and Racial Disparities in Adverse Birth Outcomes

“African American women confront assumptions that they are young, unmarried, on welfare…they perceive health care to be indifferent and disrespectful”
* Health Care Women International 1996; 17 149-159

“Trust is the basis for quality care”
* By documenting where disparity exists, increasing provider awareness and accountability changes in clinical practice can occur to help reduce disparities”
* Smedley, Stith, Nelson, Institute of Medicine, National Academies Press 2002

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 PCC/ICC strategies

Readiness Assessment

Completed by 91 Title X family planning clinics in Los Angeles, San Francisco and Yolo counties
- Approximately 70% of all “preconception” (gynecologic, STI, and contraception) health care services occur in FP visits.
- About half of the agencies offered immunizations
- Less than half offered genetic testing
- All asked if taking medications
- Majority of clinics did not ask specific questions about Accutane use, folic acid use, maternal phenylketonuria, and environmental exposures

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 patient 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 Client Participants

- **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

Client 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>
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<tbody>
<tr>
<td>Intend Pregnancy</td>
<td>88%</td>
<td>12%</td>
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<tr>
<td>No Intention for</td>
<td>76%</td>
<td>24%</td>
</tr>
<tr>
<td>Pregnancy</td>
<td></td>
<td></td>
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*p* < .0051

*n* = 502
Desire for Change by Timeframe for Pregnancy

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<th>Timeframe</th>
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<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>
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Findings from the Survey

- 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)

Findings from the Survey

- Women were more interested in making health changes to improve pregnancy outcomes when they expressed a desire to be pregnant.
- Clinicians were supportive of integration.
- Family planning clinics have significant potential to impact a woman’s health behavior before she gets pregnant.

2010 Title X Priority

- Measure PCC/ICC readiness across California in 5 areas: knowledge, current practice, organizational readiness, outreach, and interest
- Preconception / Interconception Care activities are monitored at Agency on-site visits
- 2011 Statement of Work activity to integrate preconception health into the family planning program

CFHC 2011 Statement of Work

- Revise existing protocols to include preconception/interconception care activities, incorporate preconception health assessment in history forms, train providers
- Provide preconception/interconception counseling at family planning visits
Recommendations

- Add screening questions including intention for pregnancy and timeframe in health history forms and EHR (Electronic Health Record) systems
- Develop PCC/ICC interventions that respond to the given life experience of the woman
- Identify protocols and guidelines for family planning providers i.e. Harbor UCLA Women’s Clinic, CFHC website, University of North Carolina

Recommendations

- Access training through CFHC, March of Dimes, Family PACT, etc.
- Monitor websites for continuously evolving resources!!!!

RESOURCES

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Colorado State Clinical Guidelines
Resources

- www.everywomancalifornia.org
- www.marchofdimes.com/california
- www.cfhc.org/Resources
- www.beststart.org

Resources

- www.cdc.gov/ncbddd/preconception
- www.coloradoguidelines.org/guidelines/preconception.asp
- www.mombaby.org
Discussion

• What are your ideas?
• What have you done?
• Share new resources...

Thank You

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