



**Preconception
Interconception
Care
Life Course Approach**

Integration into
Family Planning Services

The California Family Health Council Inc. (CFHC)

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)

Preconception Interconception Care (PCC/ICC)

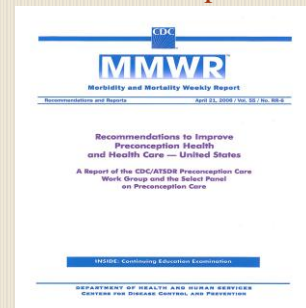
Life Course Perspective

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

Context of Preconception Care

- 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

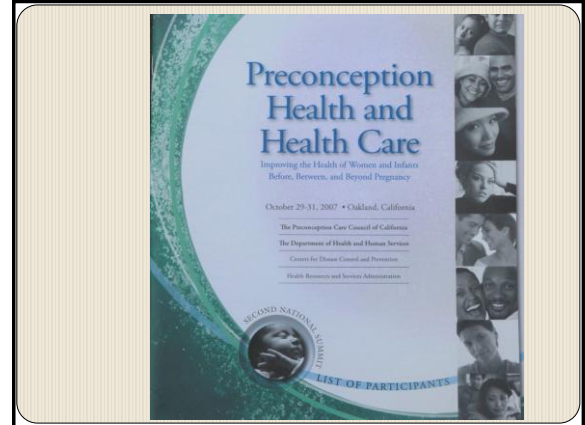
- *Every Woman, Every Time*
- CDC Call to Action
- Preconception Health Council of CA
- CDPH Support for PCH/ICH
- March of Dimes PCH/ICH Funded Projects
- LA Preconception Health Council

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.

*Finer and Henshaw, Perspectives in Sexual and Reproductive Health 2006

Disparities in Unintended Pregnancies in California

Poverty Level	Percent with unintended pregnancy, 2006
0-100%	58
101-200%	50
201-300%	39
301-400%	32
Over 400%	21

Source: CA Maternal and Infant Assessment, 2006

Disparities in Unintended Pregnancies in California

Race/Ethnicity	Percent with unintended pregnancy, 2006
African American	60
Asian/Pacific Is.	34
Latina--Immigrant	42
Latina--US born	59
White	35

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”

* *Parker, Dominicus Clinical Obstetrics and Gynecology, 2008*
 51 Smalley, Stitt, 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 phenylketonurea, 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

Evaluation

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

	Desire Change	No Change
Intend Pregnancy	88%	12%
No Intention for Pregnancy	76%	24%

p < .0051
n = 502

Desire for Change by Timeframe for Pregnancy

	Desire change	No Change
< 1 year	99%	1%
2-4 years	90%	10%
> 5 years	82%	18%

p = .0004
n = 346

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

Title X Family Planning Services; 2010

Program Priorities

Each year the CFFH establishes program priorities that represent overarching goals for the Title X program. Program priorities derive from Healthy People 2010, CDC, California and local Departments of Health and Human Services priorities. Project plans should be developed that address the 2010 Title X program priorities, and should provide evidence of the project's capacity to address program priorities as they evolve in future years. The 2010 program priorities are as follows:

1. Reducing the delivery of quality family planning and related reproductive health services, whose effectiveness and cost effectiveness are based on evidence-based research, is a national priority. The broad range of services does not include abortion as a method of family planning.
2. Expanding access to a broad range of appropriate and effective family planning methods, including long-acting reversible contraceptive methods, is a national priority. The broad range of services does not include abortion as a method of family planning.
3. Providing accessible health care services in accordance with nationally recognized standards of care. This includes, but is not limited to, sexual and cervical cancer screening, and preconception services, sexually transmitted infection (STI) and HIV, perinatal, obstetric, health- and behavioral, and other related reproductive health services.
4. **Recognizing the importance of counseling family planning clients on integrating a reproductive decision and non-reproductive counseling as a part of family planning services, as appropriate.**
5. Addressing comprehensive Title X care requires notification of the reporting of child abuse, child prostitution, sexual abuse, rape, or incest.
6. Encouraging participation of patients, parents, and/or legal guardians in the decision of consent to child family planning services, and providing counseling to parents on how to consent to child family planning services in accordance with state law.
7. Addressing the comprehensive family planning and other health needs of individuals, particularly and performing with other community-based health and social service providers that provide related services.

(New Issues and Legislative Mandates continued on next page)

CFHC PCC/ICC Activities 2010

- Measure PCC/ICC readiness across California in 5 areas: knowledge, current practice, organizational readiness, outreach, and interest
- Launch RLP, *My Life, My Health, My Plan* – www.teensource.org
- 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

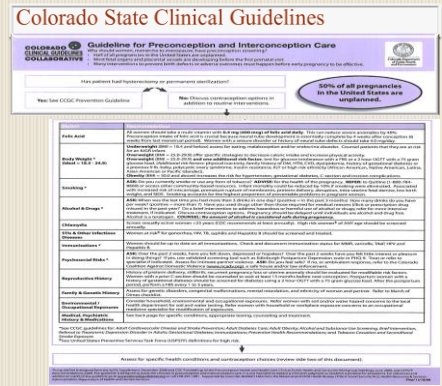
- Access training through CFHC, March of Dimes, Family PACT, etc.
- Monitor websites for continuously evolving resources!!!!



RESOURCES



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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

Body & Soul
A Celebration of Healthy Eating & Living

What is Body & Soul?
Body & Soul is a celebration of healthy eating and living in a healthy program developed for African American churches. The program emphasizes church members' role in the health of their families and communities. Body & Soul helps church members take care of their bodies as well as their souls.

Why Body & Soul?
African Americans are at high risk for many chronic and acute diseases. These include high blood pressure, diabetes, heart disease and stroke, lung cancer, kidney disease, and osteoporosis. Good nutrition and lifestyle choices for these chronic disease prevention and management may be one of the easiest things you can do to improve your health.

How Does Body & Soul Work?
Church members continue and can Body & Soul to the needs of their church. All of the information needed to create the program is provided in the program guide. You can share with the many leaders of your church, members to recruit and sustain your congregation as they move toward a healthier Body and Soul.

What Are the Benefits of Body & Soul?
Body & Soul encourages members and visitors good health through healthy eating. Your congregation will:
 • Learn how health and spirituality are connected
 • Feel empowered to make change of their health
 • Eat more fruits and vegetables every day
 • Lead healthier in spirit, like, such as eating less fat and getting more physical activity
 • Share their own health experiences in the church.

To order a free copy of the Body & Soul guide for your church, call 1-800-633-6337.

AGENCY RESOURCES

What if...? **What if...?**

...you found out that you were pregnant today?

Would you be ready?

GO FOLIC! Be Healthy! Bi Healthy!

WHAT IS "BI-HEALTHY"?
Folic acid is a very important B vitamin, especially for pregnant women. You look in growing and changing, making millions of new cells every day. Your body uses folic acid to make all of these new cells.

"Going Folic" means getting enough folic acid and other B vitamins in your diet. You need at least 400 mcg of folic acid every day. **Be the Folic!**

FOLIC ACID - BEAUTY FROM THE INSIDE OUT
Folic acid and other B vitamins will help give you strong and healthy hair, nails, and skin.

FOLIC ACID - A HEALTHIER YOU
Taking a daily multivitamin with folic acid may:
 • Lower your risk for heart, cervical, and colon cancer
 • Keep your hair from thinning
 If you ever decide to get pregnant, folic acid will help you have a healthy baby too.

EATING FOLIC ACID IS EASY
 1. Take a daily multivitamin with 400 mcg of folic acid.
 2. Eat a diet of natural foods with 400 mcg of folic acid every day, including the following:
 • Citrus fruits like lemons, oranges, grapefruit, and tangerines
 • Green leafy vegetables like spinach, kale, and collards, and "broccoli" or "broccoli" beans and peas.

SEE YOUR FOLIC! VITAMIN!
This health center is getting stronger. Call us up to a year's supply of free multivitamin with folic acid. Ask your staff about how we'll make sure you get your folic acid.

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Discussion

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



Thank You

Feel free to contact:
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