

Preconception care and family planning: Exploring the potential for integration

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Background

Preconception care

An approach to delivering health care that addresses medical, psychosocial, environmental and other factors that can have an impact on women's health during reproductive years.

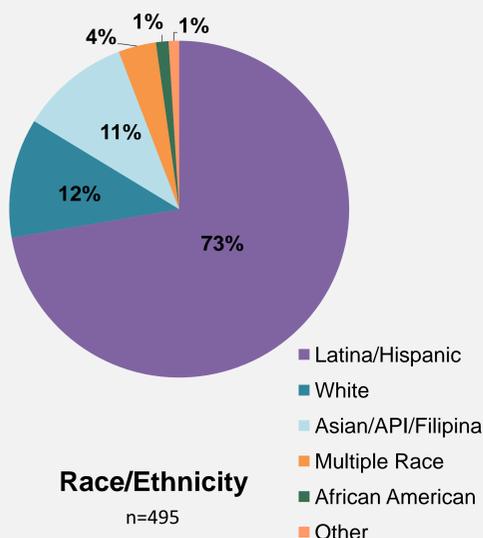
Why preconception care in family planning?

- Family planning clients are in their reproductive years and seeking health care services
- Title X clients mostly live below the Federal Poverty Level and have high rates of poor birth outcomes

50% of adult pregnancies and 82% of adolescent pregnancies are unplanned.

Providing preconception care messages to *all* women, regardless of their intention for pregnancy, has the potential to improve women's health and birth outcomes.

Participant Information



Methodology

Goal

To integrate preconception care into three Title X family planning clinics

Participants

555 female family planning clients
Ages 13-45 (mean age 27.2)

Project Description

1. Providers trained to assess pregnancy intention with four questions:
 - Do you want to get pregnant?
 - If so, when?
 - Are you sexually active?
 - If so, are you trying to prevent pregnancy?
2. Providers asked to integrate preconception messages into family planning visits:
 - Folic acid intake
 - Diabetes
 - Obesity/overweight
 - Substance use
 - Rubella

Evaluation Questions

- Participants' attitudes about receiving preconception care messages in family planning visits
- Participants' intentions for health behavior changes related to preconception messages
- Providers' experiences integrating preconception care messages into visits

Data Sources

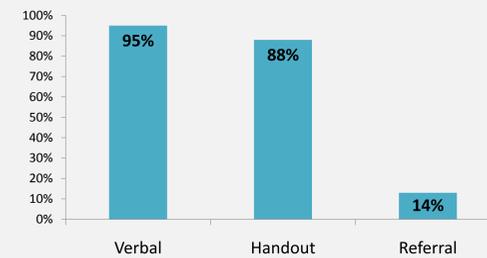
- Client post-visit survey
- Provider intervention log
- Post project provider interview

Results

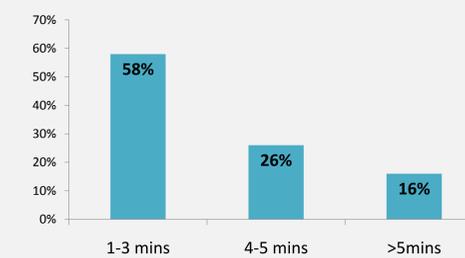
Provider Interventions

*Based on provider logs

Type of Intervention Provided (n=555)



Time spent on preconception care (n=543)



Participant Survey Results

97% of participants "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)

94% of participants "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)

Intention to make behavior change

- Overall, 86% of respondents stated that they were interested in making at least one change (n=524)
- 70% of respondents thought they would make changes within 3 months (n=503)

| Client intention for future pregnancy | Percent of participants intending change |
|---------------------------------------|--|
| Yes | 88% |
| No | 76% |

n=502, p<.005

| Timeframe for desired pregnancy | Percent of participants intending change |
|---------------------------------|--|
| <1 year | 99% |
| 2-4 years | 90% |
| >4 years | 82% |

n=346, p=.0004

Provider Interview Themes

- Supportive of preconception integration
- Concern about additional burden of integration
- Increased ease with preconception care implementation over time
- Identified need for more appropriate materials

"It raised awareness among the clinicians, who are now more likely to discuss with patients their plan for pregnancy, now or for the future, and how to make sure the patient has optimal care before conceiving."

Conclusions

- Identifying and providing interventions can be done in 1-3 minutes
- Family planning clients receptive to preconception messages
- Family planning clients interested in making health behavior changes
- Interest in making changes associated with desire for pregnancy and timeframe of desired pregnancy
- Providers supportive but have concerns about time and reimbursement

Recommendations

1. Develop preconception interventions that address intention and timeframe of pregnancy
2. Develop protocols and guidelines for family planning providers
3. Provide training for providers and clinic administrators
4. Add screening questions including intention for pregnancy and timeframe in health history forms and EHR (Electronic Health Record) systems

Acknowledgements

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