



NORTH CAROLINA
PRECONCEPTION
HEALTH CAMPAIGN

**Reproductive Life
Planning**
Strategies to help your patients
plan ahead

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Disclosures

- Neither Brenda Stubbs nor Steffie Duginske, nor their respective partners, have relationships with commercial companies that could be perceived as a conflict of interest (within the past 12 months).
- There will be no discussion of a product that is still investigational or not labeled for the use under discussion.
- Per *ACCME Content Validity Value Statements*: This talk is based on "evidence that is accepted within the profession of medicine" and all materials used "conform to the generally acceptable standards of experimental design, data collection, and analysis."
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Acknowledgements



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 - UNC Center for Maternal & Infant Health
 - North Carolina Healthy Start Foundation
 - Merry-K Moos, FNP, MPH, FAAN
 - Alvina Long Valentin, RN MPH
 - Sarah Verbiest, DrPH, MSW, MPH
- Specific resources used to guide the development of this training:
 - The Case for Reproductive Life Planning
 - Putting the Pieces Together, Promoting Healthy Living and Healthy Families toolkit
 - The National Preconception Curriculum and Resources Guide for Clinicians (Module 1: Preconception Care: What it is and what it isn't)

Housekeeping

- Obtaining credits
 - Groups should email swright@marchofdimes.com
- Asking questions
- Accessing slides at a later date



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Objectives

- Understand the role of preconception health counseling in women's health services
- Understand how reproductive life planning relates to opportunistic preconception health counseling
- Increase knowledge about the key components of reproductive life planning
- Increase awareness about the importance of counseling all female patients of childbearing age about reproductive life planning
- Improve reproductive life planning counseling skills
- Learn strategies to improve reproductive life planning service delivery

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"Opportunistic" care



- Preconception care is for every woman of childbearing age every time she is seen
- Every woman, every time



CDC National Preconception Curriculum and Resources Guide for Clinicians (Module 1) <http://beforeandbeyond.org/?page=cme-modules>

Preconception Health: Reproductive Life Planning



- One of the primary CDC preconception health recommendations is to encourage all men and women to have a reproductive life plan
- A reproductive life plan is more than birth control



Johnson K et al, Recommendations to Improve Preconception Health and Health Care-United States A Report of the CDC/ATSDR Preconception Care Work Group and the Select Panel on Preconception Care, MMWR Reports and Recommendations, April 21, 2006

Males & Reproductive Life Planning

- There are experts in our state who work with males around reproductive life planning
 - Family Life Council (FLC), a division of the Children’s Home Society of North Carolina
 - Wise Guys Curriculum
 - Fatherhood Initiative
 - **Contact:**
 - Randy Wall, Fatherhood Educator
 - Family Life Council, Children’s Home Society of NC
 - rwall@chsnc.org
 - 336-333-6890



Preconception Health: Reproductive Life Planning

- One of the primary CDC preconception health recommendations is to encourage all men and women to have a reproductive life plan
- A reproductive life plan is more than birth control



What was your reproductive life plan at age 17?



But did you ever consider...?



- What you wanted in a partner and a relationship?
- What kind of partner would you want to have children with?
- What if you don't stay with your current boyfriend/girlfriend?
- How your performance in high school might impact your future college/military/work plans?
- What "other" things you wanted out of life (travel, car, money, house, etc.) and how your choices now and plans for the future would impact your ability to get these things?
- **How your plans would be impacted if you had an unplanned pregnancy?**



Why is reproductive life planning important?



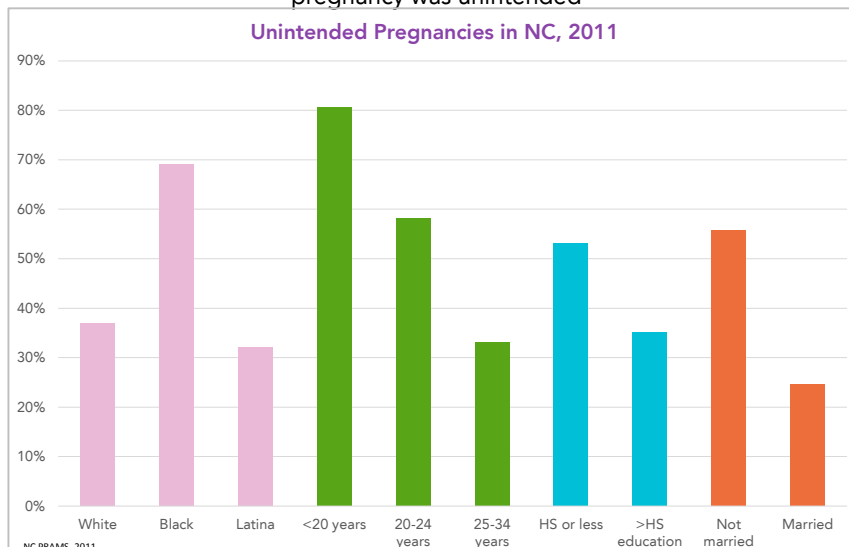
- Lack of planning for pregnancy and lack of pregnancy spacing, as well as...
- Failure to manage...
 - Health conditions affecting pregnancy outcomes,
 - Environmental risk factors, and
 - Negative health behaviors affecting pregnancy outcomes
- Leads to:
 - Unintended pregnancies
 - Increased risk for premature births
 - Increased risk for low-birthweight births
 - Increased rates of birth defects
 - Poorer health status for women
 - Increased health disparities

NC PRAMS Fact Sheet 2009, Unintended Pregnancies, 2004 – 2006

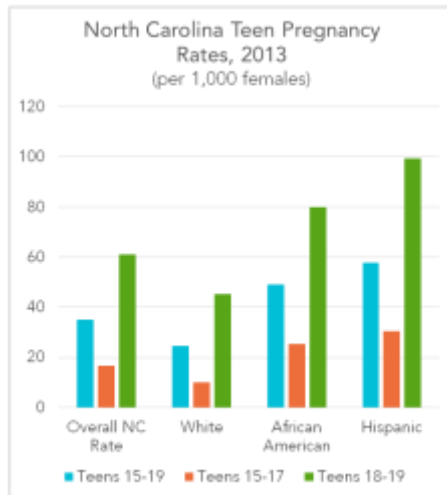
Unintended pregnancy



43% of N.C. women surveyed after the birth of their baby reported that the pregnancy was unintended



Teen pregnancy rates



- North Carolina repeat teen pregnancy rates, ages 15-19, 2013:
 - Total teen pregnancies: 11,178
 - # repeat pregnancies: 2,713
 - % repeat pregnancies: 24.5%



NC State Center for Health Statistics, Vital Statistics, 2013

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Don't forget the adults!

Despite our high teen numbers, the vast majority of unintended pregnancies are still to women over 20 years old.



Why are unintended pregnancies a concern?

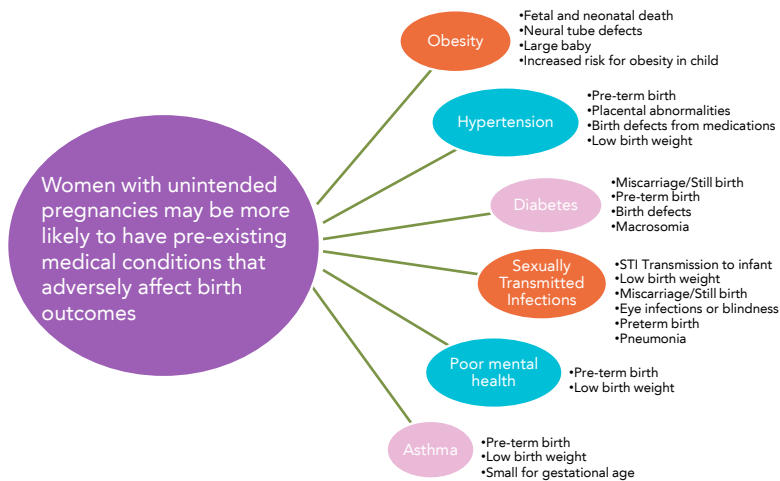
- Increased risk for infant morbidity and mortality; including premature birth, low birthweight, and birth defects
- Increased elective abortion rate
- Late entry into prenatal care
- Higher rates of smoking prior to pregnancy
- Increased risk of physical abuse and partner relationship ending for mothers
- Increased child abuse and neglect
- Increased Medicaid costs



Looking Back Moving Forward, North Carolina's Path to Healthier Women and Babies, 2007-NC PRAMS Fact Sheet 2009, Unintended Pregnancies, 2004-2006



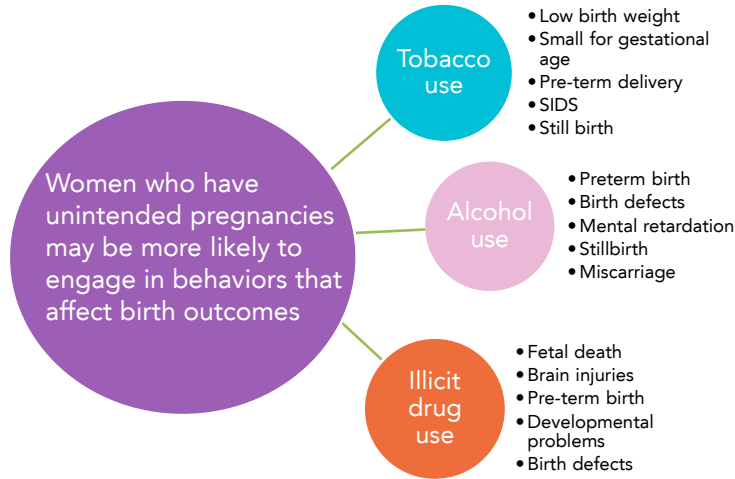
Increased infant morbidity and mortality



Adapted from California Preconception Care Provider training, County of Los Angeles, Department of Public Health, 2003

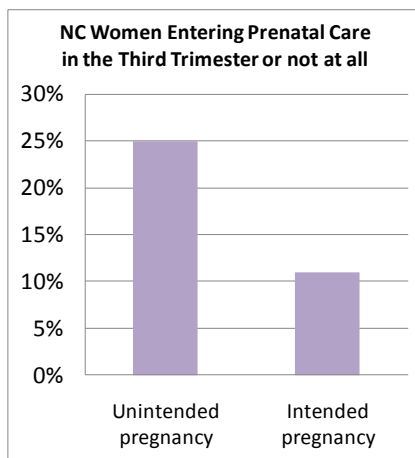


Increased infant morbidity and mortality



Adapted from California Preconception Care Provider training, County of Los Angeles, Department of Public Health, 2003

Late entry into prenatal care



- Mothers with unintended pregnancies are more likely to enter into prenatal care later in their pregnancies



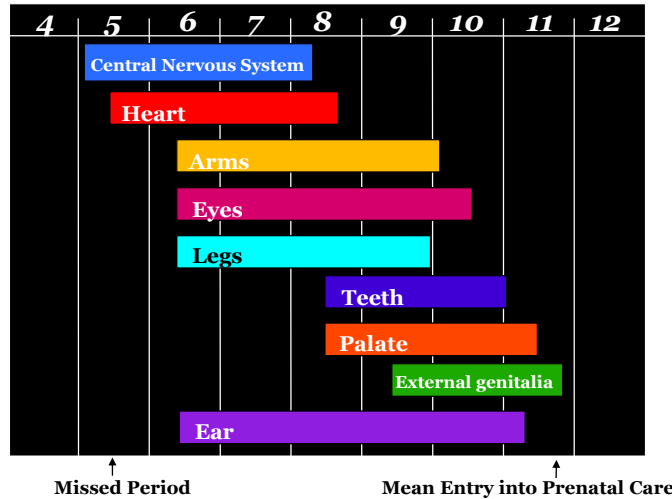
NC PRAMS Fact Sheet, 2009

Late entry into prenatal care



Weeks gestation from last missed period

- Most susceptible time for major malformation

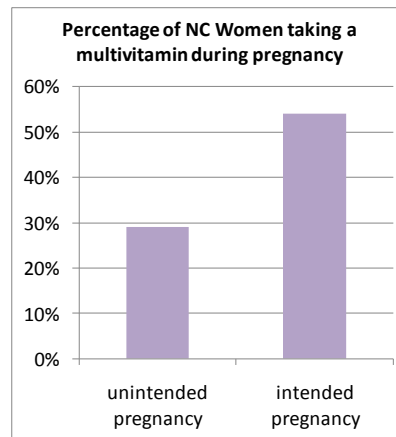


CDC National Preconception Health Curriculum and Resource Guide for Clinicians, 2008

Folic acid to prevent neural tube defects



- Women with unintended pregnancies are less likely to take a multivitamin during pregnancy



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NC PRAMS. Unintended Pregnancies 2004-2006 Fact Sheet, 2009

Summary

Reproductive life planning



Intended pregnancies



Better birth outcomes and healthier women



Overview: Reproductive life planning

1. Access to health services for preconception/wellness services including, but not limited to, family planning
2. Dialogue between health care providers and patients about a plan for future pregnancy or a plan to prevent pregnancy
3. Revisiting of reproductive life plan as time goes on



Who can provide reproductive life planning?

- Pediatricians
- Primary care providers
- Family practice physicians
- OB GYNs
- Nurses/nurse practitioners/nurse midwives
- Physician assistants
- Health educators
- Social workers
- Community outreach workers
- Dieticians

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Getting started: Reproductive life planning

- Thinking about whether or not an individual plans to have children and
- When?
- How many?
- How often?
- And...how they can implement their plan and maintain their health now, their health during pregnancy, and their baby's health



Considerations

- Age
- Educational goals
- Career plans
- Living situation
- Financial situation
- Social support
- Relationship with partner
- Readiness to become a parent
- Current health status
- Hereditary risk factors
- Health behaviors



Birth spacing

- According to the March of Dimes, for most women it's best to wait 18 to 23 months after a pregnancy before getting pregnant again
- 42.7% of North Carolina women had less than an 18 month interval in 2012
 - Under age 20, 72.3%
 - Age 20-24, 55.8%
 - Age 25-34, 44.4%

Zhu BP. Effect of interpregnancy interval on birth outcomes: findings from three recent US studies. International Journal of Gynecology and Obstetrics (2005) 89, S25–S33; NC State Center for Health Statistics, Preconception Health Indicators, 2012.



Increased risks for short birth intervals

- When pregnancy occurs 6 months or less after a live birth there is an increased risk for:
 - Induced abortion
 - Miscarriage
 - Newborn death
 - Maternal death
 - Premature birth, low birthweight, and stillborn



5As of reproductive life planning

Ask

Advise

Assess

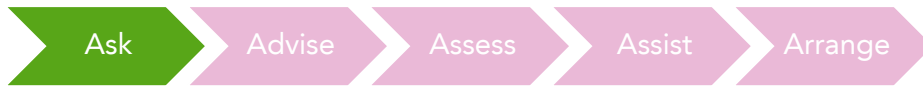
Assist

Arrange



Adapted from Michigan Department of Community Health, 2007

5As of reproductive life planning



- Sexual activity
- Intention to have children
- Use of family planning methods
- History of sexual or domestic violence
- Health history
- Current health behaviors
- **Use a preconception health checklist**



Adapted from Michigan Department of Community Health, 2007



Preconception health checklists

- Samples you can order or find online
 - Are you ready? Sex & your future (Spanish & English) (DPH Women's Health Branch)
 - Am I ready to be a mom? (DPH Women's Health Branch)
 - Am I ready to be a dad? (DPH Women's Health Branch)
 - Personal Reproductive Health Risk Assessment for Females (March of Dimes NC Preconception Health Campaign)
 - Adolescent Reproductive Life Plan (March of Dimes NC Preconception Health Campaign)
 - Becoming a Parent (Wisconsin Association for Perinatal Care)
- These and other preconception health resources can be found at:
 - EverywomanNC.com → Public Health Programs → North Carolina Programs → Young Moms Connect

EveryWomanNC.com



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Personal Reproductive Health Risk Assessment for Families

Question	YES	NO
1. Do you go to your health care provider at least once a year for a "check up"?	Yes=1	No=0
2. Do you go to your dentist at least every six months to get your teeth cleaned?	Yes=1	No=0
3. Do you eat fat food at least three times a week?	Yes=0	No=1
4. Do you get at least 30 minutes of moderate physical activity at least 3 times a week?	Yes=1	No=0
5. Have you ever been diagnosed with a sexually transmitted infection?	Yes=0	No=1
6. Do you know when you started to become pregnant (conceive)?	Yes=1	No=0
7. Do you take steps to handle your stress in a positive way?	Yes=1	No=0
8. Do you smoke?	Yes=0	No=1
9. Do you take prescription medications?	Yes=0	No=1
10. Do you have (HIV) or have to credit card debt?	Yes=0	No=1
11. Do you have your water and sewer lines?	Yes=1	No=0




5As of reproductive life planning



- Risks of unintended pregnancy
 - Adverse outcomes of unintended pregnancies related to risk behaviors, chronic conditions, or genetics (i.e. sickle cell status)
 - Recommendations for healthy pregnancies, including optimal child spacing
- 

5As of reproductive life planning



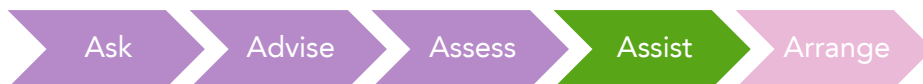
- Patient's understanding of risk for unintended pregnancy or adverse pregnancy outcome
 - Readiness to make needed behavior change in terms of family planning use or preparing for a healthy pregnancy
 - Assess LIFE circumstances
 - Use a preconception health checklist if appropriate
- 




Adapted from Michigan Department of Community Health, 2007



5As of reproductive life planning



- Discuss contraception methods and offer prescriptions
 - Review correct use and advocate for long-acting reversible contraceptive methods that reduce patient error
 - Condom use for STI prevention
 - Refer to family planning clinic, primary care provider, obstetrician/gynecologist or hotline for additional counseling and services
 - Assist in goal setting
- 

Adapted from Michigan Department of Community Health, 2007



5As of reproductive life planning

Ask

Advise

Assess

Assist

Arrange

- Recommend birth control options appropriate for chronic health conditions & infections
 - Obesity
 - Hypertension
 - Cancer history
 - Blood clotting disorders
 - Sickle cell
 - STIs
- Global Library of Women's Medicine:
 - "Contraception for Women with Medical Problems"
 - <http://www.glowm.com/>
 - Search: contraception women medical problems

Kjos, S. Glob. libr. women's med., (ISSN: 1756-2228) 2008; DOI 10.3843/GLOWM.10382

5As of reproductive life planning

Ask

Advise

Assess

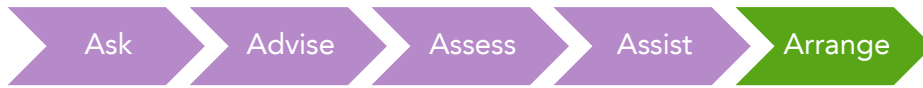
Assist

Arrange

- Help her make a plan for going forward that is tailored to her needs:
 - Refer to the NC Quitline
 - Provide healthy weight resources
 - Refer to WIC
 - Provide information on accessing Department of Social Services programs
 - Refer to local JobLink Career Center
 - Inform about the Medicaid family planning waiver (FPW)
 - Brainstorm sustainable behavior changes

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5As of reproductive life planning



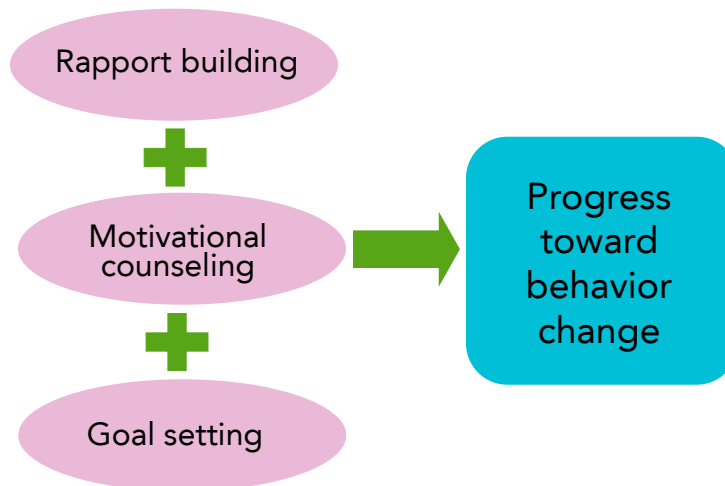
- Arrange follow-up appointment or services as needed to promote healthy pregnancy or prevent unintended pregnancy



Adapted from Michigan Department of Community Health, 2007



Keys to success



Diane Pearson, Dulce Program, San Diego Family Care



Take home message

- Ask **all of your patients** about reproductive life planning! Just one simple question can get the ball rolling ...



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March of Dimes North Carolina Preconception Health Campaign Contacts



Questions? Comments?

More webinars to come!

Date	Time	Webinar Topic
Thursday, December 11, 2014	2-3:30pm	Young Women & Tobacco: Using the 5As to help women quit
Wednesday, January 14, 2015	12-1pm	Healthy Weight Matters: Young women and the reproductive health consequences of obesity
Thursday, February 12, 2015	2-3pm	Folic Acid & Multivitamins: Preventing neural tube birth defects in North Carolina
Wednesday, March 11, 2015	12-1pm	The Circle of Care for Women: The role of early and effective utilization of prenatal care
Thursday, April 16, 2015	2-3:30pm	The Affordable Care Act: Services that support women of childbearing age

Thank you!

- For more information about the Campaign and other preconception health topics visit, EveryWomanNC.com
- Find us on Facebook: <http://www.facebook.com/everywomannc>
- Follow us Twitter: [@everywomannc](https://twitter.com/everywomannc)



March of Dimes North Carolina Preconception Health Campaign

- A statewide initiative aimed at improving birth outcomes in NC by reaching out to women with important health messages before they become pregnant
- Formerly functioned as the NC Folic Acid Campaign
- Goals of the Campaign are to reduce infant mortality, birth defects, premature birth, and chronic health conditions in women, while also aiming to increase intended pregnancies in NC
- Seeks to raise awareness and inspire positive action among the general public, health care professionals, and community agencies

