

**MOVING FROM GUIDELINES TO PRACTICE: EMERGENCE OF A CLINICAL TOOLKIT  
TO ADVANCE ROUTINE PRECONCEPTION CARE**

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The opportunity to reach large numbers of women with preventive services annually was greatly enhanced in August when the Affordable Care Act expanded prevention coverage for women. Preconception care is specifically included in the list of required services to be provided without a co-pay or a deductible; as shown below, a number of other services related to preconception health assessments are also delineated in the new requirements of health plan coverage.

*Health Resources and Services Administration Supported Women's Preventive Services:  
Required Health Plan Coverage Guidelines*

Type of Preventive Service	HHS Guideline for Health Insurance Coverage	Frequency
<b>Well-woman visits</b>	Well-woman preventive care visit annually for adult women to obtain the recommended preventive services that are age and developmentally appropriate, including preconception and prenatal care.	Annual, although HHS recognizes that several visits may be needed to obtain all necessary recommended preventive services, depending on a woman's health status, health needs, and other risk factors.
<b>Human papillomavirus (HPV) testing</b>	High-risk human papillomavirus DNA testing in women with normal cytology results.	Screening should begin at 30 years of age and should occur no more frequently than every 3 years.
<b>Counseling for sexually transmitted infections</b>	Counseling on sexually transmitted infections for all sexually active women.	Annual.
<b>Counseling and screening for human immune-deficiency virus</b>	Counseling and screening for human immune-deficiency virus infection for all sexually active women.	Annual.
<b>Contraceptive methods and counseling</b>	All Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity.	As prescribed.
<b>Screening and counseling for interpersonal and domestic violence</b>	Screening and counseling for interpersonal and domestic violence.	Annual.

*\*Additional requirements cover breastfeeding support and prenatal testing for gestational diabetes.*

The new requirements alter how services are afforded by women; they do not, however, provide clinicians with guidance on what constitutes “preconception care” or how this care can be integrated into existing preventive services. Current workloads and burgeoning recommendations make the suggestion of fitting even one more clinical emphasis into routine care overwhelming to many primary care providers. What clinicians need is recognition that quality preventive care constitutes preconception care for the majority of women and that this is not, necessarily, about doing more but, rather, about providing care through a slightly different lens.

Since 2008, when the PCHHC Clinical Work Group (CI-WG) published the Clinical Content of Preconception Care (American Journal of Obstetrics and Gynecology, 199:6B available at <http://www.beforeandbeyond.org/?page=key-articles-and-studies#AJOG>), it has sought an efficient strategy to move its evidence-based recommendations into routine clinical practice. Recognizing the successes of many toolkits in impacting clinical practice (e.g. California/March of Dimes 39 Week Toolkit), the CI-WG sought to develop a similar product. Funding from the W.K. Kellogg Foundation to the UNC Center for Maternal and Infant Health is allowing the CI-WG to develop a toolkit. With increasing attention focused on women's preventive health needs and preconception care stimulated by the new ACA requirements, the timing is perfect to meet provider needs.

A steering committee representing key stakeholders including ACOG, AAFP and ACNM has formed and is engaged in weekly communication. Initial conversations set five parameters for design and emphasis of the toolkit:

- Must be user-friendly and to-the-point so that busy clinicians can reach the guidance they need almost immediately;
- Must be virtual so that it can be “at- the- fingertips”;
- Must tie preconception emphasis into routine preventive care recommendations;
- Will focus on providing guidance for the care of “every woman” of reproductive age and potential rather than high risk women;
- Will emphasize the importance of assessing a woman's reproductive life plan and framing specific counseling and education to align with the woman's planning status and her intentions.

The entry page of the tool kit is likely to resemble the diagram on page 3, “Integrating Preconception Health Promotion into Routine Preventive Care Visits”. **Note this diagram is still in draft and that none of the links are live.** It offers a concrete overview of the current directions and scope of the project. Please look it over and feel free to send Merry-K. Moos ([mkmoos@med.unc.edu](mailto:mkmoos@med.unc.edu)) any thoughts. As this diagram and the associated links become more refined, they will be forwarded to all members of the CI-WG to invite comments and then to members of the PCHHC Steering Committee and to organizations which have created clinical algorithms to guide general preconception health (e.g. Wisconsin Perinatal Association and the Colorado Clinical Guidelines Collaborative) to, again, invite feedback. Simultaneously, the materials will be shared with potential supporters, such as ACOG, AAFP and ACNM, AAP, and ACPM, ACP)

The virtual tool kit will be housed at [www.beforeandbeyond.org](http://www.beforeandbeyond.org), the National Preconception Curriculum and Resources Guide for Clinicians. Advantages to this location are that it houses the professional education modules so that people can drill down for greater education on the rationale and content of preconception care, all of the AJOG articles that support specific PCHHC preconception recommendations are housed on the site (as well as other articles and supporting materials) and it can be easily updated.

As the components of the tool kit take shape and undergo review, two important companion considerations are required which beg the input of a wide audience: what strategies should be planned and implemented to market the tool kit (and how can the strategies be afforded?) and what research can be undertaken, in the short term, to assess how the tool kit impacts clinicians, clinic processes and women's experiences with care and, in the long term, how it impacts health outcomes (and, of course, how this research can be afforded?). Ideas are welcome!!

# Integrating Preconception Health Promotion into Routine Preventive Care Visits

Woman presents for routine preventive care (“annual visit”, “well woman exam”, “contraceptive visit” “postpartum visit”, etc.)

- **Routine History and Physical** (click [here](#) for ACOG, AAFP, ACNM, ACP, USPSTF guidelines/guidance for routine preventive care)
- **Provide Preventive Care/Guidance Appropriate to All Women of Childbearing Age** (click [here](#) for evidence-based guidance preventive care)
- **Assessment of Reproductive Life Plan** (click [here](#) for clinical guidance on assessment of individual’s reproductive life plan)

Desires pregnancy in next year

At risk for unintended or unplanned pregnancy in next year

Does not desire pregnancy in next year

In addition to routine preventive care/guidance, special emphasis directed toward chronic disease control, avoidance of teratogenic exposures, use of multivitamin with folic acid.

In addition to routine preventive care/guidance, special emphasis directed toward advantages of reproductive life plan and planning for pregnancy, importance of health status before conception

In addition to routine preventive care/guidance, special emphasis directed toward helping woman/couple avoid pregnancy

**Develop a follow-up plan for routine care and for any problems identified** (click [here](#) for overview of referral and feedback communication points)

**PCHHC Clinical Tool Kit Overview: DRAFT (8-15-12)**