



PRECONCEPTION SCREENING & TOOLS

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March 2, 2018, 3pm ET

This webinar is being recorded.

- This webinar will be archived on BeforeandBeyond.org, under Program > “Preconception IM CollN” tab.
- Stay tuned for information about accessing this recording and the next webinar in this series.
- Please provide feedback to today’s webinar:
<https://www.surveymonkey.com/r/PCNWeb1>



OBJECTIVES

Participants will be able to:

- Briefly describe evidence-based behaviors, risks and interventions to improve preconception wellness / women's health
- Discuss the purpose of screening tools and current state of screening
- Describe a new approach for integrating screening into clinical care
 - Human Centered Design for women and providers



Reducing Infant Mortality by Improving Women's Health: Preconception CoIN

OUR GOAL

This Preconception CoIN will develop, implement, and disseminate a woman-centered, clinician-engaged, community-involved approach to the well woman visit to improve the preconception health status of women of reproductive age, particularly low-income women and women of color.



Multi-System Response



Community

Clinic

Woman



Preconception & Interconception Health Risks and Interventions



Preconception Health Factors

Healthy Body	Healthy Mind	Healthy Environment
<ul style="list-style-type: none">• Folic Acid• Nutrition• Physical Activity• Weight• Tobacco• Alcohol/Drugs• Chronic Conditions• Vaccines• Medications• STIs• Oral Health• Pregnancy Spacing	<ul style="list-style-type: none">• Mental Health• Healthy Relationships• Alcohol/Drugs	<ul style="list-style-type: none">• Food Safety• Environmental Toxins• Workplace Hazardous Materials• Home Hazardous Materials• Financial Stability• Healthy Relationships• Healthy Community



Preconception Care: Content Areas

- Family Planning
- Nutrition
- Infectious disease/
immunizations
- Chronic Disease
- Medication exposures
- Substance Use
- Previous Pregnancy Outcomes
- Genetic History
- Mental Health
- Intimate Partner Violence/Abuse



Clinical Measures for Preconception Wellness

* Assessed at first prenatal visit

- Pregnancy Intention (Goal: Intended)
- ★ Access to care (Goal: prenatal visit in 1st trimester)
- Folic acid (Goal: use 3 months prior to pregnancy)
- ★ Tobacco (Goal: never used or quit)
- ★ Depression (Goal: Not depressed)
- ★ Weight (Goal: healthy BMI)
- ★ Infections (Goal: no active STI)
- ★ Diabetes Care (Goal: A1C <6.5)
- Teratogen avoidance (Goal: None at conception)

No single measure alone is sufficient to describe “preconception wellness”

But taken in aggregate can be a marker of wellness and receipt of quality preconception care



Currently Reportable Quality Measure



CDC Population Preconception Health Indicators

- Heavy alcohol consumption
- Depression
- Diabetes
- Folic acid intake
- Hypertension
- Normal weight
- Current smoking
- Recommended physical activity
- Unwanted pregnancy
- Use of contraception

The CDC reviewed over 65 indicators to develop a “short list” of measures that could be used to track preconception health among states. Data sources: PRAMS and BRFSS.



Title X Preconception Guidelines

- Daily Supplement with 0.4 to 0.8 mg of folic acid
- Reproductive life plan and sexual health assessment
- Medical History
- Intimate Partner Violence
- Alcohol and Other Drug Use
- Tobacco Use
- Immunizations
- Depression
- Height, Weight and Body Mass Index
- Blood Pressure
- Diabetes



United States Preventive Services Task Force Recommendations

- Many evidence based preventive health screening recommendations for women and men of reproductive age (Level A & B)
 - Depression
 - Alcohol, Tobacco
 - Substance use (I)
 - Weight and physical activity
 - Intimate partner violence
 - STI's
 - Chronic disease (diabetes, hypertension, cholesterol) in select groups
- Each of these are recommended and performed in routine clinical and preventive care
- Each has an evidence based intervention for identified risk

Screening vs. Diagnostic Testing

- Screening test = for a defined population/group who is asymptomatic
 - Pap smears for cervical cancer (women age >21)
 - Fecal occult blood testing or screening colonoscopy for colon cancer (all age >50)
 - PHQ-9 for depression (abnormal if ≥ 10)
 - ASQ in children
- Diagnostic test = has a symptom or a positive screen, looking to diagnose or follow a disease
 - Strep test
 - CT head in someone with stroke symptoms
 - Glucose or A1C in someone with polyuria and polydipsia to diagnose or follow diabetes
 - Diagnostic interview for depression (for those with a positive PHQ9)
 - Using PHQ9 to follow depression treatment towards remission (Goal is ≤ 4)
- ***Our goal is to improve the SCREENING process to engage and connect patients and clinicians around preconception health risk factors.***

Incorporating this into a routine women's health screening...

Topic	Screening Tool Examples	Intervention Examples
Pregnancy intention/family planning	OKQ, RLP, PATH	Quick Start, PCC review
MVI with Folate	Do you take a MVI with folate daily?	Education, provision
Weight/BMI	How do you feel about your weight?	Patient centered counselling, referral to nutrition
Physical activity levels	Frequency, type of exercise	Goal 150 minutes/week
Tobacco use	Current, Former, Never	5-As
Alcohol misuse screening	AUDIT	SBIRT
Substance abuse	CRAFFT, NIDA, DAST	SBIRT
Depression screening	PHQ2/9, Edinburgh	Safety assessment, structured diagnostic interview, referral to behavioral health
Intimate Partner Violence screening	HARK, HITS	DA-5, Safety plan, domestic violence program referral
Safe sex and STI screening	Sexual activity, condom use, STI risk	Education, condoms, STI screening
Vaccines	Assessment of age/disease appropriate status	Encourage and provide
Any chronic disease screening or follow up	Medication review, goals, primary and secondary prevention, QI measures	Disease specific management

Only some screenings have evidence based screening tools

Why Screen?

We have sound preventive recommendations to improve women's health – BUT we miss opportunities all over the place...

- **Preconception Care**
 - *But only 1 in 5 women report receiving this*
- **Taking a multivitamin with folic acid**
 - *But only 2 in 5 women report taking it before pregnancy*
- **Treatment for depression, substance use, tobacco**
 - *But many women do not seek care for this or admit to it (unless asked)*
- **Identification and support for domestic violence**
 - *10% of women are current victims*
 - *Estimate: At MAHEC Family Health, of the average 25 women seen per day, approx 2-3 are current victims...*
 - *But we rarely ask...*



Goals for a Healthier me and baby-to-be!

Changes in insurance plans might mean that you (and your family) are eligible for some added preventive health services, such as screening, vaccinations, contraception (birth control) and counseling, with no co-payment or deductible. To learn more talk with your health insurance company agent.

1. Plan pregnancies.

- ☐ Decide which goals to meet before having children—school, work, financial.

- ☐ Think about my goals for children.

I want to have ____ child or children.

I want to get pregnant when I am ____ years old.

I want to have children ____ years apart.
(At least 18 months apart is recommended.)

I want to finish having children when I am ____ years old.

- ☐ Talk with my partner to share my pregnancy desire and gain support for my plan.
- ☐ Select a method of birth control that is effective and fits my needs until we are ready to get pregnant.
If I choose an IUD or implant, I don't need to do anything except get my method replaced on time (3-10 years) and talk to my provider if I have any questions or problems with my method.

If I choose other methods, I will use my method correctly and consistently at all times and make sure that I get more supplies before I run out. I will also talk to my provider if I have any questions or problems with my method.

I will talk with my doctor about the prescribed and over the counter medicines I am taking and which ones I need to stop or change.

2. Eat healthy foods.

Planning meals and snacks ahead of time and having the food on hand make it less likely that I will make unhealthy choices.



- ☐ Make a list before I go to the grocery store, farm stand or market, or neighborhood garden.
- ☐ Include plenty of vegetables and fruits. (Eat my colors!)
- ☐ Shop the outside edge of the store where the healthiest food is sold.

3. Be active.

Setting aside a time for regular physical activity and being active with a friend will help me keep my plan. Fitting in several 10 minute physical activity sessions throughout the day can help me reach my activity goal.

- ☐ Try to get 150 minutes of moderate intensity physical activity each week.
- ☐ Find an exercise friend.
- ☐ Find ways to be active at home and at work.

4. Take 400 micrograms (mcg) of folic acid daily.

Folic acid is good for my health. Taking it daily will help prevent birth defects of the brain and spine when I decide to or if I get pregnant before I am ready.

- ☐ Take a vitamin every day unless I eat a serving of breakfast cereal that says it has 400 mcg of folic acid on the nutrition label.
- ☐ Place vitamins by my toothbrush or on the kitchen counter or _____ to help me remember to take them daily.

5. Protect myself from sexually transmitted infections (STIs).

Abstinence (not having sex) is the best protection from STIs.

- ☐ Agree to have sex with only one person who has agreed to have sex with only me.
- ☐ Buy a supply of condoms, and use them correctly and every time.
- ☐ Get checked if I have been exposed to STIs.
<http://www.cdc.gov/std/healthcomm/thefacts.htm>



6. Protect myself from other infections.

http://www.cdc.gov/ncbddd/pregnancy_gateway/infections.html

- ☐ Wash my hands frequently with soap and water.
- ☐ Ask my partner to change the cat litter.
- ☐ Stay away from people who are sick.
- ☐ Try not to share food, drinks, utensils with young children.

7. Avoid harmful chemicals, metals, and other toxic substances around the home and in the workplace.

<http://www.prhe.ucsf.edu/prhe/pdfs/ToxicMatters.pdf>
<http://www.marchofdimes.com/pregnancy/stayingsafe/indepth.html>

8. Make sure my vaccinations (shots) are up-to-date.

Vaccinations are our best defense against many diseases. Sometimes, those diseases can cause serious problems. I want to protect myself against those diseases.

- ☐ Remember to get a flu shot every year, especially if I am pregnant.
- ☐ Check the vaccination schedule before I see my doctor. <http://www.cdc.gov/vaccines/schedules/easy-to-read/adult.html>
- ☐ Remind my doctor to update my vaccinations.

9. Manage and reduce stress and get mentally healthy.

- ☐ Learn more about getting mentally healthy.
<http://www.womenshealth.gov/mental-health/>
<http://womenshealth.gov/publications/our-publications/fact-sheet/stress-your-health.cfm> <http://www.webmd.com/balance/stress-management/default.htm>
Call National Institute of Mental Health (1-866-615-6464)
- ☐ Be aware of things that stress me out.
- ☐ Make a plan to reduce my stress.
- ☐ Find a support person or group, if needed.

Look at it regularly, update it, and talk with your partner and your doctor about how to best put this plan into action. Remember to take this tool with you to your appointment. Life is full of changes so make sure you update your plan regularly. Make time for yourself... Show yourself some love. Your baby will thank you for it.

Show Your Love Preconception Health

03/2016

One of the original tools – patient driven to guide her in her own health

Show Your LOVE! Steps to a Healthier me and baby-to-be!

You have thought about your goals for school, for your job or career and for your health. You have also thought about how having children fits in with those goals, and you have decided that you want to become pregnant. Your preconception (before pregnancy) health is very important and can affect the health of your future baby. By making a plan before getting pregnant and taking the time to get healthy, you can take the steps to a healthier you and baby-to-be. This is a tool to help you do that.

Start by choosing your goals for this year. It is easier to focus on 2 – 3 goals. Then use the checklist below to set your plan into motion.

Date plan made or revised: _____

My top health 3 goals for this year are

1. _____
2. _____
3. _____



Centers for Disease Control and Prevention
National Center on Birth Defects and Developmental Disabilities

When goal setting, women often relate “non-clinical” issues SDOH

ONE KEY QUESTION[®]

Would you like to become pregnant in the next year?

Lots of momentum for this idea...



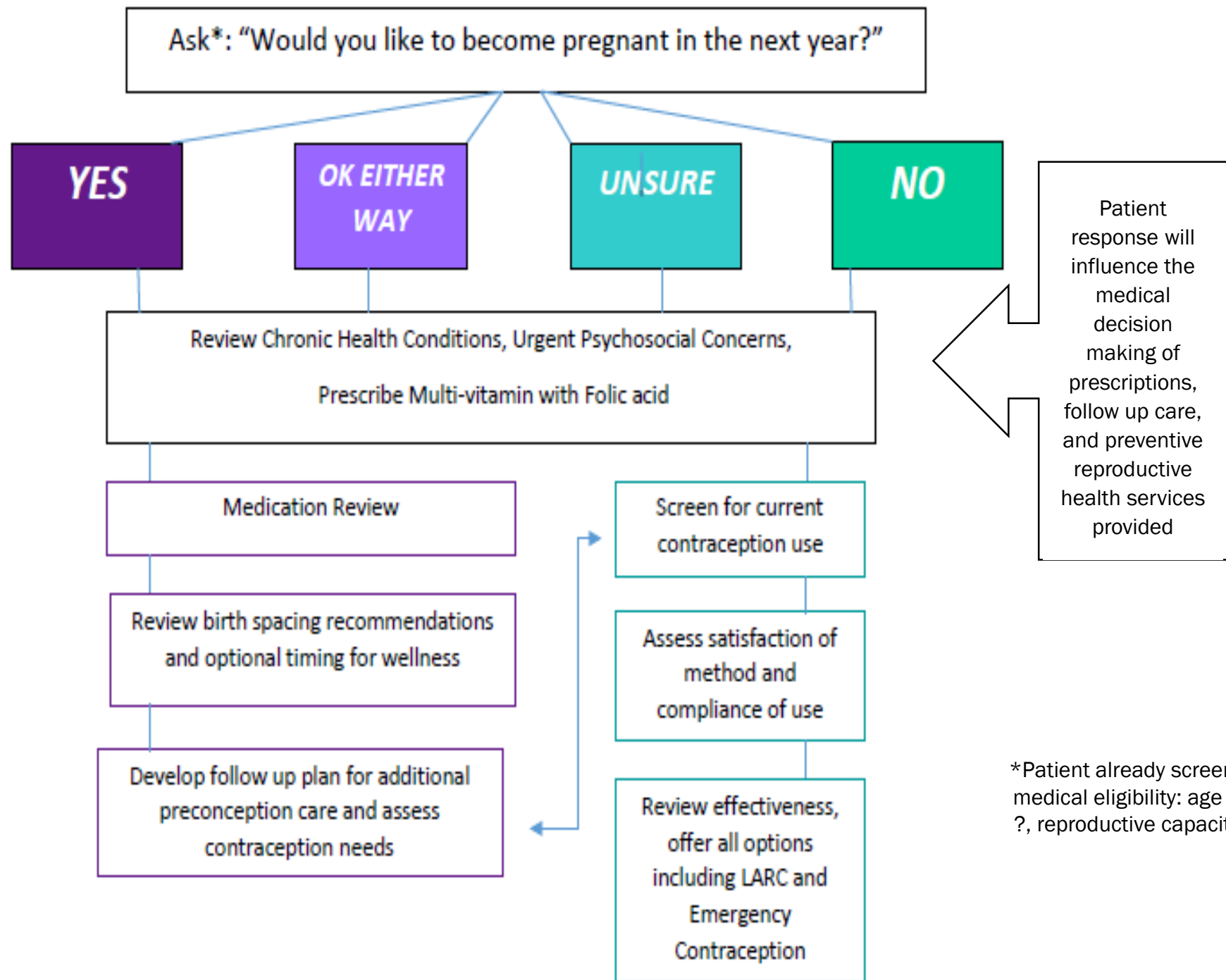
But limited evidenced-based data for improving outcomes...



Challenges with the OKQ®

- Has been most successful in identifying women in need of contraception
- More challenging to provide quality preconception care for women who desire pregnancy
- Even more challenging to have the patient centered discussion on reproductive life choices/options
 - Not sure, I'm okay either way
- Risk of just being another “checkbox”

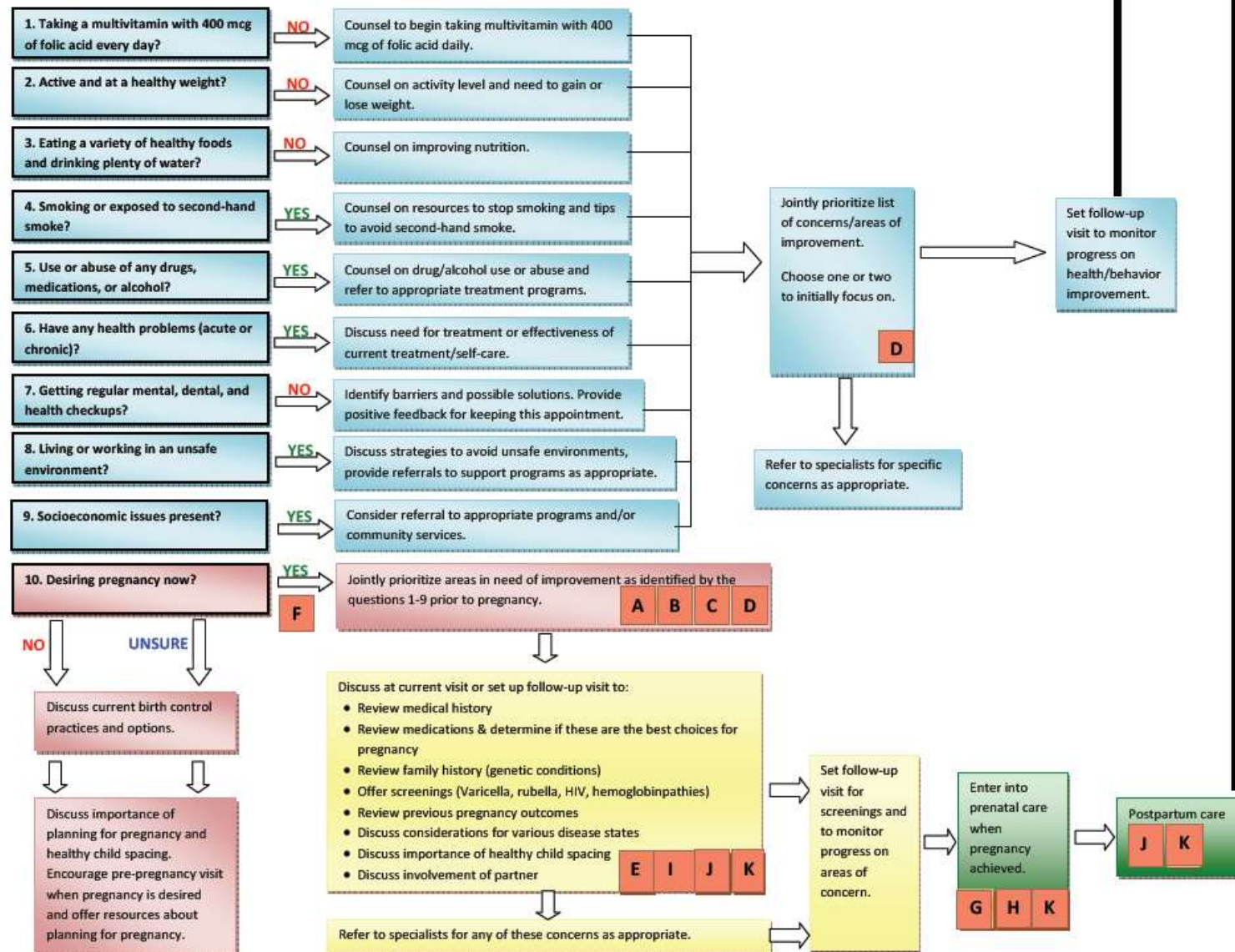




Planning for a Healthy Future

Algorithm for Providers Caring for Women of Childbearing Age

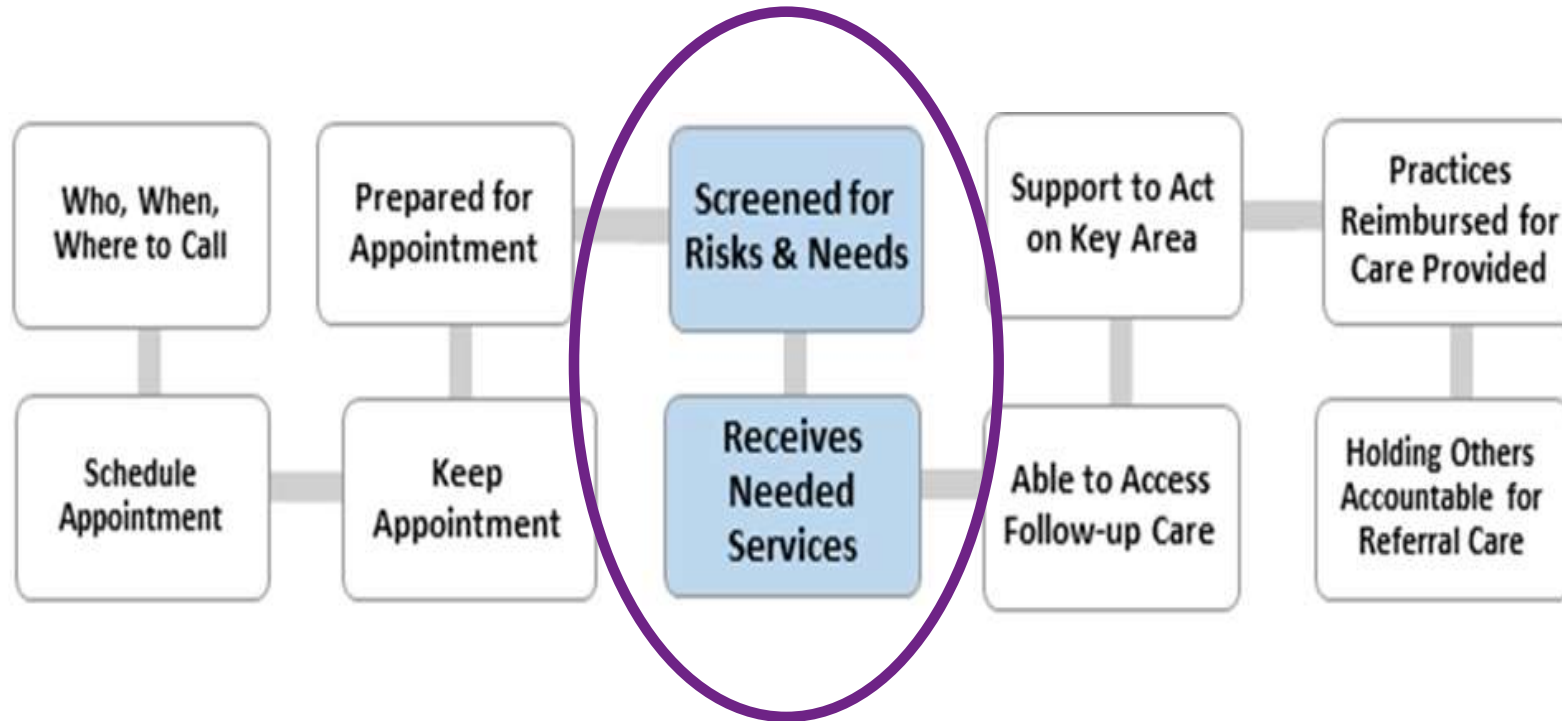
Questions to ask women of childbearing age (14-45 years) at each visit. Is she:



WAPC Resources Key

- A. Folic Acid Position Statement
- B. *Planning for Pregnancy: Women with Obesity* (English) (Spanish).
- C. *Planning for pregnancy: Women with: Epilepsy* (English) (Spanish) *Depression* (English) (Spanish) *Diabetes* (English) (Spanish) *Asthma* (English) (Spanish)
- D. *Prescription for a Healthy Future*
- E. *Becoming a Parent™* Preconception Checklist
- F. *Becoming a Parent™* booklet and pamphlet
- G. *Early Pregnancy Information: Tips for a Healthy Pregnancy*
- H. *Laboratory Testing During Pregnancy Recommendations*
- I. *Planning for Pregnancy: Becoming a Father Before Your Next Baby*
- J. Neonatal Withdrawal Toolkit
- K. The Perinatal Weight Management Bundle

Preventive / Well Woman Visit Cascade



The Challenge with Screening Questions...

- Many evidence based screening questionnaires
- No evidence on what happens when they are “bundled”
 - What happens to the validity of the results when a variety of evidenced based tools (e.g. PHQ9, AUDIT, DAST, and HARK) are all asked together?
- Question fatigue
- Lack of trust about what will be done with the responses
 - Are we just “checking the box?”
 - “I don’t have time for this.” (patient and/or provider...)
- How we ask/perform screening questions MATTERS.

Opportunities

- Women can guide their own care
- Potentially more efficient use of clinic time with increased patient satisfaction
- Innovative use of technology, case workers, health educators, patient navigators, peer to peer support



So what are we going to do
differently to get different
results?



Human Centered Design

Why are we applying an HCD Approach?

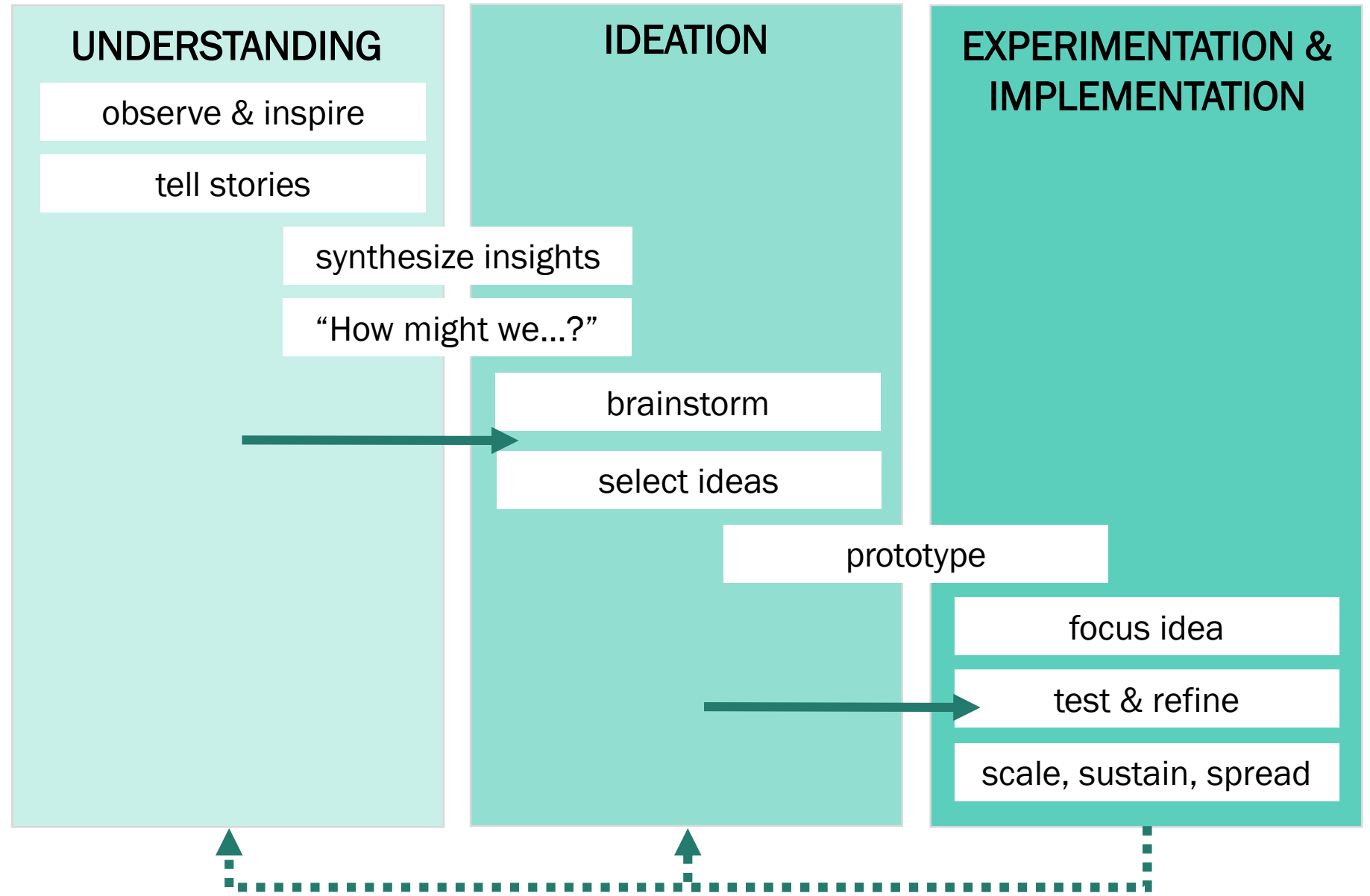
- To create an opportunity for thinking about “old” problems in “new” way
- To center our work around the needs, priorities, and perspectives of those who we hope will benefit and key stakeholders

Source: Presenter: Rachel Berkowitz, MPH Year: 2017.

Presentation Title: Strengthening Preconception Screening & Care Using a Human-Centered Approach. Location: Preconception CoIIN Year 1 Meeting



CHALLENGE



Source: Berkowitz, R., Vechakul, J., Patel Shrimali, B., & Anderson, T. (in press). Human-Centered Design in S. Verbiest (Ed.), *Translating Life Course Theory into Practice: Improving Health and Well-Being Across Generations*, 1 st Ed. Washington, D.C.: American Public Health Association.

**Our new enhanced
screening approach will
need to be developed by
and with the users...**

**Both providers and
consumers**



MAHEC Model

Developed through human
centered design



Patient
Engagement
Tool

Provider
screening tool

I know I need to be healthy
in mind, body and spirit
to reach my goals.

All of these topics
are important
for my total health.

Pregnancy

Would you like to be pregnant in the next year?

☐ Yes ☐ No ☐ Okay either way ☐ Unsure

Body Weight

☐ I would like to gain weight.
☐ I would like to lose weight.
☐ I would like to stay at my current weight.
☐ I don't care about my weight.

Physical Activity

How often do you exercise?

☐ None ☐ 1-2 times/week ☐ 3-5 times/week ☐ 6-7 times/week

How long do you exercise?

☐ Less than 15 min. ☐ 15-30 min. ☐ 30-45 min. ☐ 60+ min.

How intense is the exercise?

☐ None ☐ Low intensity ☐ Moderate Intensity ☐ High intensity

What type of exercise do you do? _____

Multivitamin + Folic Acid

Are you taking a multivitamin with folic acid?

☐ Yes ☐ No

Tobacco

☐ Never smoked
☐ Former smoker
☐ Previously quit but smoking again
☐ Currently smoking and never quit
☐ I chew/use smokeless tobacco
☐ I vape/use e-cigarettes

Alcohol/Drugs

1 drink = 12 oz beer, 5 oz wine, 1.5 oz liquor

How many times in the past year have you had 4 or more drinks in a day?

☐ None ☐ 1 or more

How many times in the past year have you used a recreational drug or used a prescription medication for nonmedical reasons?

☐ None ☐ 1 or more

Depression

Over the past 2 weeks, how often have you been bothered by any of the following problems?

Little interest or pleasure in doing things

☐ Not at all
☐ Several days
☐ More than half the days
☐ Nearly every day

Feeling down, depressed or hopeless

☐ Not at all
☐ Several days
☐ More than half the days
☐ Nearly every day

Intimate Partner Violence

Within the last year, have you been humiliated or emotionally abused in other ways by your partner or ex-partner? ☐ Yes ☐ No

Within the last year, have you been afraid of your partner or your ex-partner? ☐ Yes ☐ No

Within the last year, have you been raped or forced to have any kind of sexual activity by your partner or ex-partner? ☐ Yes ☐ No

Within the last year, have you been kicked, hit, slapped, or otherwise physically hurt by your partner or ex-partner? ☐ Yes ☐ No

Sexuality

Are you currently having sex? ☐ Yes ☐ No

Are your sex partners: ☐ Men ☐ Women ☐ Both

Do you and your partner(s) use condoms to protect against sexually transmitted infections? ☐ Yes ☐ No

Do you enjoy sex? ☐ Yes ☐ No ☐ Sometimes

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Key finding with human centered design for improving women's health was the critical importance of TRUST and RELATIONSHIP

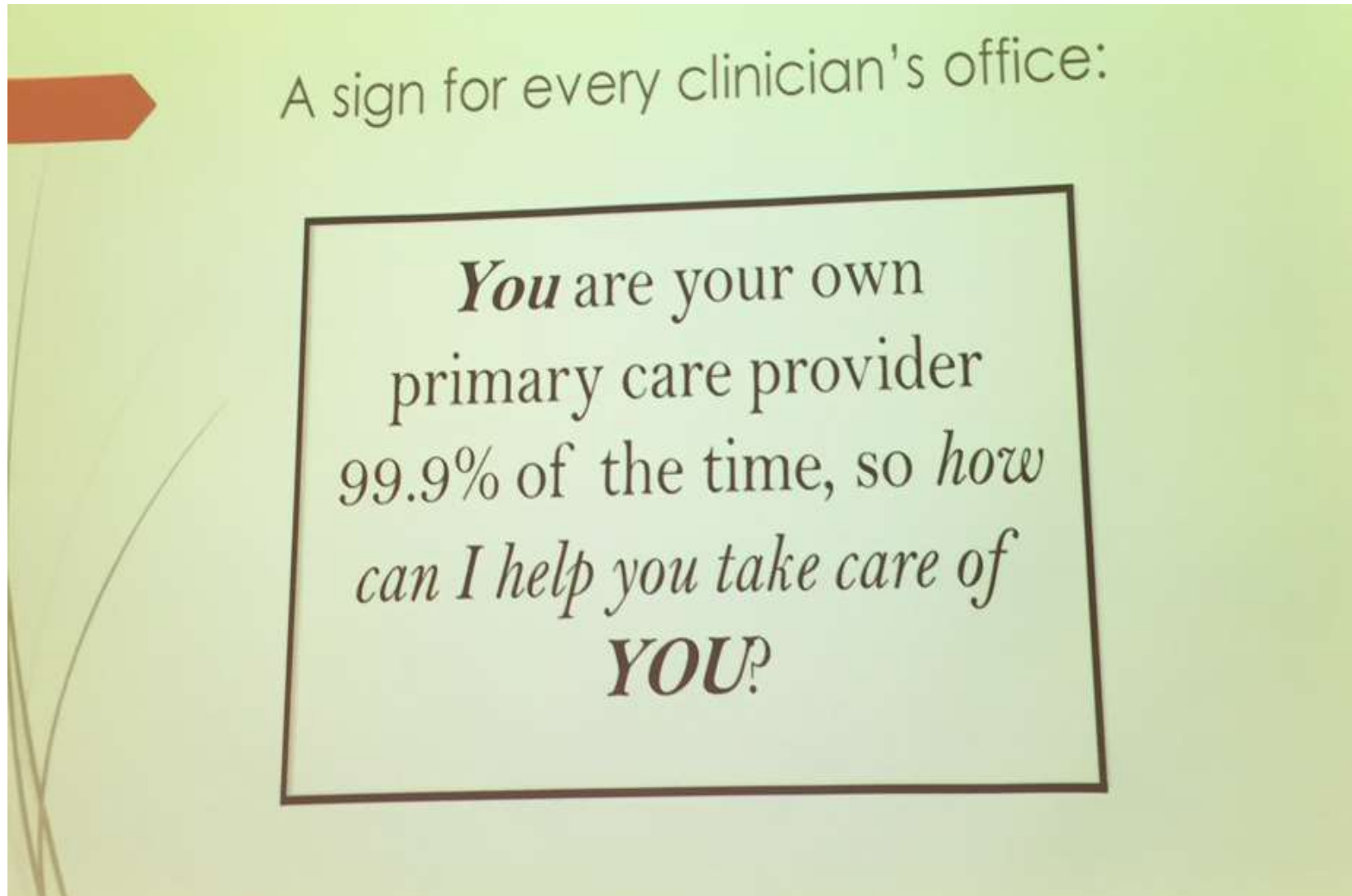
This trust needs to go in all directions:

Patient ↔ Provider




Patient ↔ Healthcare clinic/system



Patient Advocacy Foundation...



BEFORE, BETWEEN & BEYOND PREGNANCY

[ABOUT](#) [RESOURCES](#) [EDUCATIONAL MODULES](#) [PROGRAMS](#) [CONTACT](#)   

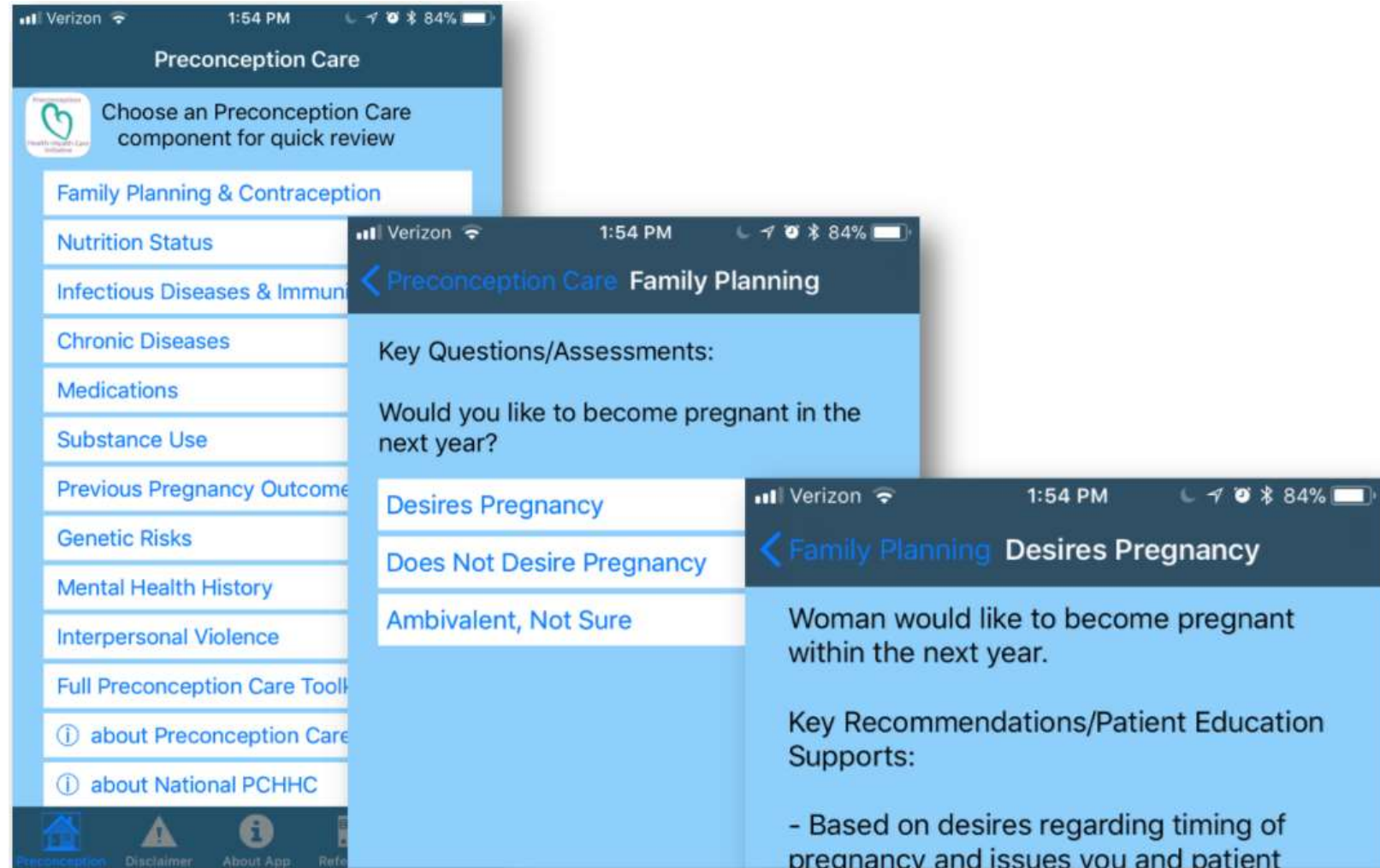


Welcome to the National Preconception Health and Health Care Initiative Website! Click to learn more.

beforeandbeyond.org

New Mobile App: Preconception Care Quick Reference

- Free on iOS (Apple)
- BeforeandBeyond.org
“At Your Fingertips”
Health Professional
Resource Guide



QUESTIONS & DISCUSSION

- Who needs to be a part of this human centered design process?
- What if:
 - Clinic based vs. home visiting based?
 - Required to use a already developed tool?
 - Already have a really great screening process idea?
- How do we choose what to screen/focus on?
- Want to use the One Key Question?
 - Challenges of pregnancy intention screening?
- Can we include men?



Additional Samples of Current Screening Tools and Models



PATH

Pregnancy Attitudes

Do you think you might like to have (more) children at some point?

Timing

If considering future parenthood: When do you think that might be?

How Important is Prevention

How important is it to you to prevent pregnancy (until then)?



Why Should Providers Encourage Reproductive Life Planning?

A reproductive life plan can support:

- **Pregnancy Intendedness:** help women and men recognize they have choices around risk taking for pregnancy and that there are ways to improve health/decrease health risks prior to pregnancy
- **Method Matching:** method matching to short and long term goals may result in increased adherence to chosen/prescribed method
- **Personal Goals:** help individuals formulate, based on their own values and resources, a set of personal goals about whether or when to have children
- Unfortunately, RLP is yet to be proven to improve outcomes (Burgess 2017)
- Hypothesis – it cannot occur in a vacuum, it needs to be updated and reflected upon routinely, and it is all about the risks!



My Reproductive Hopes

Women have different feelings about pregnancy. Feelings often change when...

- You get older or your kids get older
- You get a new partner, married, or divorced
- Your job or school plans change

Instructions: Go through this booklet and think about your hopes and wishes.

Your doctor can help you find ways to achieve your hopes.

Talk with your doctor about any questions you might have.

One or more of these statements may describe how you feel right now. Read the statements below and follow the directions to find out more information about each one.

1. If you want kids or want more kids some day,

Answer all of the **pink questions on page 2 inside**

2. If you do not want kids or any more kids,

Answer all of the **green questions on page 3 inside**

3. If you are not sure how you feel about having kids right now,

Answer all of the **blue questions on page 4 on the back**

This booklet was designed for women who are not currently pregnant and for women who partner with men. If you are pregnant or if you only partner with women, you are still invited to complete this booklet. Many women may find it helpful to learn how to improve their reproductive health.

If you want (more) kids now or in the future...

1. How many (more) kids do you hope to have? _____
2. You may or may not have kids already. When do you hope to become pregnant or pregnant again?
 - ☐ As soon as possible
 - ☐ Sometime in the next 12 months
 - ☐ 1-5 years from now
 - ☐ More than 5 years from now

If you are not sure how you feel about having kids...

1. Women have many different feelings about pregnancy. Some women...

- Cannot decide whether or not they want to get pregnant
- Want to get pregnant but without planning, it will just happen
- Would be happy with or without (more) kids

2. How would you say you feel about pregnancy right now?

- ☐ You are ready to be pregnant
- ☐ You are not ready to be pregnant
- ☐ You are not sure how you feel about pregnancy right now

3. If you are not sure what you want, you may not use birth control all of the time.

If you are sexually active, you could get pregnant. Even if you are not ready to be pregnant, it is important to be healthy when it happens so you and your baby have the best chance of being healthy. Check the things you want your doctor to talk about.

- ☐ Vitamins you need to be healthy before pregnancy, like folic acid
- ☐ How your family history can affect your pregnancy
- ☐ How your weight can affect your pregnancy
- ☐ How to cut down on drinking alcohol
- ☐ How medications you are taking can affect pregnancy
- ☐ How earlier pregnancies can affect your next pregnancy
- ☐ Birth control you can use until you are ready for pregnancy
- ☐ I am not sure if I am able to get pregnant
- ☐ How long to wait to get pregnant after having a baby, miscarriage, or abortion
- ☐ Anything else _____

4. Show this booklet to your doctor if you want. You can also talk to your doctor today about ways you can be healthy now, before you get pregnant.

5. Are you interested in reading about birth control methods? ☐ Yes ☐ No

If Yes, please answer all of the **green questions on page 3 inside**.

If you do not want (more) kids right now...

1. Do you... ☐ Want to wait to have kids later ☐ Want no (more) kids
- ☐ Want to learn about birth control but are not sure how you feel about having kids.
2. What have you tried in the past to prevent getting pregnant?
 - ☐ Birth control pills
 - ☐ Depo-Provera Shot
 - ☐ Ortho Evra patch
 - ☐ Condoms
 - ☐ Tubal ligation (tubes tied)
 - ☐ Nuva ring
 - ☐ No sex (abstinence)
 - ☐ Implanon (the implant)
 - ☐ Essure

...intrauterine device (IUD)

My partner pulls out (withdrawal)

Did you have problems with any of the

Check the things that may have happened

...side effects ☐ Got pregnant on birth control

...birth control ☐ Forgot to take birth control

...you had sex

...it just happened

...pregnant right now?

...pregnancy right now. What kind of help would

...you want your doctor to talk to you about.

...birth control methods are

...birth control method that prevent STDs

...that might be best for you right now

...you have with different birth control methods

...getting pregnant in the future

...you want. You can also talk to your

...getting pregnant.

Contraceptive Method Matching

- Contraceptive method matching based on goals:
 - CHOICE Project contraceptive counseling videos:
 - English: <http://youtu.be/u9SHoy1C3tU>
 - Spanish: <http://youtu.be/HgenzQUCugg>
 - Additional resources, including contraceptive menu handouts and method fact sheets in English & Spanish: <http://larcfirst.com/sessions.html>
- Quick Start Algorithm
 - Providing contraceptive of choice on the day it is asked for
 - Removing barriers to access
 - <https://www.reproductiveaccess.org/wp-content/uploads/2014/12/QuickstartAlgorithm.pdf>

Guideline for Preconception and Interconception Care

Why should women, menarche to menopause, have preconception screening?

- Half of all pregnancies in the United States are unplanned.
- Most fetal organs and placental vessels are developing before the first prenatal visit.
- Many interventions to prevent birth defects or adverse outcomes must happen before early pregnancy to be effective.



Has patient had hysterectomy or permanent sterilization?

Yes: See CCGC Prevention Guideline

No: Discuss contraception options in addition to routine interventions.

50% of all pregnancies in the United States are unplanned.

Factors	Recommendations
Folic Acid	All women should take a multi-vitamin with 0.4 mg (400 mcg) of folic acid daily . This can reduce severe anomalies by 46%. Preconception intake of folic acid is crucial because neural tube development is essentially complete by 4 weeks after conception (6 weeks from last menstrual period). Women with a seizure disorder or history of neural tube defects should take 4.0 mg/day.
Body Weight * (Ideal = 18.5 - 24.9)	Underweight (BMI = 18.4 and below) assess for eating, malabsorption and/or endocrine disorder. Counsel patients that they are at risk for an IUGR infant. Overweight (BMI = 25.0-29.9) offer specific strategies to decrease caloric intake and increase physical activity. Overweight (BMI = 25.0-29.9) and one additional risk factor, test for glucose intolerance with a FBS or a 2 hour OGTT with a 75 gram glucose load. (Additional risk factors: physical inactivity, family history of DM, HTN, CVD, dyslipidemia, history of gestational diabetes or a previous 9 lb. baby, polycystic ovary syndrome, insulin resistance, IGT or high risk ethnicity [African American, Native American, Latina, Asian American or Pacific Islander]). Obesity (BMI = 30.0 and above) increases the risk for hypertension, gestational diabetes, C-section and incision complications.
Smoking *	ASK: Do you currently smoke or use any form of tobacco? ADVISE: for the health of the pregnancy. REFER: to Quitline (1-800-784-8669) or access other community-based resources. Infant mortality could be reduced by 10% if smoking were eliminated. Associated with increased risk of miscarriage, premature rupture of membranes, preterm delivery, abruptio, intra-uterine fetal demise, low birth weight, and SIDS. Smoking accounts for the highest proportion of preventable problems in pregnant women.
Alcohol & Drugs *	ASK: When was the last time you had more than 3 drinks in one day? (positive – in the past 3 months) How many drinks do you have per week? (positive – more than 7) Have you used drugs other than those required for medical reasons (illicit or prescription drug misuse) in the past year? Do a brief intervention to address hazardous or harmful use of alcohol or drugs; refer for more intensive treatment, if indicated. Discuss contraception options. Pregnancy should be delayed until individuals are alcohol and drug free. Alcohol is a teratogen. COUNSEL: No amount of alcohol is considered safe during pregnancy.
Chlamydia	Screen sexually active women <25 years (CDC recommends at least annually). High risk women [†] of ANY age should be screened annually.
STIs & Other Infectious Diseases	Women at risk [†] for gonorrhea, HIV, TB, syphilis and Hepatitis B should be screened and treated.
Immunizations *	Women should be up to date on all immunizations. Check and document immunization status for MMR, varicella, Tdap, HPV and Hepatitis B.
Psychosocial Risks *	ASK: Over the past 2 weeks, have you felt down, depressed or hopeless? Over the past 2 weeks have you felt little interest or pleasure in doing things? If yes, use validated screening tool such as Edinburgh Postpartum Depression scale or PHQ-9. Treat or refer to specialist if indicated. Assess for intimate partner violence. ASK: Do you feel safe? If no, or ambivalent response, refer to the Colorado Coalition Against Domestic Violence (www.ncadv.org), a safe house and/or law enforcement.
Reproductive History	History of preterm delivery, stillbirth, recurrent pregnancy loss or uterine anomaly should be evaluated for modifiable risk factors. Women with a prior C-section should be counseled to wait at least 15 months before next conception. Postpartum women with a history of gestational diabetes should be screened for diabetes using a 2 hour OGTT with a 75 gram glucose load. After the postpartum period, perform a FBS every 1 to 3 years.
Family & Genetic History	Assess for genetic disorders, congenital malformations, mental retardation, and ethnicity of woman and partner. Refer to March of Dimes checklist.
Environmental / Occupational Exposures	Consider household, environmental and occupational exposures. Refer women with soil and/or water hazard concerns to the local health department for soil and water testing. Refer women with household or workplace exposure concerns to an occupational medicine specialist for modification of exposures.
Medical, Psychiatric History & Medications	See back page for specific conditions, appropriate testing, counseling and treatment.

*See HealthTeamWorks guidelines for: Adult Cardiovascular Disease and Stroke Prevention; Adult Diabetes Care; Adult Obesity; Alcohol and Substance Use Screening, Brief Intervention, Referral to Treatment; Depression Disorder in Adults; Gestational Diabetes; Immunizations; Preventive Health Recommendations; and Tobacco Cessation and Secondhand Smoke Exposure.

[†]See United States Preventive Services Task Force (USPSTF) definitions for high risk.

Assess for specific health conditions and contraception choices (review side two of this document).

Specific Health Conditions

Condition	Counsel	Contraception [†]
Asthma *	Women with poor control use contraception until pregnancy is contraindicated.	Coumadin beyond 6 weeks gestation.
Cardiovascular Disease *	Pregnancy is a stress system. Discuss potential risks especially with p. Contraception should be <u>strongly recommended</u> when pregnancy is contraindicated.	Paroxetine. Safe: all methods.
Depression *	Screening prior to pregnancy allows for treatment and control of symptoms that may help prevent negative pregnancy and family outcomes.	Use PHQ-9 or other validated test to monitor.
Diabetes *	Three-fold increase risk of birth defects, which may be reduced with good glycemic control prior to conception. Women with poor glycemic control should use effective birth control.	ACE Inhibitors, Statins. Safe: all methods (including those with estrogen) are safe for women who are <35 years, non-smokers and no hypertension or vascular disease. Avoid: estrogen methods for all other women.
HIV	HIV may be life-threatening to the infant if transmitted. Antiretroviral can reduce the risk of transmission, but the risk is still about 2%.	Refer to specialist. Safe: all methods in HIV-infected women who do not have AIDS. Antiretroviral therapy may interfere with hormonal methods. Concomitant use of condoms is strongly recommended.
Hypertension *	Increased maternal and fetal risk during pregnancy, especially pre-eclampsia. Discuss importance of finding alternative to ACE inhibitor prior to pregnancy.	ACE Inhibitors. Safe: all methods (including those with estrogen) for women who are <35 years, non-smokers and have controlled hypertension (by way of meds or lifestyle changes). Avoid: estrogen methods for all other women.
Obesity *	Use effective contraception until ideal body weight (BMI = 18.5-24.9) is achieved. Offer specific strategies to decrease caloric intake and increase physical activity. For bariatric surgery, avoid pregnancy until weight stabilization and wait 1-2 years after surgery before conceiving.	Weight loss medications should not be used during pregnancy. Safe: all methods.
Renal Disease	Counsel to achieve optimal control of condition prior to conception. Discuss potential life-threatening risks during pregnancy. Contraception should be <u>strongly recommended</u> to those who do not desire pregnancy.	Consult with Renal Specialist. Find alternative to ACE Inhibitors if at risk of pregnancy. Safe: Copper IUD and LNG IUD, ETG implant, DMPA, sterilization.
Seizure Disorder	Counsel on potential effects of seizures and seizure medications on pregnancy outcomes. Patients should take 4mg of folic acid per day for at least 1 month prior to conception.	Whenever possible, monotherapy in the lowest therapeutic dose should be prescribed. Valproic Acid (Depakote®). Safe: all methods. Certain anticonvulsants decrease levels of steroid hormones and may decrease contraceptive efficacy.
SLE & Rheumatoid Arthritis	Disease should be in good control prior to pregnancy.	Evaluate for renal function and end-organ disease. Cyclophosphamide. Safe: Progestin only methods and IUDs.
Thyroid Disease	Proper dosage of thyroid medications prior to conception for normal fetal development. Iodine intake 150 mcg per day.	TSH should be <3.0 prior to pregnancy. Free T4 should be normal. Radioactive iodine. Safe: all methods.
Other Common Health Conditions		Counsel
Uterine Fibroids, Nulligravity, Tension Headaches, History of Ectopic Pregnancy, Fibrocystic Breast or Family History of Breast Cancer, Breastfeeding, and Healthy Women Age >35 years		Reassure patient that these conditions do not generally affect pregnancy. History of ectopic pregnancy: advise to seek care immediately upon conception. Safe: all methods. Progestin only methods and IUDs may be used immediately postpartum and in breastfeeding women.



COLORADO

Department of Public Health & Environment

One Key Question®: Preconception Care Checklist

Screen for Pregnancy Intention

- ☐ Ask all women of reproductive age “Would you like to become pregnant”
 - a) Response of yes, ok either way, or unsure informs discussion of prec
 - b) If no, ensure that she has access to full range of contraception option methods, sterilization and Emergency Contraception.

1. Medication Review

- ☐ Review medications to determine if any are potentially harmful to the fet risks and benefits of those medications.
- ☐ Women should be encouraged to disclose the fact that they are hoping to clinician prescribing a new medication.

2. Chronic Diseases

- ☐ Review medical history to assess for hypertension, diabetes, or other chr may affect pregnancy.
- ☐ Screen all women for, hypertension and diabetes if indicated.

3. Nutrition

- ☐ Recommend women should consume a prenatal vitamin with folic acid s addition to a folate-rich diet.
- ☐ Calculate all women’s BMI at least annually.
 - All women with BMIs ≥ 26 kg/mg should be counseled about the health and the risks to future pregnancies, including infertility.
 - All women with a BMI ≤ 19.8 kg/mg should be counseled about t risks to their own health and the risks to future pregnancies, incl

4. Physical Activity, Stress and Sleep

- ☐ Encourage moderately intense physical activity for a minimum of 150 mir Encourage all women to engage in other exercises to build strength, balance
- ☐ Recommend to sleep at least 7 hours, preferably 8-9 hours a night for op
- ☐ All women should be encouraged to adopt healthy stress management s meditation or prayer, and recreation.

5. Immunizations

- ☐ Review with all women of reproductive age their immunization status for pertussis, measles, mumps, rubella and varicella annually and updated as in-----

- ☐ Assess all women annually for health, lifestyle, and occupational risks for other infections and offer indicated immunizations.

6. Infectious diseases

- ☐ Assess STI risks regularly and routinely, provide counseling and other strategies that include immunizations to prevent the acquisition of STIs.
- ☐ Provide indicated STI testing and treatment for all women of childbearing age.

7. Substance Use/ Toxic Exposure

- ☐ Screen for the use of tobacco at each encounter at all clinical visits using “5 As” (ask, advise, assess, assist, arrange) and those who smoke should be counseled to limit/stop exposure.
- ☐ All women should be assessed at least annually for alcohol use and risky drinking behaviors and provided with appropriate counseling. Advise all women of the risks to the embryo/fetus of alcohol exposure in pregnancy and that no safe level of consumption has been established.
- ☐ Assess for illicit drug use (prescription drug abuse and all forms of street drugs). Counsel there is no safe level of use of these substances during pregnancy and refer if treatment indicated.
- ☐ Assess exposure to chemicals in the workplace and environmental agents.

8. Dental Health

- ☐ Recommend a dental checkup and teeth cleaning before conception. Necessary X-rays should be taken care before pregnancy along with any dental problems that need attention.
 - Link between uncontrolled periodontal disease and pregnancy complications such as premature labor and preeclampsia

9. Psycho-Social

- ☐ Screen for depression.
- ☐ Screening for interpersonal violence and for a history of interpersonal violence, sexual violence, and child maltreatment.
- ☐ Social services should be made available to women during preconception care: social services, clinical support, and partner and parenting support.

10. Pregnancy Care

- ☐ Advise optimal pregnancy spacing of at least 18 months apart. A pregnancy that occurs less than 18 months or more than five years apart could raise the odds of the second baby being born prematurely, at low birth weight, or small for gestational age.
- ☐ Review previous pregnancy outcomes.
- ☐ Advise early entry into prenatal care.

Healthy Start Comprehensive Checklist

Name: _____

Completed by: _____ Date of Initiation: _____
Date of Completion: _____

Date of Initiation is the date in which the screening tool is first administered. Date of Completion is the date in which the screening tool is completed. If a screening tool is completed with a participant in one sitting, the same date should be inserted in both fields (Date of Initiation AND Date of Completion).

This tool should be completed annually for women in the preconception period. This phase refers to the time period before becoming pregnant. During this phase, Healthy Start works with women (and sometimes partners) to address the following:

- Optimize women's health, behaviors, and knowledge before pregnancy
- Enhance access to and quality of care for women before and between pregnancies
- Facilitate reproductive life planning (planning pregnancy, contraception, optimum birth spacing)
- Promote education, screening, referral, and treatment for women with high-risk conditions

Participants who are not currently pregnant and have had a stillbirth/fetal death greater than 6 months ago, or ever had a miscarriage, abortion, or child death should complete this tool (rather than the Interconception/Parenting Screening Tool), as it includes only questions related to the participant and does not include questions about child health, safety, access to care, etc.

The questions and answer choices were selected based on the available evidence about factors that may impact a woman's health or pregnancy outcomes. The information provided by the participant through this screening tool will help Healthy Start identify each participant's unique needs and ensure that she is connected to the appropriate support services.

Please read the questions to the participant. Only read the responses to the participant if the instructions for any question tell you to do so.

Please read the following statement to the participant: Thank you for taking time to complete this interview. Any information you provide will be kept confidential to the extent allowed by law. You do not have to answer any question you do not want to, and you can end the interview at any time.

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0338. Public reporting burden for this collection of information is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and reviewing the collection of information, sending comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: HHS Reports Clearance Officer, 5600 Fishers Lane, Room 14N39, Rockville, MD 20857.

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Social Determinants of Health

Let's start off with some background information.

1. Are you currently married or living with a partner, separated, divorced, widowed, or were you never married?

Select one only.

- | | |
|---|---|
| <input type="checkbox"/> Married or living with a partner | <input type="checkbox"/> Widowed |
| <input type="checkbox"/> Separated | <input type="checkbox"/> Never married |
| <input type="checkbox"/> Divorced | <input type="checkbox"/> Declined to answer |

2. Are you currently...

STAFF: Please read responses to participant.

Select one only.

- | | |
|---|---|
| <input type="checkbox"/> Employed for wages | <input type="checkbox"/> A Student |
| <input type="checkbox"/> Self-employed | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Out of work for 1 year or more | <input type="checkbox"/> Unable to work |
| <input type="checkbox"/> Out of work for less than 1 year | DO NOT READ OUT LOUD |
| <input type="checkbox"/> A Homemaker | <input type="checkbox"/> Declined to answer |

3. What is your yearly total household income before taxes? Include your income, your husband's or partner's income, and any other income you may have received. All information will be kept private and will not affect any services you are now getting.

Select one only.

- | | |
|---|---|
| <input type="checkbox"/> Less than \$10,000 | <input type="checkbox"/> \$35,000 to less than \$50,000 |
| <input type="checkbox"/> \$10,000 to less than \$15,000 | <input type="checkbox"/> \$50,000 or more |
| <input type="checkbox"/> \$15,000 to less than \$20,000 | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> \$20,000 to less than \$25,000 | <input type="checkbox"/> Declined to answer |
| <input type="checkbox"/> \$25,000 to less than \$35,000 | |

4. How many people are supported by this income?

STAFF: Enter number of people.

- ____ Adults age 18 or older
____ Children age 17 or younger
- ☐ Don't know
☐ Declined to answer

30 pages!
Very comprehensive

The ICC checklist is
40 pages...

A key question is
what happens next
with this info?



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To subscribe, email:
SuzanneW@med.unc.edu



The National Preconception Health + Health Care Initiative

January 2018

Course on Collaboration



Available freely on behalf of NICHQ, we recommend investing time to take

the [Essentials of Collaboration Course](#).

This interactive course explores how to produce positive population health outcomes through effective collaboration. Using a case study to help share key concepts, NICHQ gives directions on breaking down silos, aligning activities, and working productively together. The course's definition of successful collaboration provides a foundation for partnering with others to make a difference in your community.

Takes about 1.5 hours at your own pace.

Preconception Health Indicators

Building Cross State Connections to Advance Wellness





PRECONCEPTION CoIIN

woman-centered, clinician-engaged, community-involved

ABOUT HRSA IM CoIIN PRECONCEPTION PROJECT: This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number UF3MC31239-Providing Support For The Collaborative Improvement and Innovation Network (CoIIN) To Reduce Infant Mortality. The grant amount totals \$1,494,993. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.



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