This webinar is being recorded.

- This webinar will be archived on BeforeandBeyond.org, under Program > “Preconception IM CollIN” 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 CoIIN

OUR GOAL

This Preconception CoIIN 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
Preconception & Interconception Health Risks and Interventions

How will you #ShowYourLoveToday?
# Preconception Health Factors

<table>
<thead>
<tr>
<th>Healthy Body</th>
<th>Healthy Mind</th>
<th>Healthy Environment</th>
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</thead>
<tbody>
<tr>
<td>• Folic Acid</td>
<td>• Mental Health</td>
<td>• Food Safety</td>
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<td>• Nutrition</td>
<td>• Healthy Relationships</td>
<td>• Environmental Toxins</td>
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<td>• Physical Activity</td>
<td>• Alcohol/Drugs</td>
<td>• Workplace Hazardous Materials</td>
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<td>• Weight</td>
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<td>• Home Hazardous Materials</td>
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<td>• Tobacco</td>
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<td>• Financial Stability</td>
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<td>• Alcohol/Drugs</td>
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<td>• Chronic Conditions</td>
<td>• Oral Health</td>
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<td>• Vaccines</td>
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<td>• Medications</td>
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<td>• STIs</td>
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<td>• Oral Health</td>
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<tr>
<td>• Pregnancy Spacing</td>
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</tbody>
</table>
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

BeforeandBeyond.org, Preconception Care Toolkit
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

* Obstet Gynecol. 2016 May;127(5):863-72
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

Quality Family Planning Guideline 2014
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...

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

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

When goal setting, women often relate “non-clinical” issues SDOH
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”
Ask*: “Would you like to become pregnant in the next year?”

- **YES**
  - Review Chronic Health Conditions, Urgent Psychosocial Concerns,
  - Prescribe Multi-vitamin with Folic acid
  - Medication Review
  - Review birth spacing recommendations and optional timing for wellness
  - Develop follow up plan for additional preconception care and assess contraception needs

- **OK EITHER WAY**

- **UNSURE**
  - Screen for current contraception use
  - Assess satisfaction of method and compliance of use

- **NO**
  - Patient response will influence the medical decision making of prescriptions, follow up care, and preventive reproductive health services provided

*Patient already screened for medical eligibility: age 18-45 ?, reproductive capacity, etc.
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:

1. Taking a multivitamin with 400 mg of folic acid every day? NO → Counsel to begin taking multivitamin with 400 mg of folic acid daily.

2. Active and at a healthy weight? NO → Counsel on activity level and need to gain or lose weight.

3. Eating a variety of healthy foods and drinking plenty of water? NO → Counsel on improving nutrition.

4. Smoking or exposed to second-hand smoke? YES → Counsel on resources to stop smoking and tips to avoid second-hand smoke.

5. Using or abuse of any drugs, medications, or alcohol? YES → Counsel on drug/alcohol use or abuse and refer to appropriate treatment programs.

6. Have any health problems (acute or chronic)? YES → Discuss need for treatment or effectiveness of current treatment/self-care.

7. Getting regular mental, dental, and health checkups? NO → Identify barriers and possible solutions. Provide positive feedback for keeping this appointment.

8. Living or working in an unsafe environment? YES → Discuss strategies to avoid unsafe environments, provide referrals to support programs as appropriate.

9. Socioeconomic issues present? YES → Consider referral to appropriate programs and/or community services.

10. Dealing pregnancy now? YES → Jointly prioritize areas of improvement.

If unsure:

- Discuss current birth control practices and options.
- Discuss importance of planning for pregnancy and healthy child spacing. Encourage pre-pregnancy care when pregnancy is desired and offer resources about planning for pregnancy.

Jointly prioritize list of concerns/areas of improvement. Choose one or two to initially focus on.

Set follow-up visit to monitor progress on health/behavior improvement.

Refer to specialists for specific concerns as appropriate.

WAPC Resources Key

A. Folic Acid Position Statement
B. Planning for Pregnancy: Women with Obesity (English) (Spanish)
C. Planning for pregnancy: Women with: Opioid Use (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?

#SHOWYOURLOVETODAY
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 CoIN Year 1 Meeting
UNDERSTANDING
observe & inspire
tell stories

IDEATION
synthesize insights
“How might we...?”

EXPERIMENTATION & IMPLEMENTATION
brainstorm
select ideas
prototype
focus idea
test & refine
scale, sustain, spread

CHALLENGE

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

As women, we are complex and we hold a lot inside.

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
[ ] Other 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
[ ] 3-5 times
[ ] 6-7 times
How long do you exercise?
[ ] Less than 15 mins
[ ] 15-30 mins
[ ] 30-60 mins
[ ] 60 mins +
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

Alcohol/Drugs
How many times in the past year have you had one or more drinks in a day?
[ ] None
[ ] 1-2 times
[ ] 3 or more
How many times in the past year have you used a medication to treat a mental health issue?
[ ] None
[ ] 1-2 times
[ ] 3 or more

Depression
Over the past 2 weeks, have any of the following problems bothered you in your daily life?
[ ] 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

Tobacco
Never smoked
[ ] Yes
[ ] No
Former smoker
[ ] Yes
[ ] No
Professionally quit but smoking again
[ ] Yes
[ ] No
Currently smoking and never quit
[ ] Yes
[ ] No
EBP: quit smoking tobacco
[ ] Yes
[ ] No
EBP: quit e-cigarettes

Intimate Partner Violence
Within the last year, have you been hit, slapped or physically assaulted by your partner or ex-partner?
[ ] No
[ ] Yes
Within the last year, have you been afraid of your partner or ex-partner?
[ ] No
[ ] Yes

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
[ ] Somewhere in between

Patient Engagement Tool

Provider screening tool
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
A sign for every clinician’s office:

You are your own primary care provider 99.9% of the time, so how can I help you take care of YOU?
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
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.

Perceptions of a reproductive health self-assessment tool (RH-SAT) in an urban community health center
J.K. Bello 656 et al. / Patient Education and Counseling 93 (2013) 655–663
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
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 contraceptive option

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

2. Chronic Diseases
- Review medical history to assess for hypertension, diabetes, or other ch
  may affect pregnancy.
- Screen all women for hypertension and diabetes if indicated.

3. Nutrition
- Recommend women should consume a prenatal vitamin with folic acid:
  addition to a folate-rich diet.
- Calculate all women’s BMI at least annually.
  - All women with BMIs ≥26 kg/m² should be counseled about the
    health and the risks to future pregnancies, including infertility.
  - All women with a BMI ≤19.8 kg/m² should be counseled about t
    risks to their own health and the risks to future pregnancies, inc

4. Physical Activity, Stress and Sleep
- Encourage moderately intense physical activity for a minimum of 150 mi
- Encourage all women to engage in other exercises to build strength, balance
- Recommend to sleep at least 7 hours, preferably 9-8 hours a night for 0
- All women should be encouraged to adopt healthy stress management, a

5. Immunizations
- Review with all women of reproductive age their immunization status for
  pertussis, measles, mumps, rubella and varicella annually and updated as i

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 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 preclampsia

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

30 pages! Very comprehensive

The ICC checklist is 40 pages...

A key question is what happens next with this info?
Connect with us!

Facebook.com/ShowYourLoveToday

@SYL_Today
#ShowYourLoveToday

@ShowYourLoveToday
#ShowYourLoveToday

Closed LinkedIn Group
Search “PCHHC”
To subscribe, email:
SuzanneW@med.unc.edu
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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