Preconception IM CoIN Webinar:

New approaches to patient-centered reproductive goals assessment

Sonya Borrero, MD, MS

April 12, 2019, 3-4pm ET
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 at the link provided.
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.
New Approaches to Patient-Centered Reproductive Goals Counseling

Sonya Borrero, MD, MS
New Approaches to Patient-Centered Reproductive Goals Counseling

Sonya Borrero, MD, MS
Associate Professor of Medicine
Director, CWHRI
University of Pittsburgh and VA Pittsburgh
Disclosures

• None
About half of all pregnancies in the US each year are unintended.
Why do we care?

• Assumption that unintended pregnancies are viewed as uniformly negative events by women
Why do we care?

• Unintended pregnancy has been linked with adverse health consequences:
  ▪ Inadequate or delayed entry into prenatal care
  ▪ Higher prevalence of smoking and alcohol use
  ▪ Higher likelihood of depression and IPV
  ▪ Lower likelihood of breastfeeding
  ▪ Higher incidence of poorer perinatal outcomes
Public health goal

• Logic model to reduce these negative outcomes, all pregnancies should be intended and well-timed

The committee urges that the nation adopt a new social norm: All pregnancies should be intended; that is they should be consciously and clearly desired at the time of conception

- IOM, The Best Intentions, 1995

Healthy People 2020 Goal:

Increase the proportion of pregnancies that are intended by 10%
One strategy: Reproductive life planning

All persons capable of having a child should have a reproductive life plan

- Do you have any children now?
- Do you want to have (more) children?
- How many (more) children would you like to have and when?
Is this a realistic goal for all women?

- Women’s pregnancy perceptions and experiences may make achieving the public health goal that all pregnancies are consciously desired and planned difficult
  - A large proportion of women do not have clear or binary intentions
  - Women may not necessarily see pregnancy planning as desirable or achievable
  - Unintended pregnancies are often happy, welcome events
"Sometimes I probably want to get pregnant when I’m 22 or 27… or probably soon. Who knows? Probably when my daughter starts walking, maybe."

"I already got a kid so you know I’m not opposed to having children. If it happens, it happens…. I’d prefer we don’t have children right now but if it happens, okay."

Gomez: Population Association of America annual meeting, 2016
Formulating intentions or plans may be viewed as irrelevant.

“If you are meant to have a kid, you are meant to have a kid. Why take something to prevent it?”

“Nobody can really plan for a pregnancy, like, you could try but a lot of people that wanna get pregnant don’t get pregnant…then there’s a lot of people that don’t want to get pregnant and it just happens.”

Borrero: Contraception, 2015
Formulating plans may be viewed as unrealistic

“The lack of a clear plan does not mean there is no desire to get pregnant, yet those who admit – even to themselves – that they’re trying to have a baby invite public contempt and self-reproach, for they know the choice to bear children while young and unmarried is, in many ways, absurd. At the same time, they wonder if their circumstance will ever be ‘right.’”
Formulating plans may be viewed as unrealistic

“They’re engaged but they decided to have this baby before they were going to get married. Like they were striving, like she planned this baby. She started going to the doctor’s and taking prenatal pills before she got pregnant. Like, she planned to have this baby. And I didn’t know that part cause I would have had a issue with that because [they’re] not married.”

Borrero: Contraception, 2015
Unintended may still be welcome

“I don’t want more kids and was hoping to get my tubes tied. We can’t afford another one. But if it happened I’d still be happy. I’d be really excited. We’d rise to the occasion…nothing would really change.”

“Honestly, although she wasn’t at all planned, I think my baby girl saved me. When I think what I would be doing now if she had never come along.”

LARC-first approach

“LARC should be the first-line option for all women and adolescents”

-ACOG and AAP
“the IUD takes the element of surprise out of when we would have our next kid, which I kind of want. I don’t want to put too much thought and planning into when I have my next kid.”

“[IUDs and implants] really take away the element of surprise of having babies, which some people want and some people really, really don’t want. You can accidentally forget the pill and get pregnant, but an IUD’s not going to pop out and take a jog around the block.”
Potential tension

Public health perspective

*Unintended pregnancy is a problem to be solved*

Person-centered perspective

*Not all unintended pregnancies are created equal*
But is it really so bad?

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<thead>
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<th>Evidence of increased risk for adverse maternal behaviors and outcomes</th>
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<tr>
<td>Very little</td>
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<tr>
<td>Maternal mortality</td>
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<td>Inconclusive (mixed or weak)</td>
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<td>Maternal alcohol or illicit drug use</td>
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<td>Reduced no. of pre-natal care visits</td>
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<td>Mental health difficulties</td>
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<td>Intimate partner violence (?reverse causation)</td>
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<td>Moderate to Strong</td>
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<td>Delayed recognition of pregnancy</td>
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<td>Delayed initiation of pre-natal care</td>
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Gipson: Stud Fam Planning, 2008
Cheng: Contraception, 2009
Kost: Demography, 2015
But is it really so bad?

<table>
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<th>Evidence of increased risk for adverse neonatal and infant outcomes</th>
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Gipson: Stud Fam Planning, 2008
Limitations of our current public health paradigms and efforts

• Does not accommodate the full range of women’s lived experiences

• Limited evidence for causality between unintended pregnancy and adverse health and social outcomes
  • Often positions unintended pregnancy as the cause of poor outcomes and neglects social and structural determinants
  • The singular focus on unintended pregnancy as a marker of reproductive autonomy and the degree to which outcomes are optimized is insufficient

• The need to express an explicit plan or intention to get pregnant may preclude the possibility of helping some women prepare for the possibility of pregnancy

How to center efforts on truly supporting women’s autonomy and wellbeing rather than simply trying to prevent unintended pregnancy?
Moving to a rights-based, justice-informed framework

“..basic [human] right of all couples and individuals to decide freely...the number, spacing and timing of their children and to have the information and means to do so. It also includes the right of all to make decisions concerning reproduction free of discrimination, coercion and violence.”

Human rights framework
- Established and globally-accepted
- Inherently person-centered
- Enhanced by the reproductive justice movement
Patient-centered care

“Patient-centered care is care that is respectful of and responsive to individual patient preferences, needs, and values.”

- Institute of Medicine

- Recognized by IOM as a dimension of quality

- Associated with improved outcomes
Communication is a key aspect of PCC

- Quality, patient-centered interpersonal communication is central to patient-centered care
  - Fosters positive, respectful, therapeutic relationships that enable patient to express needs and preferences
  - Ensures provision of appropriate education and counseling
What evidence is there that interpersonal communication matters?

- Patient experience of interpersonal communication affects health care outcomes:
  - Patient satisfaction
  - Use of preventive care
  - Medication adherence
  
Doyle et al, BMJ 2013

Doyle: BMJ, 2013
Patient-centered approach to reproductive goals counseling

• Engage with the full diversity of women’s thoughts/feelings around pregnancy
  • Use inclusive, non-judgmental questions to ask about reproductive wishes, intentions, goals
  • Recognize that ambivalence may not be resolved
  • Help women prepare for potential pregnancies
• Appreciate that efficacy is not always the most important characteristic driving contraceptive decisions
Patient-centered reproductive goals counseling

Reproductive Goals Assessment

Preconception Counseling

Contraceptive Counseling

Women who desire pregnancy now

Women who do not desire pregnancy now and are open to preconception counseling

Women who do not desire pregnancy now and are not open to preconception counseling

Callegari: Am J Obstet Gynecol, 2017
1. Begin with a trusting, personal relationship

- Establish rapport:
  - Greet patient warmly (65% of visits)
  - Small talk (45% of visits)

- Avoid allowing personal judgment of women’s reproductive desires or goals to influence counseling

Callegari: AJOG, 2016
Patient-centered reproductive goals counseling

2. Ask open-ended, non-judgmental questions

Open-ended questions can elicit **mixed/ambivalent** feelings about pregnancy

**PATH** Questions

<table>
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<tr>
<th>Pregnancy Attitudes</th>
<th>Do you think you might like to have (more) children at some point?</th>
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<tr>
<td><strong>Timing</strong></td>
<td>If considering future parenthood: When do you think that might be?</td>
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<tr>
<td><strong>How important is prevention</strong></td>
<td>How important is it to you to prevent pregnancy (until then)?</td>
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Callegari: AJOG, 2016
3. Focus on individual patient values/preferences

- For women with clear pregnancy intentions, creation of an RLP may be helpful & empowering.

- For women who are ambivalent or considering pregnancy in more distant future, can ask: “Are you interested in talking about ways to prepare for a healthy pregnancy?”

- Motivational interviewing may be appropriate for women with modifiable preconception risk factors who desire pregnancy.
Summary

• Current public health and clinical paradigm for reproduction is focused on pregnancy planning

• Patient-centered strategies should engage with the full range of women’s thoughts/feelings around pregnancy

• We need a better understanding of how we can support diverse women in the context of their lives to optimize reproductive health while supporting autonomy
Acknowledgments

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- Christine Dehlendorf, MD, MAS
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Archived on BeforeandBeyond.org/PCHIMCoIlN

If you haven’t received one, email: SuzanneW@med.unc.edu

#SHOWYOURLOVETODAY
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• Please provide feedback to today’s webinar at the survey link provided

PCH CoLLN Borrero Webinar Survey
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PRECONCEPTION CoIIN

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