



# Woman-Centered Care: Lessons from the Reducing Infant Mortality by Improving Women's Health Preconception CoIN



Katherine Bryant, MA, MSPH; Erin McClain, MA, MPH; Suzanne Woodward, BS; Sarah Verbiest, DrPH, MSW, MPH

## Background & Purpose

Women's health and well-being is important. A paradigm shift focusing on women's wellness is also a critical response to stagnating US infant mortality rates, increasing maternal mortality and morbidity, and unintended/mistimed pregnancies. This care must be provided in a way that advances equity and ensures that all women and birthing people are respected.

**OUR GOAL: 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.**

## Approach

- Teams from California, Delaware, North Carolina, and Oklahoma joined this project. They engaged 13 sites that included academic medical centers, Federally Qualified Health Centers, health department clinics, and Healthy Start sites.
- All teams are working on NPM1: Increasing the percent of women receiving a preventive visit in the past year.
- We utilized human centered design, quality improvement, and evidence-based practices to design and test an adaptive model for integrating preconception care into women's preventive health services.
- Our team provided support to states and sites through a coaching and peer learning model.
- **Common Measure:** Proportion of non-pregnant reproductive age women asked about their pregnancy intention in the next year

The reproductive justice framework is essential for this work. Human-centered design is a good strategy for co-creating tools and systems that support all people receiving better care.

## Accomplishments/Results

- States developed new tools and approaches for screening.
- Teams are fully engaged in the work and most sites are sustaining the project.
- Fostering patient, provider and community learning in the preventive visit arena is possible AND productive.
- Quality care includes understanding women's desire for pregnancy and her interests and goals for managing her health.
- Community health workers, case managers and clinicians can integrate their work.
- We are continuing our collaboration with new projects for 2021.



## Challenges/Barriers

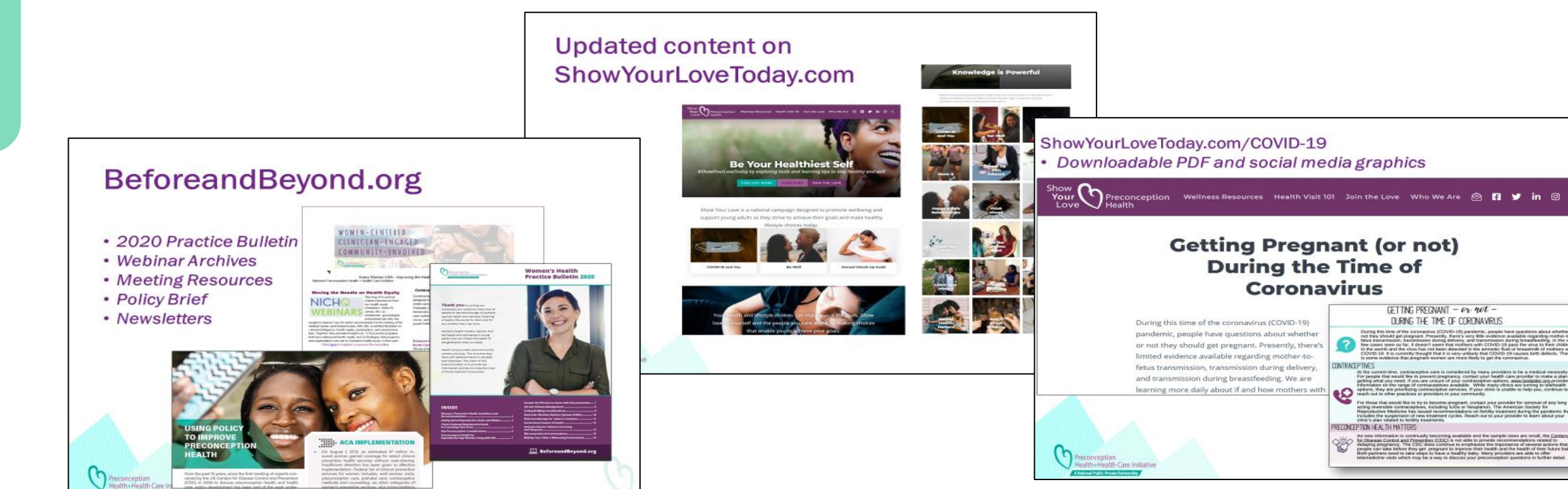
- Recruiting sites to participate was a longer process than expected for some states.
- Limited capacity, staff turnover, and competing priorities posed challenges.
- COVID-19 resulted in changes to how/if sites were able to continue this work as a part of their practice.

## Lessons Learned

- Women need to trust their provider and care team. This requires providers and teams to know the history of their community and how the community sees them.
- Providers need implicit bias training.
- It is difficult for providers when there aren't good resources available to help their patients achieve their goals.
- Focus on what women want from a visit – not only on what providers think is best.
- Shared decision-making is essential.
- Specialty care providers must be engaged to assure that women at highest risk for poor health outcomes receive care that considers their reproductive goals.



## Resources



Women's Health Practice Bulletin  
ShowYourLoveToday.com – Spanish site coming soon  
Preconception, Women's Health and Policy Bulletin

