

Preconception IM CoIN Webinar:

New approaches to patient-centered reproductive goals assessment

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April 12, 2019, 3-4pm ET



Preconception
Health+Health Care Initiative

A National Public-Private Partnership

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WOMEN-CENTERED CLINICIAN-ENGAGED COMMUNITY-INVOLVED



OUR GOAL: This Preconception CollN 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.

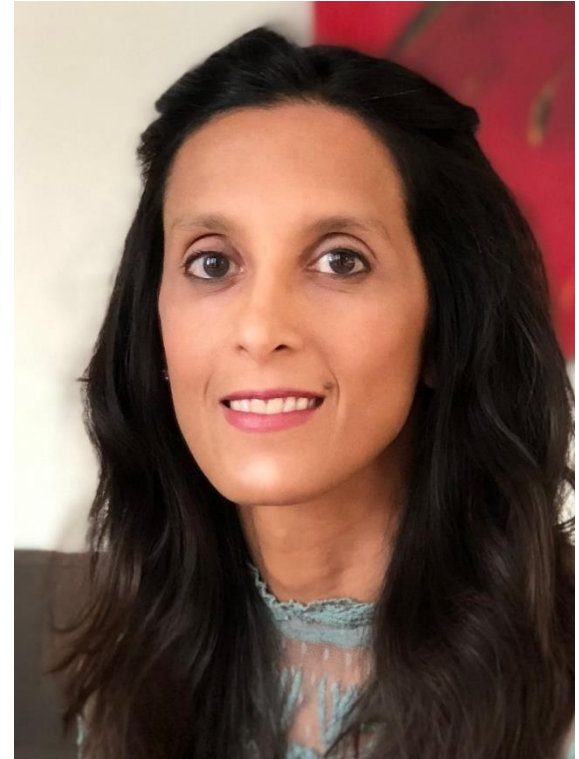


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New Approaches to Patient-Centered Reproductive Goals Counseling

Sonya Borrero, MD, MS



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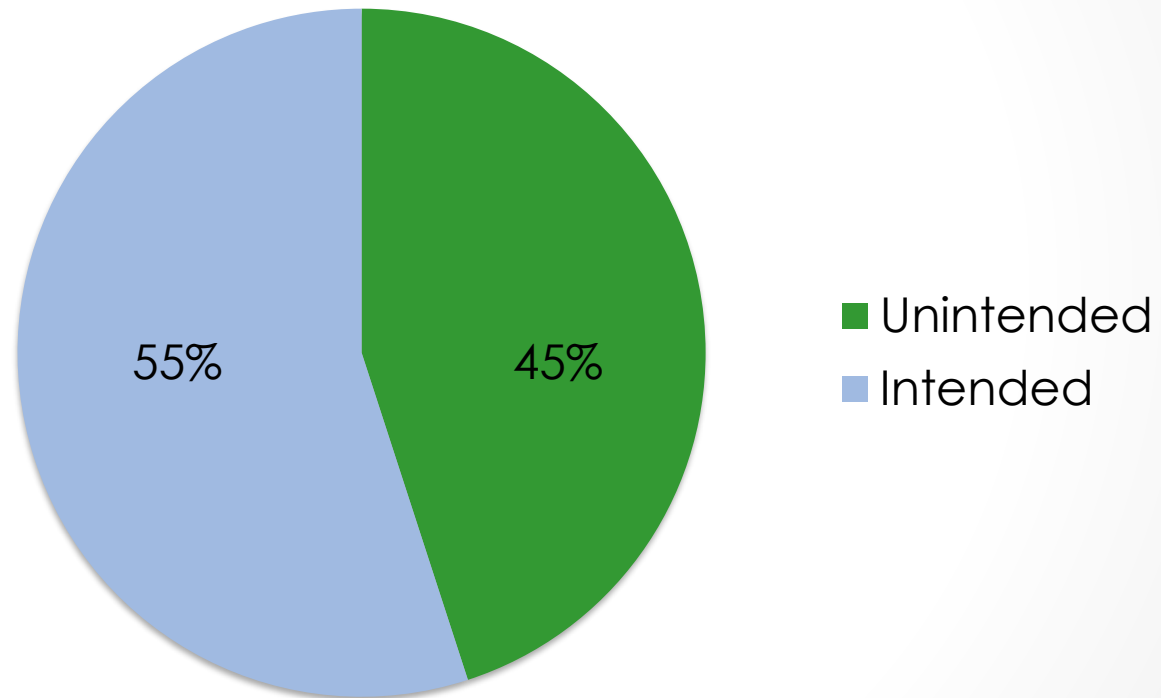
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Disclosures

- None

Unintended pregnancy

About half of all pregnancies in the US each year are unintended



Finer: *N Engl J Med*, 2016

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

Ambivalent and indifferent desires

“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

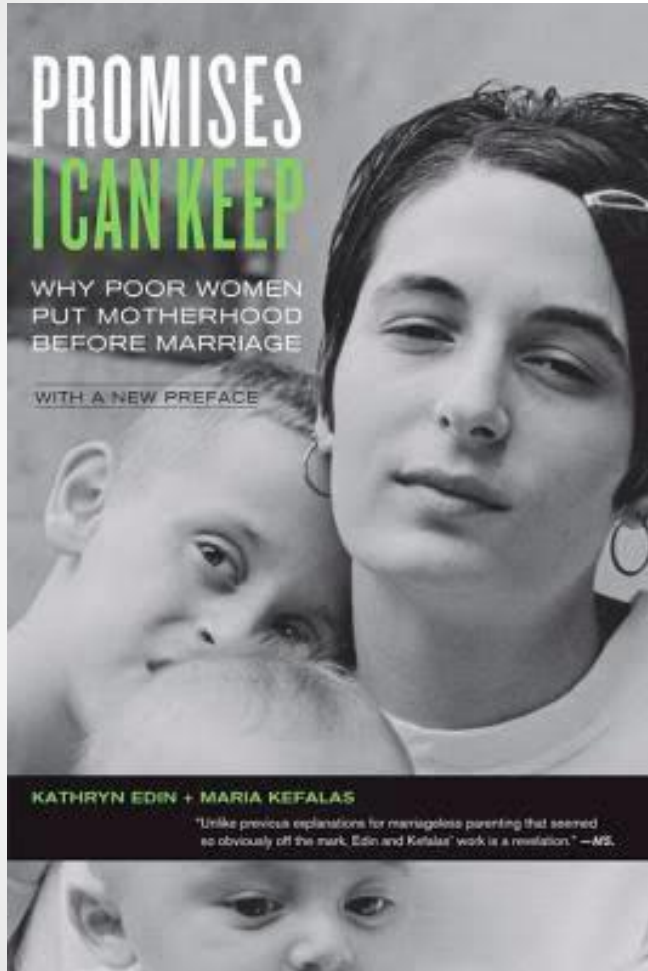
Formulating intentions or plans may be viewed as irrelevant

“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.”

Aiken: Soc Sci Med, 2015

LARC-first approach

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

-ACOG and AAP




Relationship of ambivalence to contraceptive use

“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?

Evidence of increased risk for adverse maternal behaviors and outcomes
Very little
Maternal mortality
Inconclusive (mixed or weak)
Maternal alcohol or illicit drug use
Reduced no. of pre-natal care visits
Mental health difficulties
Intimate partner violence (?reverse causation)
Moderate to Strong
Delayed recognition of pregnancy
Delayed initiation of pre-natal care

Gipson: *Stud Fam Planning*, 2008
Cheng: *Contraception*, 2009
Kost: *Demography*, 2015

But is it really so bad?

Evidence of increased risk for adverse neonatal and infant outcomes	
Very little	
Infant mortality	
Inconclusive (mixed or weak)	
Low birth weight	
Pre-term birth	
Reduced infant vaccination	
Delayed child development	
Moderate to Strong	
Reduced initiation of breastfeeding	

Limitations of our current public health paradigms and efforts

- Does not accommodate the full range of women's lived experiences
- Limited evidence for causality of reproductive health and adverse health and social outcomes
 - Often positions unintended outcomes and neglects
 - The singular focus on unintended reproductive autonomy and outcomes that are optimized is insufficient
- The need to express an explicit plan or intention to prevent pregnancy may preclude the possibility of helping some women to prepare for the possibility of pregnancy

How to center efforts on truly supporting women's autonomy and wellbeing rather than simply trying prevent unintended pregnancy?

Moving to a rights-based, justice-informed framework

"..basic [human] right of all c... freely...the number, spacing... the information and means to... make decisions concerning re... 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



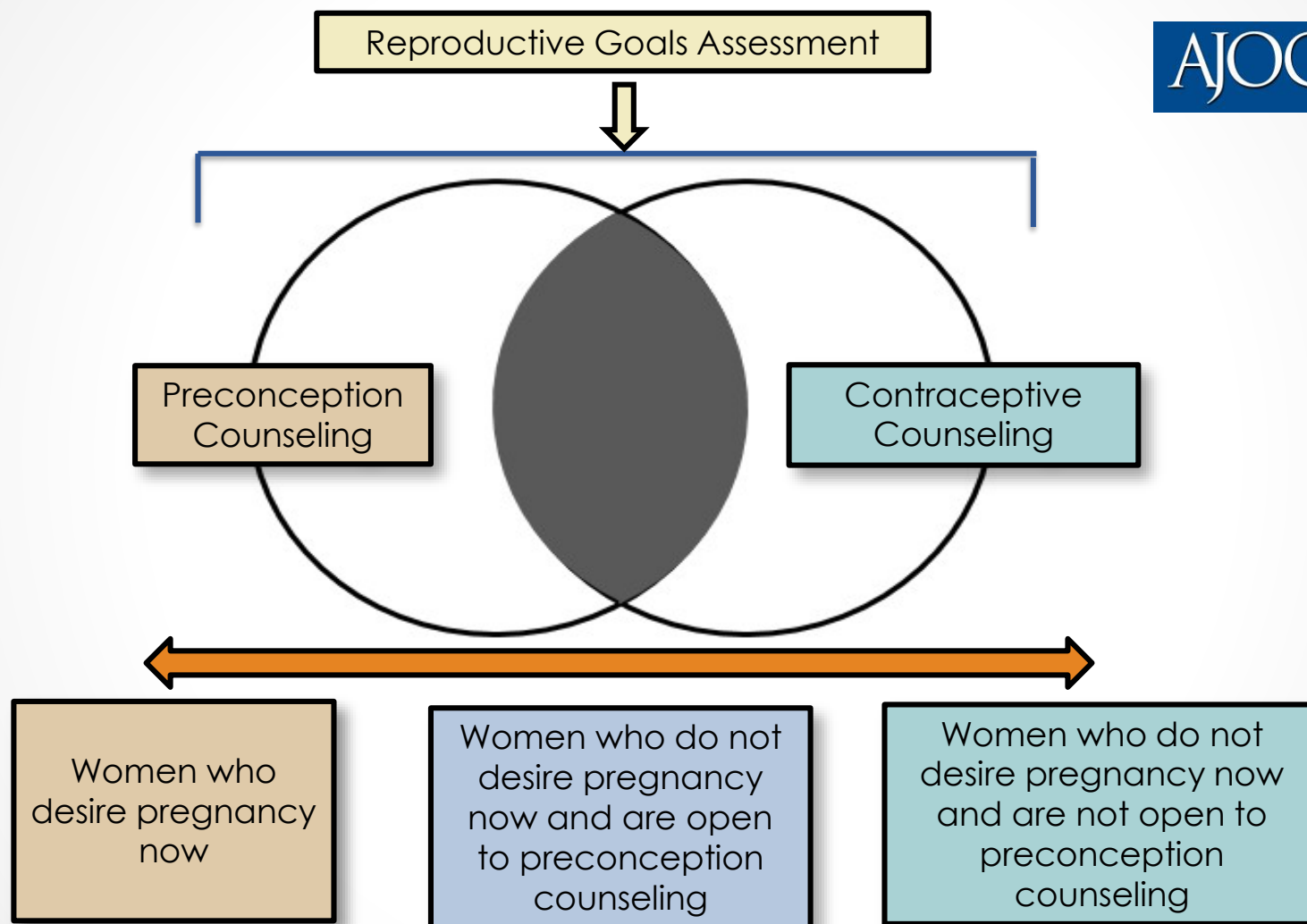
Chronicle / Lance Iversen

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



Patient-centered reproductive goals counseling

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
Dehlendorf: *Clin Obstet Gynecol*, 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

Pregnancy **A**ttitudes



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)?

Callegari: AJOG, 2016

Patient-centered reproductive goals counseling

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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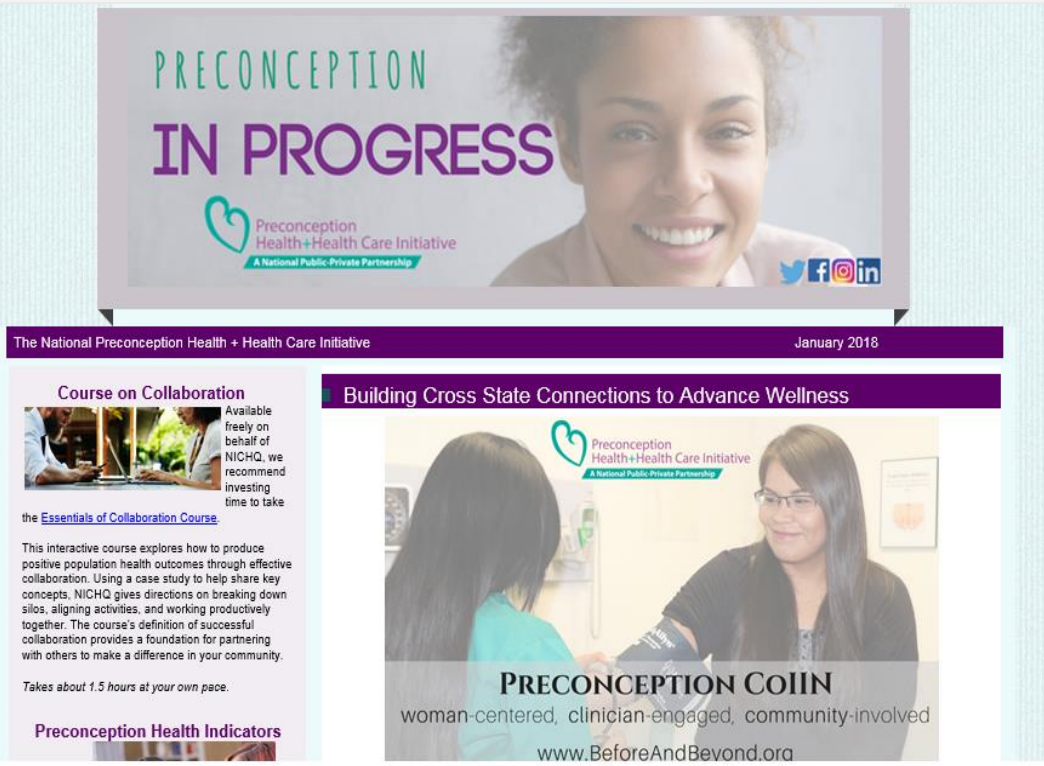


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