



**Preconception  
Interconception  
Care**

Integration into  
Family Planning Services

The California Family Health Council Inc.




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**Preconception & Interconception  
Care  
Integration into Family Planning Services**

Objectives

- Inform Family PACT providers about the California Family Health Council Inc. (CFHC) March of Dimes Preconception Integration Project
- Discuss challenges and plans for furthering integration of preconception care in family planning programs
- Offer Recommendations and Resources for FamilyPACT Providers




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**California Family Health Council Inc.**

**Largest Title X Grantee in the U.S.**

- Distributes Title X funds to 74 California health care agencies/316 clinic sites
  - Represents 60% of FamilyPACT billable services
- Conducts agency evaluations, provides technical assistance, training, community outreach
- Performs advanced research in reproductive health care and contraception




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## Preconception Interconception Care (PCC/ICC)

### CFHC's Definition of Preconception Care

- Approaches in health care which address the medical, psychosocial, environmental and other factors that can have a negative impact on pregnancy **before** conception.

### Goal

- Reduce number of **"unprepared-for"** pregnancies to reduce maternal and infant mortality




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## National Resources




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## CFHC Assumptions in 2008

Family planning clinics are an **opportunistic place to integrate PCC/ICC**

- CFHC funded agencies serve over 1 million low income women throughout California
- High rates of poor birth outcomes

**Interventions must be cost effective and time efficient**

- Provider Challenges/Constraints - Competing demands, increased client load/multiple medical problems, budget constraints




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## CFHC Assumptions in 2008

### Need for PCC/ICC "culture"

#### Title X on-site agency evaluations:

- Providers lack knowledge about, and experience in, integrating PCC/ICC as a routine practice in health care
- Clients are not offered PCC/ICC education and support to implement life changes
- Communities need PCC/ICC information, inadequate partnering among clinics and specific community groups




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## March of Dimes Three Year Project

### Activities

- Conducted PCC/ICC literature search
- Assessed readiness of PCC/ICC of Title X Family Planning Clinics in Los Angeles, San Francisco and Yolo counties.
- Conducted PCC/ICC service integration research in three family planning agencies
- Offered three hour PCC/ICC Trainings
- Offered one hour PCC/ICC presentations




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## Assessed Readiness

Readiness Assessment completed by  
91 Title X Family Planning Clinics  
(Los Angeles, San Francisco and Yolo counties).

### Key indicators

- Availability of health care services related to PCC/ICC
- Availability of data related to individual client risk factors in their medical records
- Manner of delivery of PCC/ICC information to clients
- Need for PCC/ICC training and services




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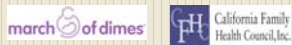
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### Readiness Assessment

#### Availability of services and screening of health issues

- All basic health care services in gynecologic, STI, and contraception were being offered.
- About half offered various immunizations
- Less than half offered genetic testing
- Majority of clinics did not ask specific questions about Accutane use, folic acid use, maternal phenylketonuria, and environmental exposures
- All asked if taking medications



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### Readiness Assessment

#### PCC/ICC Information given at Positive Pregnancy Test Visits

- Majority of clients either planning pregnancy within a year or had a positive PT did not receive information about toxoplasmosis, Trisomy 21 or Tay Sachs.
  - Less than half with positive PT were given information about diabetes and chronic disease management
  - All were referred to prenatal care
- Assessment did not address PCC/ICC with Negative Pregnancy Test Visits



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### Readiness Assessment

#### Clinic PCC/ICC needs

- Majority did not have PCC/ICC protocol
- Majority did not have visual aids or other materials in the clinic
- Majority did not have classes for staff
- Majority did not display PCC/ICC information at community events



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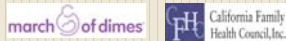
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### Readiness Assessment

Interviews: 26 Title X funded family planning clinics in LA

**Recommendations:**

- Include PCC/ICC questions on history form as reminder to providers to give clients the information they might need.
- Offer clients PCC/ICC education materials. Need for such materials/bilingual/appropriate literacy level/men.
- Offer PCC/ICC educational materials during PT, annual/initial exam, and EC visits.




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### PCC/ICC Service Integration Evaluation Project

Investigate feasibility of integrating preconception care

- Three family planning agencies
- Health history and pregnancy intent/risk assessment.
  - Do you want to get pregnant? If so, when?
  - Are you sexually active, if so, how are you trying to prevent pregnancy?
- Brief interventions for 5 priority preconception issues: diabetes, obesity, folic acid intake, rubella immunization, and substance use.




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### PCC/ICC Service Integration Evaluation Project

- **Quantitative survey**
  - Completed by clients to determine receptivity to PCC/ICC preconception messages during family planning visits and intentions for behavior change.
- **Clinician log and post-project interview**
  - Determined time spent and experience with intervention integration.




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## Providers and Participants

### Providers

- 10 clinicians, 1 health educator

### Participants

- Female
- Family planning visit
- Ages 13 – 45 (54% in 20s)
- Race: 73% Hispanic Latina, 12% white, 11% Asian,
- n = 555



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## Data Sources

- **Client post-visit survey**
  - Completed after family planning visit
- **Intervention log**
  - Providers recorded types of preconception messages, method of intervention, and time spent
- **Post project interview/survey**
  - Providers experience with process and continued integration



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## Evaluation Questions

### Focus

- Clients' intentions for health behavior changes related to core PCC/ICC messages
- Clients' attitudes about receiving PCC/ICC messages in family planning visits
- Providers' experiences integrating PCC/ICC messages into family planning visits



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### PCC/ICC Service Integration Evaluation Project

**Key Findings**

- Women were receptive to preconception messages within the context of family planning visits and interested in making health changes to improve pregnancy outcomes.
- Clinicians were supportive of integration.
- Family planning clinics have significant potential for delivery of PCC/ICC messages. Further development of PCC/ICC interventions for family planning clients is needed.




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### Intention to Make Health Behavior Changes

**Key Findings**

- 86% of respondents stated that they were interested in making at least one change (n=524)
- 70% of respondents thought they would make changes within 3 months (n=503)




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### Desire for Change by Intent for Pregnancy

|                            | Desire Change | No Change |
|----------------------------|---------------|-----------|
| Intend Pregnancy           | 88%           | 12%       |
| No Intention for Pregnancy | 76%           | 24%       |

p < .0051  
n = 502




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### Desire for Change by Timeframe for Pregnancy

|           | Desire change | No Change |
|-----------|---------------|-----------|
| < 1 year  | 99%           | 1%        |
| 2-4 years | 90%           | 10%       |
| > 5 years | 82%           | 18%       |

p = .0004  
n = 346



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### Client Acceptance of Preconception Messages

- 97% “strongly agreed” or “agreed” that **information about how women can prepare for healthy pregnancies should be offered** to women during their family planning visits (n=527, mean 4.7)
- 94% “strongly agreed” or “agreed” that they were **interested in the information they received during their visit** about how they can have a healthy pregnancy (n=486, mean 4.5)

Likert scale 1-5



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### Provider Experience

#### Provider Interviews

- Supportive of PCC/ICC integration
- Perception that clients welcome PCC/ICC messages
- Concern about additional burden of integration
- Increased ease with PCC/ICC implementation over time
- Identified need for more appropriate materials



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### Recommendations

- Develop PCC/ICC interventions that address intention and timeframe of pregnancy
- Develop or identify protocols and guidelines for family planning providers
- Provide training for family planning providers and clinic administrators
- Add screening questions including intention for pregnancy and timeframe in health history forms and EHR (Electronic Health Record) systems



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### Training Vs Presentations

**Three hour trainings were found to be too long for most providers**

**One hour presentations were more feasible**

- Resulted in positive exchange of ideas
- Offered realistic integration recommendations
  - Clinical practice
  - Clinic messaging
  - Community outreach



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### Preconception Presentations

**2008-2010**

- Over 300 family planning staff (primarily clinicians) offered information about PCC/ICC
- A pre/post assessment to assess level of change in knowledge, attitudes and perceived probability of integration of PCC/ICC services
- Overview of information provided: Update of infant and maternal mortality and morbidity, leading causes, reasons for increasing PCC/ICC efforts, integration recommendations for culture change in clinic and community served by clinic.



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### Preconception Presentations

- **Pre and post-tests**
  - Evaluation of change in providers knowledge, attitudes, perceived probability of successful PCC/ICC integration currently being analyzed.
- **Highlights of evaluations**
  - Believed PCC/ICC to be extremely important
  - Appreciated the “wake up” call
  - Additional training primarily in integration needed “how do you do this with significant time constraints?”
  - Need culturally and linguistically appropriate educational materials




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### Preconception Presentations

#### Scenarios

Demonstrated need for adequate history to identify PCC/ICC issues

- Diabetes, overweight, not contracepting  
**Wants a baby in 5 years.** Has diabetes. On a weight loss program. **Has had unprotected intercourse since LMP.** Not using contraception.
- OC user - not taking vitamins  
Using Ocs. **Wants baby in 3 years.** Not taking a daily multivitamin.




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### Scenarios

- Client with chlamydia, condom user  
Chlamydia treatment visit. **Using condoms about 50% of the time. Doesn't want a baby for 5+ years.**
- Smoker and IUD user  
IUD for 7 years. **Wants a baby in 2 years.** Smoker for several years. Over a pack a day.
- Lipitor and condom user  
Using condoms most of the time. **Wants a baby in a year.** Overweight with hyperlipidemia. Lipitor x few months.




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### Reproductive Life Plan (RLP)

- Tool that provides clinician and client with invaluable "life planning" information
- Encourages clients to take an active role in determining what they need to have a healthy pregnancy and baby
- Helps clients plan accordingly (personal medical status, risk factors for poor fetal outcome, financial and emotional stability) = **Life Course Perspective**




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### Reproductive Life Plan (RLP)

#### Strategies for Use

- Given in clinic for client to complete while waiting for services. Reviewed by provider. Information given as appropriate and if time permits. PCC/ICC visit scheduled to discuss RLP.
- Given to client to take home. Encouraged to complete. May or not be encouraged to bring back to clinic...or PCC/ICC visit scheduled to review.




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### CFHC PCC/ICC Activities 2010

#### Statewide Readiness Assessment

- To measure PCC/ICC readiness in 5 areas: knowledge, current practice, organizational readiness, outreach, and interest.
- To determine low, moderate, and high levels of readiness within each area for each agency.
- Findings will be used to support coordinated integration among Title X funded agencies through PCC/ICC presentations, technical assistance, and other support.




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### CFHC Preconception Activities 2010

- RLP – [www.teensource.org](http://www.teensource.org)
- Agency on-site visits
  - Medical records audit
  - Review of forms and protocols
  - Review of client education materials and in-reach efforts (posters, brochures, etc)
  - Presentations when possible
  - Discuss PCC efforts, encourage expansion of history form




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### CFHC Preconception Activities 2010

#### Broaden Reproductive Life Plan to Life Course Perspective

- A public health approach to improving birth outcomes
- A health care system responsive to and addresses the requirements of comprehensive women’s health care regardless of pregnancy status (Wise, 2008)
- Offer education and counseling on the impacts of current health concerns, conditions, and behaviors on the teen/adult woman’s physical and emotional well-being with/without pregnancy.




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### FamilyPACT Providers

- Many national and statewide resources available
- California
  - [www.everywomancalifornia.org](http://www.everywomancalifornia.org)
  - [www.marchofdimes.com/california](http://www.marchofdimes.com/california)
  - [www.cfhc.org/Resources](http://www.cfhc.org/Resources)
    - [www.teensource.org](http://www.teensource.org) – Reproductive Life Plan
    - FPACT billing – [www.marchofdimes.com/files/cptdoct\\_1](http://www.marchofdimes.com/files/cptdoct_1)
    - Pregnancy Testing and Counseling Protocol and Form
    - PCC/ICC Powerpoint for use with staff




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## FamilyPACT Providers

Several state specific and national resources

- [www.cdc.gov/ncbddd/preconception](http://www.cdc.gov/ncbddd/preconception)
- <http://scholar.google.com>
- [www.coloradoguidelines.org/guidelines/preconception.asp](http://www.coloradoguidelines.org/guidelines/preconception.asp)
- [www.mombaby.org](http://www.mombaby.org)



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Thank You

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