

PRECONCEPTION CARE AND FAMILY PLANNING SERVICES

While most women are seen in family planning clinics with the intent of *avoiding* pregnancy, there are distinct opportunities to provide education and counseling regarding a healthy pregnancy, if and when the client chooses to become pregnant in the future. Family PACT has adopted the following policies, which are based upon 2006 Centers for Disease Control and Prevention recommendations.¹

KEY POINTS

- The goals of preconception care are to optimize the woman's health, to minimize risks during pregnancy to her and to her fetus, to improve pregnancy outcomes, and to provide information to make informed decisions about future reproduction.
- Unplanned pregnancies can pose a risk to the woman and/or fetus due to exposure to reversible and preventable risk factors.
- There are several situations in which preconception care can be addressed as part of family planning services. The most important opportunities are at visits for pregnancy testing, removal of an intrauterine contraceptive or implant, during a visit for infertility, and when providing care to women with Type I and II diabetes mellitus.
- Women seen at initial and health screening visits should be asked key questions about their current "reproductive life plan."

QUESTIONS AND ANSWERS

What is preconception care?

There has been increased recognition that achieving a healthy pregnancy outcome is strongly influenced by a woman's health status and lifestyle prior to conception. Preconception care is a set of interventions that focus on health promotion and disease prevention in women of childbearing age intended to improve the health status of a woman *and* that of her fetus/newborn.

Why is birth spacing important?

A shortened inter-pregnancy interval is defined as less than 18 months from the last delivery to the next conception. There is a correlation between a shortened inter-pregnancy interval and increased medical risk to both the mother and her child.² Therefore, a vital component of family planning care includes the effective use of a contraceptive method until the next pregnancy is intended.

What is a "reproductive life plan?"

It is a set of personal goals about having (or not having) children based on personal values and resources, and a plan to achieve those goals. Questions that should be asked during the initial comprehensive health history, and at subsequent updates, include:

- Do you hope to have any (more) children? How many children do you hope to have?
- How long do you plan to wait until you (next) become pregnant?
- How much space do you plan to have between your pregnancies?
- What do you plan to do until you are ready to become pregnant?
- What can I do today to help you achieve your plan?

Why is preconception care an especially important issue for family planning providers?

Ideally, prenatal care begins before conception. Providers who see women for family planning visits have contact with women of childbearing age that allow for several "teachable moments." Since about half of all pregnancies in the United States are unplanned, preconception care can be addressed even if the client states that she is not planning a pregnancy now.

What should be done at a visit that includes preconception care?

The recommended components of preconception care are a review of current and past medical conditions and infectious diseases, prior immunizations, possible teratogen exposure (including prescribed and non-prescription drugs and environmental toxins), genetic issues, nutrition, domestic violence, smoking and alcohol use, substance abuse, psychosocial issues, and financial planning.

- Daily use of folic acid 0.4 mg tablets should be recommended at least three months prior to conception. While not a Family PACT benefit, it is inexpensive and can be purchased in any pharmacy without a prescription. Or, if the client is using a multi-vitamin, select one that includes folic acid.
- Women who smoke cigarettes should be advised to quit and offered appropriate referrals for smoking cessation programs.
- Advise women attempting pregnancy to stop (or at least minimize) consumption of alcoholic beverages.

Should patients have a dedicated preconception care appointment?

While it is unusual for a non-pregnant woman to visit her provider for the express purpose of evaluating her health before she becomes pregnant, preconception assessment and counseling is a Family PACT benefit (use the S50 primary diagnosis code).

¹ CDC Morbidity and Mortality Weekly Report <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5506a1.htm>

² Conde-Agudelo A, et. al., Birth Spacing and Risk of Adverse Perinatal Outcomes A Meta-analysis. JAMA. 2006;295:1809-1823.

PRECONCEPTION CARE AND FAMILY PLANNING SERVICES (CONT.)

What are the opportunities for addressing preconception care within the context of the Family PACT Program?

- After a positive pregnancy test result, the client should be advised regarding the immediate initiation of folate and cessation of alcohol use and cigarette smoking. For women planning to continue their pregnancies, sexually transmitted infection (STI) screening, including human immunodeficiency virus (HIV) screening, should be *deferred* until initiation of prenatal care in order to avoid duplication of services.
- Women who have a negative pregnancy test and who are attempting pregnancy, those seen for infertility services, or women who are having an intrauterine contraceptive or implant removed for the purpose of becoming pregnant should be offered preconception education and advice. Some experts also recommend an HIV serology for women at risk before beginning infertility evaluation and treatment, as a positive result may affect the client's decision to proceed.
- Women known to be Type I or Type II diabetics who are seen for family planning services should be reminded of the importance of blood sugar control before pregnancy, even if they are not currently attempting pregnancy.
 - Confirm that a relationship exists with a primary care physician who is involved in the medical management diabetes, and if not, to refer for same.
 - Unless performed recently, women with risk factors should be referred for screening for Type II diabetes before becoming pregnant, including clients with:
 - Overweight or obesity (body mass index greater than 27)
 - Polycystic ovarian syndrome (PCOS)
 - A first degree relative with diabetes
 - A history of gestational diabetes or a pregnancy outcome suspicious for Type II diabetes such as baby born greater than nine pounds or an unexplained stillbirth

APPLICATION OF FAMILY PACT STANDARDS

1. Informed Consent

- Clients shall be advised of the availability of contraceptive services and STI prevention and management services including education and counseling, testing, and treatment.
- The consent process shall be provided in a language understood by the client and supplemented with written materials.

2. Confidentiality

- Clients shall be advised that California law mandates reporting of HIV, syphilis, pelvic inflammatory disease, gonorrhea, and chlamydia to the local health jurisdiction for prevention, control, and, in some cases, contact management. Client information shall be reported on the Confidential Morbidity Report within seven days of identification.

3. Access to Care

- Contraceptive and STI services shall be provided without cost to all Family PACT clients.
- Referral resources for medical and psychosocial services beyond the scope of Family PACT, including domestic violence and substance abuse, shall be made available to clients. Services not listed in the Family PACT *Policy, Procedures, and Billing Instructions* (PPBI) are not reimbursable by the program.

4. Availability of Covered Services

- Family PACT providers must provide access to, or referral for, contraceptives listed in the PPBI and offer timely, basic STI prevention and management onsite.
- Screening, testing, and treatment for STIs as listed in the PPBI shall be made available to clients as a condition of delivering services under Family PACT.

5. Scope of Clinical and Preventive Services

- Clinicians delivering services are expected to have professional knowledge and skills about medical practice standards pertaining to contraceptive services and STI prevention and management services.
- Documentation shall record clinical findings and justification for services in medical record.

6. Education and Counseling Services

- Clients shall receive education on protecting their reproductive health and plans for future pregnancy.
- Client-centered prevention and STI and HIV risk-reduction counseling and education shall be provided.
- Individual education and counseling shall be provided for all clients as set forth in the PPBI.

PROGRAM POLICY

This alert provides an interpretation of the Family PACT Standards regarding care of adolescent clients: Providers should refer to the Family PACT PPBI for the complete text of the Family PACT Standards, official administrative practices, and billing information. For the purposes of this and other Family PACT Clinical Practice Alerts, the term "shall" indicates a program requirement; the term "should" is advisory and not required.

RESOURCES FOR INFORMATION ON PRECONCEPTION CARE

- Korenbrot CC, et al. Preconception Care: A Systematic Review. *Maternal and Child Health Journal* 2002; 6(2):75-88.
- March of Dimes Preconception Health and Health Care <http://www.marchofdimes.com/professionals/19695.asp>.
- Information on folate: <http://dietary-supplements.info.nih.gov/factsheets/folate.asp>.