

Update

Preconception Care: A Vital Need for Family PACT Clients

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Despite the fact that more and more women are utilizing prenatal care, a corresponding improvement in pregnancy outcomes has not occurred in the United States over the past ten years. In California, the infant mortality rate, the maternal mortality ratio, and premature and low-birth weight rates continue to exceed Healthy People 2010 Objectives.

Among some subgroups, the rates are alarming. African-American infants in California are two and a half times more likely than White infants to die before their first birthday. African-American mothers have a pregnancy-related mortality rate three times higher than that of Whites.

Over 40% of pregnancies in California are unplanned. Therefore, women often become pregnant while in less than ideal health, or while they take part in activities that could harm a pregnancy. The most important periods of fetus inter-uterine growth occur in the first few weeks after conception, before many women even know they are pregnant.

THIS ISSUE

- **Preconception Care:
A Vital Need for Family
PACT clients**
- **Ten Recommendations for
Improving Preconception
Health**
- **Helpful Resources**

A large body of evidence indicates that many fetal and infant deaths can be addressed through preconception and inter-pregnancy interventions. The Family PACT program is uniquely poised to do just that. Since 2006, the Office of Family Planning has been actively promoting the Centers for Disease Control and Prevention's (CDC's) Ten Recommendations for improving preconception health and health care. These recommendations were published in the Morbidity and Mortality Weekly Report (MMWR) Recommendations and Reports on April 21, 2006. (See the next page for a synopsis of The Ten Recommendations of the CDC's Select Panel on Preconception Care.)

Integrating Preconception Care into Family PACT services

There are efficient and cost-effective ways you, as a Family PACT provider, can modify your approach to client care in order to ensure that preconception care is integrated into your family planning services.

There are many opportunities for addressing preconception care within the Family PACT program. It is particularly appropriate to incorporate this topic in the context of the family planning visit for pregnancy testing, fertility awareness, removal of intrauterine contraception or implant, and when providing care to women with Type I or Type II diabetes. However, all family planning visits can be used to address preconception care.

After reviewing your client's health history to assess her preconception health needs, you can integrate brief preconception messages within each family planning visit. The preconception messages and related health education materials should, at minimum, address five priority areas:

- Diabetes
- Obesity/overweight
- Folic acid intake
- Rubella immunization
- Substance use

Most women are very receptive to preconception messages. Most agree that information about how women can prepare for healthy pregnancies should be offered during family planning visits.

As a Family PACT provider, you can encourage your clients to make behavioral changes to increase their chances of having healthy pregnancies.

Risk Assessment

A woman's pregnancy intention and risk can be assessed during a variety of family planning visits. Assessing intention and risk allows clinicians and health educators to offer client-focused preconception and contraceptive counseling.

1. First, assess your client's reproductive life plan. Begin by asking a few basic questions such as:
 - Do you hope to have any (more) children?

Continued on page 2

Preconception Care: A Vital Need for Family PACT Clients continued from page 1

- How many children do you hope to have?
 - How long do you plan to wait until your (next) pregnancy?
 - How much space do you plan to have between your pregnancies?
 - What method of birth control do you plan to use until you are ready to get pregnant?
 - What can I help you with today?
2. Second, determine her past pregnancy history. Be sure to ask about any prior adverse outcomes. This is important because it may show she is at a higher risk of having another problem. For example, if your client had a preterm baby previously, she has about a 30% higher chance of it occurring again.
 3. Thirdly, assess her family medical history as well as her past medical history. Many conditions, such as hypertension, diabetes, and hypercholesterolemia need to be in good control before she gets pregnant. In addition, ask about medications she typically uses. You need to be aware of the ways in which various treatments and medications can negatively impact pregnancy so that you can adjust her treatment programs accordingly. This is especially important for those who are planning for pregnancy or at risk for an unplanned pregnancy.
 4. Finally, identify social and behavioral factors and risks that may impact future pregnancies. These factors may include family violence; family and partner support; home, occupational, and environmental exposures; and smoking, drinking, and the use of drugs among others.

Based on your client's responses, you can then make appropriate interventions. 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 S50 primary diagnosis code).

Health Promotion and Medical and Psychosocial Interventions

Based on her risk assessment, support your client in making any changes needed in her health status, both for the sake of her own health as well as for her future pregnancy outcomes.

1. Help your client come up with a reproductive life plan.
2. Assist her with getting a birth control method that will help her reach her long-range goals.
3. Help her make changes as needed. These changes might be as varied as referring her for diabetes management; educating her about preventing sexually transmitted infections (STIs); providing resources for quitting smoking or avoiding intimate partner violence; making referrals for genetic testing; and advising her to take folic acid supplements.

Ten Recommendations for Improving Preconception Health

1. Encourage each woman, man, and couple to have a reproductive life plan.
2. Increase public awareness of the importance of preconception health behaviors and preconception care services by using information and tools appropriate for various ages, literacy, and cultural/linguistic contexts.
3. Provide risk assessment and education and health promotion counseling to all women of child-bearing age to reduce reproductive risks and improve pregnancy outcomes, as part of primary care visits.
4. Increase the proportion of women who receive interventions as follow-up to preconception risk screening, focusing on high priority interventions.
5. Use the inter-conception period to provide additional intensive interventions to women who have had a previous pregnancy that ended in an adverse outcome.
6. Offer at least one pre-pregnancy visit for couples or persons planning pregnancy.
7. Increase public and private health insurance coverage for women with low incomes to improve access to preventive women's health and preconception and inter-conception care.
8. Integrate components of preconception health in existing local public health and related programs, including emphasis on inter-conception interventions for women with previous adverse outcomes.
9. Increase the evidence base and promote the use of evidence to improve preconception health.
10. Maximize public health surveillance and related research mechanisms to monitor preconception health.

For more information about The Ten Recommendations of the CDC's Select Panel on Preconception Care, go to <http://www.cdc.gov/mmwr/PDF/rr/rr5506.pdf>

Continued on page 3

Clinical Practice Guidelines for Preconception Care

Clinical Practice Guidelines have been developed by the CDC for 14 conditions which demonstrate effectiveness in improving pregnancy outcomes. Here are some of the highlighted evidence-based interventions:

1. Recommend the daily use of vitamin supplements containing 400mcg of folic acid. This has been shown to lower the occurrence of neural tube defects by at least 50%.
2. Recommend that women get a rubella vaccination before conception. This prevents the occurrence of congenital rubella syndrome.
3. Remind women with diabetes of the importance of blood sugar control before conception and during pregnancy. The 3-fold increase in the prevalence of birth defects among infants of women with diabetes is substantially reduced through proper management of diabetes.
4. Recommend that overweight and obese women maintain a healthy weight before conception. Obesity is associated with neural tube defects, preterm delivery, and other adverse effects.
5. Remind women that no time during pregnancy is safe to drink alcohol or use other drugs. Make sure that they are aware that harm can occur before a woman even knows she is pregnant. Fetal alcohol syndrome and other birth defects can be prevented if drug and alcohol use is stopped before conception.
6. Recommend STI testing and educate concerning STI prevention modalities. Chlamydia and gonorrhea have been strongly associated with ectopic pregnancy, infertility, and pelvic pain. STIs during pregnancy can cause infant death and other health problems.
7. Encourage any of your clients who smoke to quit smoking before conception. Preterm birth, low birth weight, and other adverse perinatal outcomes are associated with smoking during pregnancy. Because only 20% of women are able to quit smoking while they are pregnant, it is recommended to quit before becoming pregnant.
8. Recommend that both the woman and her partner get a vaccine if they are at risk for acquiring Hepatitis B. The vaccine eliminates the risks of HBV infection, the sequelae of which include hepatic failure, liver carcinoma, cirrhosis, and death.

For a full list of the specific preconception interventions proven to be effective in improving pregnancy outcomes, go to the CDC website at http://www.cdc.gov/ncbddd/preconception/Qanda_providers.htm#1

Upcoming Family PACT Trainings

June 15, 2010

*Making the Connection: Intimate Partner
Violence and Reproductive Health*
Webcast

June 16, 2010

Regional Provider Forum
San Bernardino

June 22, 2010

Ask the Experts: Billing
Webcast

June 23, 2010

IUC Insertion Training
Santa Rosa

June 24, 2010

Ask the Experts: Common Denials
Webcast

July 1, 2010

Provider Orientation
San Diego

August 26, 2010

Provider Orientation
Sacramento

September 21, 2010

Provider Orientation
Redding

October 5, 2010

Provider Orientation
Fresno

November 9, 2010

Provider Orientation
Palm Springs

Go to www.familypact.org/Providers.aspx and click on Calendar of Events for more trainings.

HELPFUL RESOURCES FOR INTEGRATING PRECONCEPTION CARE IN YOUR PRACTICE

For More Information:

March of Dimes

Preconception Health and Health Care

<http://www.cdc.gov/ncbddd/preconception/documents/WorkgroupProceedingsJune06.pdf>

Centers for Disease Control

Proceedings of the Preconception Health and Health Care Clinical, Public Health, and Consumer Work group Meetings, June 2006

<http://www.cdc.gov/ncbddd/preconception/default.htm>

Women's Health Issues: Policy and Financing Issues for Preconception and Interconception Health

Edited by Anne Rossier Markus JD, PhD, MHS, Hani Atrash MD, MPH, Kay Johnson MPH, MEd

<http://www.cdc.gov/ncbddd/preconception/default.htm>

Preconception Health and Health Care: The Clinical Content of Preconception Care

Edited by Brian Jack MD, Hani K. Atrash MD, MPH

<http://www.cdc.gov/ncbddd/preconception/default.htm>

For Client Education Resources:

Family PACT Catalog

featuring materials on folic acid and pregnancy care

<http://www.familypact.org/en/Providers/ClientEducationMaterials2.aspx>

Preconception Website

designed for clients

<http://everywomancalifornia.org/>

For Provider Resources:

Preconception Care: New Guidelines, New Opportunities

<http://www.familypact.org/en/Providers/provider-training/family-pact-previously-recorded-webcasts/PreconceptionWebcast.aspx>

Clinical Practice Alert: Preconception Care and Family Planning Services, December 2008

<http://www.familypact.org/en/Providers/clinical-practice-alerts.aspx>

Stakeholder Meeting Presentation: "Preconception Health Care Promotion and Provider Education Challenges and Success"

<http://www.familypact.org/en/Research/conference-presentations.aspx>

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