The National Preconception/Interconception Clinical Toolkit
Presented by The National Preconception Health and Healthcare Initiative

For Assistance:
Please contact Megan Phillippi at mphillippi@amchp.org
Audio

• Audio is available through your computer.
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• To submit questions throughout the call, type your question in the chat box at the lower left-hand side of your screen.
  – Be sure to include to which presenter(s) you are addressing your question.
Technology Notes Cont.

• Today’s webinar will be recorded

• The recording will be available on the AMCHP website at www.amchp.org

• At the conclusion of the webinar please take a moment to complete the survey.
About AMCHP
AMCHP represents state public health leaders promoting the health of America’s families through support for state maternal and child health programs, including service for children and youth with special health care needs.

www.amchp.org
(202) 775-0436
Objectives

• Explain the rationale behind the creation of the National Preconception-Interconception Clinical Toolkit
• Efficiently and effectively navigate through the toolkit
• Identify ways that the toolkit can guide practice, including increasing the integration of reproductive life planning into health care encounters
• Learn how to link in with others who are interested in moving this work into practice
Featuring:

Moderator: Leah Broadhurst, MSPH-Intern, Women’s and Infant Health, AMCHP

1. Sarah Verbiest, DrPH, MSW, MPH-Executive Director, Center for Maternal and Infant Health, University of North Carolina – Chapel Hill

2. Merry-K Moos, BSN, FNP, MPH, FAAN-Consultant, Center for Maternal and Infant Health, University of North Carolina-Chapel Hill
RESOURCES FOR PRACTICE

Sarah Verbiest, DrPH, MSW, MPH
Executive Director, UNC Center for Maternal and Infant Health
Senior Consultant, National Preconception Health and Health Care Initiative

July 28, 2014
Goals

- Improve the knowledge, attitudes and behaviors of men and women related to preconception health
- Create health equity and eliminate disparities in adverse maternal, fetal and infant outcomes
- Ensure that all women of CBA receive preconception care services that will enable them to achieve high levels of wellness, minimize risk and enter any pregnancy they might have in optimal health
- Reduce risks among women who had a prior adverse maternal, fetal or infant outcome through interventions during the postpartum and interconception period.
The Initiative

- The National Initiative on Preconception Health and Health Care (PCHHC) is a public-private partnership that began in 2004. The PCHHC is comprised of a steering committee and five workgroups:
  - Consumer
  - Clinical
  - Public Health
  - Research and Surveillance
  - Policy and Finance
Data and Surveillance

- **CPONDER 2.0**: An online data to access data collected through PRAMS surveys

- MMWR on Core State Preconception Health Indicators now available!
  [http://tinyurl.com/corePCHindicators](http://tinyurl.com/corePCHindicators)
Bi-Weekly Research Updates

- CDC’s Division of Reproductive Health routinely conducts media and literature searches on preconception and inter-conception health.

- Summaries include PubMed abstracts, citation information and links to research articles.
  - To subscribe: send an email to Cheryl Robbins at ggf9@cdc.gov.
Consumer: Show Your Love

- Women are nurturing, juggling many things and caring for others
- Women need to love themselves by taking care of their health
- Good health can help a woman achieve her goals and dreams
- Women can show love to their future baby by loving themselves now
Show Your Love Products

**Show Your LOVE! Steps to a Healthier me**

Life offers many opportunities. Take time to think about your goals for school, for your job or career and for your health. Your physical and mental health are important in helping you achieve the goals you set for yourself. This is a tool to help you set your goals and make a plan.

Start by choosing your goals for this year. It is easier to focus on 2 – 3 goals. Then use the checklist below to set your plan into motion.

**Date plan made or revised:**

**My top 3 goals for this year are**

1. 
2. 
3.

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Check Lists:

Show Your Love Products

- [http://www2c.cdc.gov/podcasts/player.asp?f=8626880](http://www2c.cdc.gov/podcasts/player.asp?f=8626880)

**Health E-Cards**

Use these e-cards to get the word out to your partners and to the women of childbearing age you serve.

![Show Your Love: Baby](image1)
![Show Your Love: Family](image2)
![Show Your Love: Self](image3)
Implementation Toolkit
Newsletter

- Send an email to pchhcnews@gmail.com with Subscribe as the subject line. Or text PCHHC to 22828
- Archived available on beforeandbeyond.org – news section.
- We welcome ideas for stories and topics!
Clinical

Advancing women's health in the primary care setting.

Learn how to incorporate preconception health efficiently into routine well woman care.

Read Toolkit >

NEW Quality Family Planning Guidelines have recently been released by the Office of Population Affairs and the Centers for Disease Control and Prevention. Guidelines include recommendations for preconception health services for women and men. Click here to read more.

NEW Clinical Toolkit
Built on a woman's reproductive life plan, this toolkit provides clinical guidance for reaching every woman with preconception health services, every time she presents for routine care.
Engagement Welcome!

Email Sarah Verbiest at sarahv@med.unc.edu
or call 919-843-7865
Before and Beyond Pregnancy:
An Introduction to The National Preconception and Interconception Clinical Toolkit
(available at www.beforeandbeyond.org)

AMCHP Webinar
July 28, 2014
Merry-K. Moos, RN (FNP-inactive) MPH, FAAN
Consultant, UNC Center for Maternal and Infant Health
Co-Chair, Clinical Workgroup (CI-WG) of the
Preconception Health and Health Care Initiative

mkmoos@med.unc.edu
Objectives

At the end of this webinar you will be able to:

• Explain the rationale behind the creation of a National Preconception/Interconception Clinical Toolkit.
• Efficiently and effectively navigate through the toolkit
• Identify ways the toolkit can guide practice including integrating reproductive life planning into health care encounters.
Background


- Systematic review of the evidence in support of the clinical content of preconception care

- Reviewed > 80 topics using approach consistent with United States Preventive Services Task Force (USPSTF)

- Available at www.beforeandbeyond.org
Background

• Despite having an evidence base to guide clinical practice:
  – Providers were not moving recommendations into action.
  – Reasons included:
    • Don’t know how
    • Don’t have time
    • Don’t get reimbursed
    • Not important
    • Only pertains to women who are planning to get pregnant.
    • Lacked appreciation that less than 50% of pregnancies each year aren’t intended and thus are certainly not planned.
Background

• As the Clinical Workgroup of the PCHHC Initiative considered its next strategic plan, several influences came together:
  
  – Recognition that basic preventive care is, in fact, preconception care for those women who eventually conceive—either by choice or by chance.
  
  – Momentum for “every woman, every time” as a call for providing evidence-based preventive care to all women of childbearing potential as a gateway to higher levels of wellness whether pregnancy ever occurs or not;
“Every Woman—Every Time” is Opportunistic Care

- Takes advantage of all health care encounters to stress prevention opportunities throughout the lifespan.
- Recognizes that in almost all cases preconception wellness results in good health for women, irrespective of pregnancy intentions.
- Addresses conception and contraception choices at every encounter
- Involves all medical specialties—not only those directly involved in reproductive health
More Influences on Decision to Create a Toolkit

– Creation of the “Show Your Love” campaign by the PCHHC consumer work group which has the potential to result in women coming to health care visits expecting information their clinician are unprepared to offer;

– Momentum in helping women find their voices around their reproductive desires through formulation of personal reproductive life plans;

– ACA is projected to increase the numbers of women seeking and receiving routine primary care and it affords preconception health care;
More Influences on Decision to Create a Toolkit

- Existence of a website devoted to clinical aspects of preconception care
- Availability of some funds through the W.K. Kellogg Foundation to help defray some costs of creating a toolkit.
Our Goal

- Provide a resource that allows but does not require the clinician to “dig deep”.
- Provide education that weans them of needing to come to the site repeatedly.
- Help providers appreciate that a preconception/interconception orientation does not require a great deal of new emphases in their routine care.
What Is the Purpose of this Toolkit?

• This toolkit is designed to serve as a resource for primary care clinicians to incorporate efficient, evidence-based preconception and interconception messages and services into their routine preventive care.
Process of Toolkit Design

• “Steering Committee” comprised of Ob/Gyn and Family Medicine physicians, nurse midwives and nurse practitioners who, together, designed toolkit and created and vetted content based on best evidence.
• Field test with redesign based on feedback
• Tested new approach with focus groups and tweaks made
• Sent to designers who did an amazing job getting so much content into an easily navigable site
Background on Decisions Around Design of the Toolkit
The CI-WG did NOT want to

- Focus on high risk women, first, but rather on the majority of women.
  • Thus the toolkit is designed for primary care providers.
- Frame preconception health promotion as a new silo in women’s preventive health care.
  • Thus the toolkit is designed to underscore how the preventive content can be integrated into routine care— not “working harder” but instead “working smarter”.
- Create something that could quickly become out of date.
  • Thus this toolkit is 100% web-based allowing for quick updates as new evidence, guidance or resources become available.
- Slant the toolkit toward a specific group of primary care providers.
Who Is The Intended Audience?

Anyone involved in providing primary health care such as:

- Family practice clinicians
- Gynecologists
- Internists
- Nurse practitioners
- CNMs
- Physician assistants
- Registered nurses
- Office and clinical support staff

Reminder: The toolkit is not designed to meet the needs of specialists dealing with complex preconception and interconception care needs but it should serve to help primary care providers identify those women and refer to appropriate specialists.
The CI-WG DID want to

• Promote assessing a woman’s reproductive intentions for the next year as a way to maximize the efficiency of the visit.
• Therefore, clinicians are directed to ask each woman of childbearing potential a variant of the Oregon “One Key Question”©:
  – “Are you hoping (or would you like) to become pregnant in the next year?”
  – The reply will guide the provider in offering tailored care.
The CI-WG DID want to

- Underscore that the routine assessment parameters of primary care are also the routine considerations for preconception guidance
  - Family Planning Guidance
  - Nutritional status including nutrient intake and weight control
  - Infection disease assessment, treatment and immunization status
- Chronic disease assessment and management
- Medication exposures
- Substance use including legal, illegal and illicit drugs
- Previous reproductive history
- Family/genetic history and risks
- Mental health history and risks during and beyond pregnancy
- Interpersonal violence
Design Features of the Toolkit

• Designed to complement (not replace) the content of routine primary care preventive services.

• Provides guidance based on a woman’s reproductive life plan and desires for conception in the next year.

• Includes “At-Your-Fingertips” summaries to help the provider incorporate important emphases based on a woman’s plans and desires.
More Design Features

• For each of the 10 clinical topics the clinician can explore:
  – **Background information** (overview of the topic)
  – **Clinical guidance** (specific guidance—in many instances such as infectious disease and chronic diseases the guidance is provided by specific condition)
  – **Clinical tools** (a *sampling* of tools to help provide recommendations)
  – **Patient resources** (a *sampling* of web resources to direct patients to)
  – **References** (bibliography)
NEW Quality Family Planning Guidelines have recently been released by the Office of Population Affairs and the Centers for Disease Control and Prevention. Guidelines include recommendations for preconception health services for women and men. Click here to read more.

NEW Clinical Toolkit
Built on a woman’s reproductive life plan, this toolkit provides clinical guidance for reaching every woman with preconception and interconception health services, every time she presents for routine care.
Tool Kit

The National Preconception / Interconception Care Clinical toolkit was designed to help primary care providers, their colleagues and their practices incorporate preconception health into the routine care of women of childbearing age.

The tool kit is designed to help primary care providers meet their patient’s needs based on the response to this “vital sign” question: “Are you hoping to become pregnant in the next year?” Her answer will allow you and your colleagues to individualize her primary care to best meet her overall and reproductive health needs.

The goal of the toolkit is to help clinicians reach every woman who might someday become pregnant every time she presents for routine primary care with efficient, evidence-based strategies and resources to help her achieve:

• better short and long term personal health outcomes,
• increased likelihood that any pregnancies in her future are by choice rather than chance.
• decreased likelihood of complications if she does become pregnant in the future.

The toolkit is meant to be used as a reference or as an educational tool. Once you and your associates become familiar with the recommendations there will be little need to revisit on a daily or weekly basis. As recommendations change, however, the toolkit will be updated so that you can plan to revisit periodically. This toolkit is appropriate for use with women who recently had a baby or are part of providing comprehensive interconception care.
If a woman (couple) desires pregnancy in the next year, she is likely to need:

- Extra emphasis on preconception/interconception content in her routine preventive visit.

By pushing the green (radio) button, the clinician is directed to specific recommendations for each of the 10 components of primary care.
Query about Pregnancy Intentions finds that: Woman/Couple At-Risk or Ambivalent about Pregnancy

If a woman (couple) is at risk or ambivalent about pregnancy in the next year, she is likely to need:

– Some preconception/interconception content (she is at high risk for an unintended pregnancy).

– Extra emphasis on family planning and encouragement to deliberately consider her short and long term pregnancy desires.

By pushing the orange (radio) button, the clinician is directed to specific recommendations for each of the 10 components of primary care.
If a woman (couple) do not desire pregnancy in the next year, she is likely to need:

- Routine preventive care and encouragement to seek additional care if her plans about becoming pregnant change.

By pushing the red (radio) button, the clinician is directed to specific recommendations for each of the 10 components of primary care.
What Happens After Pushing the Button that Corresponds to Woman’s Pregnancy Desires

Under each button the provider can choose to:

1) Review all of the content available by primary care component to guide the clinician, the practice and the patient in achieving their goals:
   – background information,
   – clinical guidance,
   – clinical tools,
   – patient resources and
   – references
What Happens After Pushing the Button that Corresponds to Woman’s Pregnancy Desires

2) Read only the *Clinical Guidance* section for one or more specific components of care (e.g. nutrition, chronic diseases, family planning) to get detailed guidance for addressing a woman’s specific needs and risks.

3) Utilize the “At-Your-Fingertips” document which provides a summary of all the general guidance recommended for a woman based on her desires and risks for pregnancy in the next year.
   – This document can be downloaded as a pdf and printed.
Clicking on the Radio Button that Corresponds with the Woman’s Desires and Likelihood of Pregnancy Provides Access to Relevant Patient Care Guidance

Desires Pregnancy

• At your fingertips
• Family Planning and Contraception
• Nutrition
• Infectious Disease and Immunization
• Chronic disease
• Medication Use
• Substance use
• Previous pregnancy Outcomes
• Genetic History
• Mental Health History
• Interpersonal Violence
Each of the 10 clinical topics is organized so you can dig as deep as you want—simply by choosing the desired tab(s) and clicking on the radio buttons.

- **Desires Pregnancy** → **Chronic Disease**
When Specific Diseases Are of Interest
the Clinical Guidance Buttons Organize Content Alphabetically
(e.g. chronic and infectious diseases)

<table>
<thead>
<tr>
<th>Diagnosis (in alphabetical order):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
</tr>
<tr>
<td>Autoimmune Disorders (e.g. Lupus)</td>
</tr>
<tr>
<td>Clotting Disorders</td>
</tr>
<tr>
<td>Diabetes Mellitus</td>
</tr>
<tr>
<td>HIV Infection</td>
</tr>
</tbody>
</table>
The Toolkit is Designed So Users Can Easily Track Where They Are

The next slide provides an example: you are exploring the preconception significance of nutrition for a woman at risk of an unintended pregnancy.
At Risk/Unsure: Nutrition

<table>
<thead>
<tr>
<th>Background</th>
<th>Clinical Guidance</th>
<th>Clinical Tools</th>
<th>Patient Resources</th>
<th>References</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Scope of Problem</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Preconception Significance</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- A woman’s nutritional status including her BMI and her intake of individual nutrients are important influences on pregnancy outcomes including:
  - Fertility
  - Birth defects
  - Low birth weight and preterm delivery
  - Maternal complications such as gestational diabetes and gestational hypertension
  - Operative births
- Nutrients important to the prevention of birth defects, such as folate, are not protective following the period of organogenesis (17-56 days after conception); thus, prevention strategies must be in place before conception.
To Help the Busy Clinician and Practice

- **At Your Fingertips** is available that summarizes the guidance based on a woman’s pregnancy desires and risks.
- *This document is also available as a reformatted, easily readable pdf for the clinician to print so it is truly “At Your Fingertips”*
National Preconception Clinical Toolkit: Advancing Women’s Health Before, Between and Beyond Childbearing

Preconception Health Promotion at Your Fingertips: Summary of Key Guidance for Woman Who Desires Pregnancy in Next Year

(Full guidance, background information and resources for each component provided in National Preconception Clinical Toolkit)

<table>
<thead>
<tr>
<th>Component of Care</th>
<th>Key Questions/Assessments</th>
<th>Key Recommendations/Patient Education Supports</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Family Planning Guidance</td>
<td>Do you hope to become pregnant in the next year? (If woman indicates “yes”)</td>
<td>• Based on desires regarding timing of pregnancy and issues you and patient agree should be addressed prior to conception, provide appropriate contraceptive guidance;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• If relevant, educate about safest interconceptional lengths (18-59 months).</td>
</tr>
<tr>
<td>• Nutrition Status</td>
<td>BMI</td>
<td>• Counsel about advantages of achieving weight as close as possible to ideal BMI (18.5-24.9) and specific risks of underweight, obesity to future pregnancies;</td>
</tr>
<tr>
<td></td>
<td>Assess use of Folic Acid and other nutritional supplementation</td>
<td>• Recommend a varied and balanced diet and a multivitamin with at least 400 mcg folic acid for daily use (even if pregnancy plans change);</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Refer to detailed guidance for specific nutrients and nutrition related disorders under Nutrition tab in full Clinical Toolkit.</td>
</tr>
<tr>
<td>• Infectious Disease Status and Immunizations</td>
<td>Review immunization status</td>
<td>• Offer Hepatitis B, HPV, Rubella and Varicella immunizations, as indicated (if administer live vaccines, caution against conception for appropriate interval);</td>
</tr>
<tr>
<td></td>
<td>Assess risks for: at a minimum, influenza, Hepatitis B, rubella, varicella, tuberculosis, HIV, HPV</td>
<td>• Test for infectious diseases listed on left, as indicated and provide counseling on risk reduction behaviors.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Refer to detailed guidance for specific diseases under Infectious Disease tab in full Clinical Toolkit.</td>
</tr>
<tr>
<td>• Chronic Diseases</td>
<td>Review patient history for evidence of chronic disease (e.g. hypertension, diabetes, seizure disorder, etc.)</td>
<td>• Educate woman on implications of the disease on her own health should she conceive and on her pregnancy outcomes;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Evaluate target organs affected by disease (e.g. kidneys in diabetes);</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Strive for optimal control with fewest/safest</td>
</tr>
</tbody>
</table>
As the preconception health initiative has gained momentum, primary care providers have repeatedly said they wanted to help make a difference but are unsure of what to do. . .

This toolkit was created to help clinicians realize that it won’t take many changes to their current care to polish the prevention components of their care to meet the preconception and interconception needs of the women in their practices who are of childbearing age and might become pregnant at some point in their futures.
What Impact Might the Toolkit Have?

• Hypothesis:
  • “Tweaking” routine primary care services slightly will result in more women receiving the information they need to make informed decisions about their own health and the health of any future pregnancies.
Potential Outcomes

- Positive impact on intendedness rates.
- Improved general health of woman.
- Improved health status and protective behaviors of women when they present for first prenatal visit (e.g. taking folic acid; on drug regimen for chronic diseases with fewest adverse effects on embryo/fetus, etc.)
- Innovations in practice which underscore the importance of prevention (e.g. engagement of non-clinicians)
- Focus acceptable to women, practices and clinicians
Next Steps

- Disseminate toolkit
- Encourage people to “play with it” to appreciate what it is and what it is not. Go to www.beforeandbeyond.org to start
- Continue to refine and enrich its content
- Find funding to evaluate its impact
It Took A Village to Create This Toolkit

- Special acknowledgement is deserved for:
  - Members of the Clinical Work Group and especially the Steering Committee comprised of very busy and active clinicians who wrote the content.
  - W.K. Kellogg
  - The UNC Center for Maternal and Infant Health
  - SUMA Social Marketing for affording the focus groups
  - AMCHP for sponsoring this webinar.
If You Want to Learn More About the Link Between Primary Care and Reproductive Outcomes

- To learn more about the rationale and opportunities of preconception and interconception care, take the free CME course on the website Before and Beyond titled “Preconception Care: What It Is and What It Isn’t” (www.beforeandbeyond.org → CE Modules).

- To learn more about how the prevention emphases within primary care naturally intersect with preconception health promotion, take the free CME course on Before and Beyond titled “Every Woman, Every Time: Integrating Preconception Health Promotion into Primary Care” (www.beforeandbeyond.org → CE Modules)
• Please continue to submit your questions throughout the Q&A portion
• To submit questions, type your question in the chat box at the lower left-hand side of your screen.
  – Be sure to include to which presenter(s) you are addressing your question.
Thank you!