



# AMCHP Case Study

Association of Maternal & Child Health Programs

## IMPLEMENTING PRECONCEPTION HEALTH & HEALTH CARE: A California Case Study

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### INTRODUCTION

Improving women's health before pregnancy can result in improved pregnancy outcomes for women and infants. Preconception care aims to promote the health of women of reproductive age before conception in order to improve pregnancy-related outcomes.<sup>i</sup> Many states are integrating and implementing programs to address and improve preconception health and health care. State Title V agencies play an important leadership role in moving programs and policies towards a focus on preconception care. The Maternal, Child and Adolescent Health (MCAH) Division of the California Department of Public Health's (CDPH) has adopted innovative approaches to preconception health and health care that implement many of the recommendations set forth by the Centers for Disease Control and Prevention (CDC) in 2005.<sup>ii</sup>

### The Preconception Care Council of California

Starting in the early 1990's, the March of Dimes (MOD) California Chapter began discussing the need to address preconception health and health care and, between 1998 and 2003, collaborated with Sutter Medical Center Sacramento to develop and distribute *Every Woman, Every Time*, a provider education packet about preconception health promotion. Building on these efforts and the Preconception Care recommendations from the CDC Select Panel on Preconception Care, the MOD collaborated with leadership from the MCAH Division to convene the Preconception Care Council of California (PCCC and Council) in May of 2006. The PCCC is now a statewide forum for planning and decision-making on the integration, development and promotion of optimal health before pregnancy. The Council is composed of representatives from local and state-wide organizations and programs that are stakeholders in the development of preconception care services in California. The Council has also benefited from the participation and guidance of CDC staff since its inception. MCAH's commitment to supporting a preconception care approach to programs and policies is evident through the recent establishment of a Preconception Health Coordinator position. This position is helping to institutionalize California's ongoing commitment to this initiative.<sup>iii</sup>

### California State Title V Priority

California state programs and activities that aim to improve preconception health and health care were informed in part by the prevalence of pertinent health risks and conditions for California women of reproductive age. Some of the preconception health indicators for women ages 18-44 include unintended pregnancy, smoking, alcohol consumption, mental health, intimate partner physical violence, overweight and obesity, and diabetes. One of California's Title V state priority needs for 2006-2010 is to enhance preconception care and work toward eliminating disparities in infant and maternal morbidity and mortality. National and state performance measures (NPM and SPM) related to this priority need include:

- ▶ NPM 01 (The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition[s] mandated by their state-sponsored newborn screening programs);
- ▶ NPM 15 (Percentage of women who smoke in the last three months of pregnancy);
- ▶ NPM 17 (Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates);
- ▶ NPM 18 (Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester); and
- ▶ SPM 06 (The incidence of neural tube defects [NTDs] per 10,000 live births plus fetal deaths among counties participating in the California Birth Defects Monitoring System).<sup>iv</sup>



*"The success of our work here in California is due in large part to the integration of national, state and local interests and strategies through the Preconception Care Council. The Council serves as a sort of hub for preconception health and health care promotion in the state where members can connect the work they are doing to other statewide and local activities through the sharing of best practices and the provision of guidance and technical assistance. Members also contribute their experience and ideas to the MCAH Division's strategic planning process which results in state-wide efforts that are both connected to and informed by what is going on at the local level. It makes for a unified and well-coordinated effort with the capacity to improve the health and wellbeing of women and families throughout California."*

– Kiko Malin, MCAH's Preconception Health Coordinator

Comprehensive recommendations based on the workgroup's plans will inform the preconception activities outlined in the State MCAH Programs Title V implementation plan.

In October 2007, the Council collaborated with the CDC, MOD and MCAH Division to organize the Second National Summit on Preconception Health and Health Care held in Oakland, California. The Summit was attended by 600 people from across the country and internationally. More than 20 California preconception health projects were highlighted during the Summit.<sup>v</sup>

### Every Woman, Every Time Project

The *Every Woman, Every Time Project* was initiated in 1997 through a partnership between Sutter Medical Center Sacramento and the March of Dimes, California Chapter. The American College of Obstetricians and Gynecologists (ACOG), the California Academy of Family Physicians and the UCSF Center for Health Policy Studies were also key partners in this effort and continue to be involved with the PCCC. A meta-analysis of the preconception care literature was conducted and served as a foundation for a comprehensive provider education packet. Key components of the packet were an executive summary of the literature review, featuring the rationale for providing preconception care and a description of the essential elements of care; patient education materials in English and Spanish; and instructions for billing for preconception care. Patient education handout topics included: smoking cessation, medical conditions and genetic counseling, domestic violence, folic acid use, diabetes control, infections and immunizations, and healthy lifestyle choices (diet, exercise, alcohol and drugs). In addition to the packet, clinical information has been disseminated via the Internet, regional conferences, DVD and audio presentations.<sup>vi</sup>

The *Every Woman, Every Time* materials were distributed across the country by the National Birth Defects Prevention Network in January 2006 and are currently available for download on the March of Dimes California Chapter website: [http://www.marchofdimes.com/california/4949\\_8258.asp](http://www.marchofdimes.com/california/4949_8258.asp) More than 9,000 packets have been distributed statewide. An evaluation found that among 187 providers responding, 75 percent indicated the information was very useful, 80 percent said they would distribute materials to patients, and 72 percent said they would use the billing codes provided.<sup>vii</sup> Other states are adapting materials from California's provider/patient resource packet for their own use. Plans are currently in place to update the resource packet.

### Preconception Care Council of California Activities

The PCCC is working to integrate consistent and clear guidelines on preconception health and health care for health care providers as well as health promotion messages for the general public. The MCAH Division understands the importance of developing and implementing preconception care policies that are compatible with state, regional and national initiatives. Integrating preconception care initiatives and patient education programs among primary care services, family planning services, and pregnancy care services is a primary strategy for the MCAH Division because each of those clinical care sites may be utilized by the same individual woman, but at different times in her life.

Following the example set by the CDC, the Council members formed three statewide work-groups in late 2006: Clinical/Research; Public Health/Consumer; and Finance/Policy to collaborate on activities including:

- 1) Developing provider education tools that can be accessed through a statewide preconception health website and exploring the possibility of local pilot research projects;
- 2) Clarifying the role that existing MCAH programs play in preconception health promotion and developing curricula and messaging to support and expand upon these efforts in collaboration with the local health jurisdictions; and
- 3) Educating the legislature about preconception care and developing recommendations for the integration of preconception and interconception health care services into proposed health care reform packages.



### Local Initiatives

The Maternal, Child and Adolescent Health Division is also implementing numerous preconception care activities through the local MCAH health jurisdictions. Examples include:

- ▶ The Los Angeles Collaborative to Promote Preconception/Interconception Care, is comprised of Los Angeles County MCAH Programs (LA MCAH), LA Best Babies Network (LABBN), and the local chapter of the March of Dimes (MOD). The LA County Collaborative is serving in a leadership role to implement and monitor the success of various preconception/interconception care models including 1) convening a policy roundtable to discuss financing of care for women at highest risk; 2) developing a Care Quality Framework; 3) providing case management for the highest risk women who have had an adverse birth outcome; 4) providing funding for prevention interventions; 5) surveying family needs and challenges to accessing interconception care; 6) promoting pregnancy and family friendly policies for employers; 7) implementing an evaluation framework that demonstrates the health and cost benefits of providing preconception/interconception care, as well as the elements critical for replication in other areas. This effort is largely supported by First 5 LA Healthy Births Initiative (\$28 million) and LA MCAH.
- ▶ Los Angeles and Sonoma Counties participated in the AMCHP, CityMatCH, and CDC-supported Healthy Women's Weight Collaborative. The goals of this initiative were to integrate information about healthy weight for women into existing programs via communication tools and strategies, worksite wellness, community-based programs and leadership development (L.A. County); and increase healthy weight promotion by medical professionals and improve access to nutritious food and physical activity opportunities for Latinas ages 13-21 (Sonoma County). These were co-facilitated by the state MCAH Division nutritionist.
- ▶ Contra Costa County's Initiative focuses on the Life Course Model developed by Dr. Michael Lu, et al. The model suggests that a complex interplay of biological, as well as eleven behavioral, psychological and social protective and risk factors contribute to health outcomes across the span of a person's life. The Contra Costa Maternal and

Child Health staff is incorporating this philosophy into their MCAH programs such as the Black Infant Health Program and Comprehensive Perinatal Services Program and collaborates with other county and community agencies to improve the health and socioeconomic status of the community.

### Future Activities in Preconception Health and Health Care

To quantify the impact of preconception health status on perinatal outcomes, the State MCAH Division is conducting a study examining the association of preconception hospitalizations during 2000-2002, on subsequent pregnancy and birth outcomes among women 15-44 years of age in California who delivered in 2003. This study will 1) identify major causes of hospitalization for the study population; 2) identify maternal and infant health outcomes among women who were hospitalized for these major causes; and 3) compare maternal and infant health outcomes among women who were hospitalized during the three years prior to infant birth with women who were not hospitalized.

The MCAH Division is also exploring the possibility of adding new questions to its version of the Pregnancy Risk Assessment Monitoring System (PRAMS)—the Maternal and Infant Health Survey (MIHA)—and the California Women's Health Survey (CWHS), which both provide data for measuring Title V performance measures. A report published in October 2007 (Preconception Health: Selected Measures, California, 2005) will serve as a baseline.<sup>viii</sup>

Future activities of the PCCC for 2009-2010 include: 1) forming a collaborative to create clinical guidelines for optimizing the postpartum visit as a first step in ensuring better interconception health; 2) developing strategies and policies to provide both providers and consumers with incentives for the postpartum visit; and 3) launching a comprehensive website which will serve as a clearinghouse for preconception health information and a networking source for health care professionals working on preconception health issues across the state.

California has brought together a variety of partners and stakeholders to improve preconception health and health care at the state and local level. Progress in achieving California's preconception health and health care Title V priority goal will be tracked through the national and state performance measures. Progress made in applying the strategies and meeting the objectives will be outlined in the Title V implementation plan.



The PCCC's implementation plan strategies will continue to provide a framework for addressing MCAH needs and assist the MCAH Division in policy and program planning for the future. Using a multidimensional approach, the PCCC is working with state agencies, partners, providers, community programs and public education and messaging to improve the health and well-being of women and infants.

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