A Comprehensive, Holistic Approach to Reproductive Health: Join the Effort

Delaware Healthy Mothers & Infants Coalition Summit

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OBJECTIVES

- Discuss the nine new clinical measures for preconception wellness and share key national PCHHC resources
- Discuss current strategies for consumer engagement nationally and in Delaware
- Acquire new understanding for integrating preconception health, life planning, life course theory, & reproductive equity
- Consider strategies for catalyzing a new movement
All women and men of reproductive age will achieve optimal health and wellness, fostering a healthy life course for them and any children they may have.
MATERNAL & INFANT MORTALITY ARE A SOCIAL BAROMETER WITH AN INTERGENERATIONAL IMPACT
The Life Course Model

Optimal Life Trajectory

Life Trajectory Affected by Inequity

Cumulative Pathways

Preconception Health & Health Care Initiative
A National Public-Private Partnership

Before, Between & Beyond Pregnancy
HEALTH EQUITY IS...

Achieved when all people have the opportunity to attain their full health potential regardless of their race/ethnicity, income, education or other social circumstances.

Consider decreasing the barriers that young adults of color face in being well and determining their life plans.
EQUITY DOESN’T MEAN EQUAL
When all people have the social, political and economic power and resources to make healthy decisions about their gender, bodies, sexuality and families for themselves and their communities.

Recognizes that all individuals are part of families and communities and that our strategies must lift up entire communities in order to support individuals.

Asian Communities for Reproductive Justice
If not now, when?
QUALITY HEALTH CARE FOR ALL
PRECONCEPTION HEALTH CARE

- Momentum for “every woman, every time” as a call for providing evidence-based preventive care to all women (and men) of childbearing potential as a gateway to higher levels of wellness, whether or not pregnancy ever occurs.

- Screening around pregnancy intention is essential for both well woman AND acute care, including hospital discharge.

- Increase the capacity of health care providers and systems to integrate and monitor PCC services through routine preventive, primary, and specialty care.
**CURRENT QUALITY MEASURES**

- Focused on chronic disease management and preventive service delivery, e.g.
  - Immunizations (influenza, pneumococcal)
  - BMI assessment and dietary counselling
  - Tobacco screening and counselling
  - HTN, diabetes, CHF evidence based screens, management, and target goals
  - Colon, breast, cervical cancer screening
- But none focus on reproductive age women as a special group
CURRENT QUALITY MEASURES

- Focused on Electronic Health Record (EHR) meaningful use, e.g.
  - Electronic prescribing
  - Patient registries
  - Patient portal communication
  - Medication reconciliation
- Focused on patient satisfaction and shared decision making
CURRENT QUALITY MEASURES

- For pregnancy outcomes...
  - Prenatal care (access, 17-P, STI screening)
  - Intrapartum management (no elective deliveries <39 weeks, hemorrhage, NTSV rates)
  - Birth outcomes (Apgar, prematurity, BW, neonatal and infant mortality, maternal morbidity and mortality)
CURRENT QUALITY MEASURES

For preconception care...

Actually, there are! Just not being addressed in this way....

   Good PCC starts with good women’s health...

• Immunizations, BMI, depression screening, tobacco, STI screening, diabetes management...
**PRECONCEPTION CARE VS. PRECONCEPTION WELLNESS**

- **Preconception wellness** is the state of a woman’s health at the time of conception.

- **Preconception care** is the care provided to promote and achieve preconception wellness.

- Preconception care is provided in multiple settings across clinical and public health sectors.
  - *Thus it is difficult to measure and difficult to hold any one group/domain accountable!*
Women are not achieving a high level of PC wellness

An intermediate measure of a woman’s “preconception wellness” upon entering pregnancy would serve as a surrogate marker of the state of preconception care in the community – this could drive decisions on processes, programs, and quality improvement.
CLINICAL WORKGROUP CONSENSUS PANEL

- Broad expert representation (MFM, FM, OB-GYN, CNM, Public Health, Nursing)
- Reviewed available evidence based PCC recommendations
- Current quality measure crosswalk
- Current electronic health record (EHR) collection practices and abilities
- Feasibility and reliability of collecting and reporting data through the EHR
- Impact for improving perinatal outcomes
- Published in *Obstetrics & Gynecology* online last week
CLINICAL MEASURES FOR PRECONCEPTION WELLNESS

- Intended/planned to become pregnant
- Entered prenatal care in the 1st trimester
- Daily folic acid/multivitamin consumption
- Tobacco free
- Not depressed (mentally well / under treatment)
- Healthy BMI
- Free of sexually transmitted infections
- Optimal blood sugar control
- Medications (if any) are not teratogenic

No single measure alone is sufficient to describe “preconception wellness”

But taken in aggregate can be a marker of wellness and receipt of quality preconception care

Current Quality Measure
WOMEN'S HEALTH

CLINIC BASED DELIVERY OF HEALTH CARE

MEDICAL SYSTEM

PUBLIC HEALTH and COMMUNITY EFFORTS

SOCIAL DETERMINANTS OF HEALTH

SELF ACTIVATION

INFLUENCES ON HEALTH & WELL-BEING

WELL WOMAN & PRECONCEPTION CARE

INTERVENTIONS

Examples of Measures:
Chronic Disease Control
Preventive Health Care

PREGNANCY

INTERVENTIONS

PREGNATAL CARE

Examples of Measures:
Infant Mortality
Maternal Mortality
Preterm Birth Rate
Elective Delivery < 39 weeks

BIRTH

INTERVENTIONS

WELL WOMAN & INTERCONCEPTION CARE

INDICATORS/MEASURES OF PRECONCEPTION WELLNESS

intended pregnancy

prenatal care in the 1st trimester

not using tobacco

folate for at least 3 months prior to conception

not depressed

BMI >18 and <30

no STIs

Hgb A1C <6.5%

no teratogenic meds

A National Public-Private Partnership

& Beyond Pregnancy
NEW With funding from the Centers for Disease Control and Prevention’s Division of Reproductive Health, the Association of Maternal and Child Health Programs presents a two-part webinar on Obesity/Overweight and Preconception Health. For more information and to view these archived webinars, click here.

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.
The National Preconception 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 patients' needs based on their 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:

- healthier short and long term personal health outcomes,
- increased likelihood that any pregnancies in her future are by choice rather than chance,
- and, if she does become pregnant, that her pregnancy and her infant(s) have the lowest likelihood of problems.
At Risk / Unsure

- At Your Fingertips
- Family Planning and Contraception
- Nutrition
- Infectious Disease and Immunizations
- Chronic Disease
- Medication Use
- Substance Use
- Previous Pregnancy Outcomes
- Genetic History
- Mental Health History
- Intimate Partner Violence
# Preconception Health Promotion at Your Fingertips:

## Summary of Key Guidance for Woman Who Does NOT Desire 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?</td>
<td>- Encourage the woman to consider whether she wants any or any more children and, if so, when she hopes to become pregnant (Reproductive Life Plan).</td>
</tr>
<tr>
<td></td>
<td>Assess whether the woman has a Reproductive Life Plan by asking:</td>
<td>- Offer contraceptive counseling (considering CDC MEC if medical conditions are present) consistent with the woman’s Reproductive Life Plan, preferences, and medical conditions/contraindications.</td>
</tr>
<tr>
<td></td>
<td>- Are you hoping to have any (more) children in the future?</td>
<td>- If relevant, educate about fertility issues with advancing maternal age.</td>
</tr>
<tr>
<td></td>
<td>- If so, have you thought about how many you would like and how soon you would like to have them?</td>
<td>- If relevant, educate about safest interconceptional lengths (18-59 months).</td>
</tr>
<tr>
<td></td>
<td>- What are your plans for avoiding a pregnancy until you want to conceive?</td>
<td>- Refer to detailed guidance for strategies to encourage higher level of intendedness under Family Planning tab in full Clinical Toolkit.</td>
</tr>
<tr>
<td>Nutrition Status</td>
<td>Body Mass Index (BMI)</td>
<td>- Counsel about advantages of achieving weight as close as possible to the ideal BMI (18.5-24.9) for own health.</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.</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>
</tbody>
</table>
ONE KEY QUESTION

Would you like to become pregnant in the next year?

- **If YES:** Focus on maximizing preconception health and reducing risks
- **If NO:** Focus on contraception to reduce unintended pregnancy and general preventive health
- **If Unsure:** Focus on preconception health and risk reduction and reproductive life planning
REPRODUCTIVE LIFE PLANNING CONTINUUM

Opportunistic Triage of Risk

- Reproductive Action Plan NOW
- Reproductive Plan (1-2 years)
- Life Plan (Includes Reproduction)
MUST CONSIDER...

- Implicit Bias
- Patient-Provider Communication
- Review Data by Race/Ethnicity
FACILITATE CHANGE THROUGH CRUCIAL CONVERSATIONS & LISTENING SESSIONS
What are we doing to actively disassemble processes that feed inequity in our own institutions?

Hogan et al.
1. Zika Virus Outbreak:
Encouraged women to abstain from intercourse, avoid getting pregnant

2. CDC Recommendations on Alcohol Consumption for Women of Reproductive Age:
Advised women to stop drinking IF she is trying to become pregnant or recommend birth control
CDC ALCOHOL RECOMMENDATIONS: BACKLASH
ZIKA VIRUS: REPRODUCTIVE JUSTICE ISSUE

The Three Letter Word Missing From the Zika Virus Warnings

Once again, the burden of sexual and reproductive accounted falls squarely (and solely) on women.

The Zika Virus Is a Matter of Reproductive Injustice

by Beatriz Galo, Iapas
February 3, 2016 - 4:17 pm

Read more of our articles on the Zika virus here.

The governments of many Latin American and Caribbean countries are responding to outbreaks of the Zika virus that appear to be linked to high rates of microcephaly, when a baby's head does not develop fully. Among other actions, officials of Brazil and other nations have publicly called for women to avoid getting

Zika highlights lack of access to contraception, abortion in Latin America

The Zika outbreak spreading throughout Latin American and the Caribbean is shining light on what women's health advocates call an equally important public health crisis: the lack of contraception and basic maternity care in much of the region.

Last week, the government of El Salvador advised women to postpone pregnancy for two years to reduce the risk of serious birth defects linked to the Zika virus, which has spread to 25 countries and territories in Latin America. The virus is associated with microcephaly, a birth defect in which babies are born with abnormally small heads and often suffer from intellectual disabilities.

“They are making these recommendations, as if this is something that is always a woman’s choice,” said Alejandra Colom, who works in Guatemala for the Population Council, which studies family planning. “These decisions are not necessarily in the hands of women.”

USA TODAY: Health officials downplay risks for Zika virus during Rio Olympics

The New York Times

Zika is a reproductive rights issue

USA TODAY

USA TODAY

The New York Times

Zika is a reproductive rights issue

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ENGAGED COMMUNITIES / ACTIVATED CONSUMERS
Preconception Health Strides in DE

- DEThrives.com
- Man Up Plan Up
- PPE’s and Health Ambassadors
- Preconception Nurse Educator
- New website coming soon!
SHOW YOUR LOVE CORE CONSTRUCTS

- 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
CHECK LISTS AND RESOURCES

- Planned pregnancy
- Eat Healthy
- Be Active
- Take folic acid
- Avoid STIs
- Mental wellness
- Reduce alcohol use
- Regular check ups
- Avoid harmful chemicals
- Manage health conditions
- Stop smoking
- Get vaccinations
- Stop partner violence
- Avoid street drugs
HOW, WHY, AND WHEN TO TALK TO YOUR DOCTOR

Get what you need out of this critical check-up

Find Out More

Show love to yourself, your friends and your family
Share tips and tools to stay healthy and well

Find Out More
JOIN THE LOVE!

Coming soon from The National Preconception Health & Health Care Initiative

Show Your Love Preconception Health
HEALTH RESOURCE & SOCIAL CAMPAIGN

TWITTER: @SYL_TODAY #SHOWYOURLOVETODAY
FACEBOOK.COM/SHOWYOURLOVETODAY

www.ShowYourLoveToday.com
WITHIN & BEYOND PUBLIC HEALTH THAT SUPPORT PRECONCEPTION HEALTH, REPRODUCTIVE EQUITY & LIFE PLANNING
Provided series of trainings and technical assistance to community agencies that work with boys and young men

- Sherriff’s Office, juvenile justice, local churches, middle and high school

Training topics included: Male health needs, contraception and STIs, RLP, parenting, and communication and conflict resolution skills
NEW STUDY

Tell us your story

What affects your ability to be healthy and get health care?

share @ wellwomanstory.org
844.221.1893

Research project of UIC and CityMatCH
Funded by the W.K. Kellogg Foundation

Preconception Health + Health Care Initiative
A National Public-Private Partnership

Before, Between & Beyond Pregnancy
MAGNOLIA CLINIC
JACKSONVILLE, FL

- Women’s Health Services
- Clinical Care
- Home Visitation
- Case Management & Outreach
- Reproductive Life Planning
- Health Education
- Mental Wellness
- Fatherhood
- Group Education
- Community Leadership Program

What is The Magnolia Project?
The Magnolia Project is a special Healthy Start initiative to improve the health and wellness of women during their childbearing years. The Magnolia Project offers services to women living in Jacksonville zip codes 32201, 32204, 32205, 32206, 32207, 32209 and 32254.

Our mission is to improve the health and wellbeing of women during their childbearing years by empowering communities to address medical, financial, cultural and social service needs.

Who is eligible?
Women living in Jacksonville:
- Between the ages of 15 & 44
- In zip codes 32202, 32204, 32205, 32206, 32207, 32209 and 32254
- Pregnant or able to get pregnant

Services Available
- Low-cost women’s health exams
- Pregnancy testing
- Preventive care
- Family planning / Birth control
- EARLC Long Acting reversible contraception
- Counseling and support services

Location
1200 North Pearl Street
Jacksonville, FL 32202
Phone: 904.353.2130 Fax: 904.353.2131
www.magnoliaproject.org

Clinic Hours
First Monday: 10:00 a.m. - 4:00 p.m.
Second Monday: 9:00 a.m. - 6:00 p.m.
Tuesday-Thursday: 8:00 a.m. - 5:00 p.m.
Friday: 8:00 a.m. - 12:00 noon

A Federal Healthy Start Initiative
Project: #2H4MC0003S-14-00

Partners:
Northeast Florida Healthy Start Coalition
Florida Department of Health - Duval
UNF Center for Community Initiatives

Who is eligible?
Women being served:
- Between the ages of 15 & 44
- In zip codes 32202, 32204, 32205, 32206, 32207, 32209 and 32254
- Pregnant or able to get pregnant

Financial Eligibility
- Health insurance is accepted. Anyone without health coverage will have a financial evaluation to determine eligibility.
- Fees may be based on a sliding scale for anyone with no insurance coverage.
- Please bring the following to your Financial Eligibility appointment:
  - Picture ID
  - Social Security Card
  - Proof of Income Status
- No income - letter from person/poor

Preconception Health + Health Care Initiative
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Before, Between & Beyond Pregnancy
The pamphlet “Show Your Love! Steps to a Healthier Me!” is distributed to all women that came to Magnolia for a clinic visit.

During their clinic visit, each participant meets with the health educator and reviews the completed questionnaire on the pamphlet.

At her next clinic appointment, each participant reviews or adjusts her previously set goals with the health educator.
ACHIEVEMENTS

- Free multivitamins to all women coming for well woman or family planning care
- Reproductive life plan established as a vital sign
- Show Your Love checklist used as part of patient-centered care
  - Comprehensive services and case management available to help a woman implement her plan
- Women can receive family planning and primary care services in the same visit
- Exploring ways to provide information to friends and family in the waiting room
LESSONS LEARNED

- Simple quality improvement approach can achieve quick and meaningful results in PCC delivery!
- Educational buy-in from all members of the staff is key
- Ingrained process barriers may have simple solutions
- The value of patient engagement on interventions
- Most common patient goals/needs are social
  - Weight management, healthy eating
  - Housing, job, car
  - Relationships, empowerments, stressors
EDUCATE & ENGAGE ON LOCAL AND NATIONAL ISSUES THAT IMPACT THE SOCIAL DETERMINANTS OF HEALTH
Wow, You Did All THAT in 2015?!?

Together we achieved historic wins for families, from fair pay and paid sick days to affordable health coverage and gun safety.

Read here

What is MomsRising?

MomsRising is a network of people just like you, united by the goal of building a more family-friendly America. Learn More About Us »
As members of the UNC-CH School of Social Work community, we hereby denounce HB2 because it is contrary to our mission and values we seek to practice. We embrace our ethical mandates to respect the dignity and worth of all people, to combat oppression in all its forms, and to fight for social justice.

We stand in unity with all of the people in North Carolina that HB2 harms, including but not limited to, transgender and gender nonconforming people, and other members of the LGBTQ+ community; people of color; people living in poverty; people with disabilities; older adults; and veterans.

We agree with the Rev. William J. Barber II, who has stated that, “We cannot be silent in the face of this race-based, class-based, homophobic, and transphobic attack on wage earners, civil rights, and the LGBTQ community.”
A FEW LAST RESOURCES
PCHHC PURPOSE

- Public-Private Partnership: 70+ federal, national, state, and local agencies
- Foster connection & push momentum
- Multiply local impact through national collaborative efforts
- Support development of key PCC resources, science, policy, surveillance and messaging
THE NATIONAL INITIATIVE: A MULTI-FACETED APPROACH
Smaller set of state based indicators is needed to monitor improvements in preconception health and receipt of preconception care, evaluate the effectiveness of preconception health programs, and assess the need for new programs.

Foundation for national and state report cards, annual reporting, comparisons, attention

45 Indicators currently under review
CDC Preconception Indicators Workgroup

1. Identify and Define Problem
2. Define Exclusion Criteria
3. Agree on list of Indicators to Evaluate
4. Define Evaluation Criteria
5. Evaluate Indicators
6. Prioritize Indicators based on Evaluation Criteria
7. Obtain feedback from states
8. Reconvene CDC workgroup to address feedback
9. Develop manuscript and MMWR with recommended indicators
10. Disseminate, Promote, and Conduct Surveillance

1a. Consider New Indicators
1b. Obtain input from states

Release Short List of Indicators
CONNECTION

- CDCs Division of Reproductive Health conducts media and literature searches on preconception and inter-conception health. Summaries include PubMed abstracts, citation information, and links to research articles. To subscribe to listserve: Email Cheryl Robbins at ggf9@cdc.gov

- Receive our e-newsletter. To subscribe: Email to pchhcnews@gmail.com with Subscribe as the subject line.
Follow Us!

- Twitter: @PCHHC
- LinkedIn: www.bit.ly/PCHHCLI

We will promote YOUR channels!
CONTACT

Sarah Verbiest  sarahv@med.unc.edu  919-843-7865

Preconception Health+Health Care Initiative
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Improving women’s health before, between and beyond pregnancy.

GET CONNECTED TO THE LATEST RESOURCES, RESEARCH AND INITIATIVES IN PRECONCEPTION HEALTH