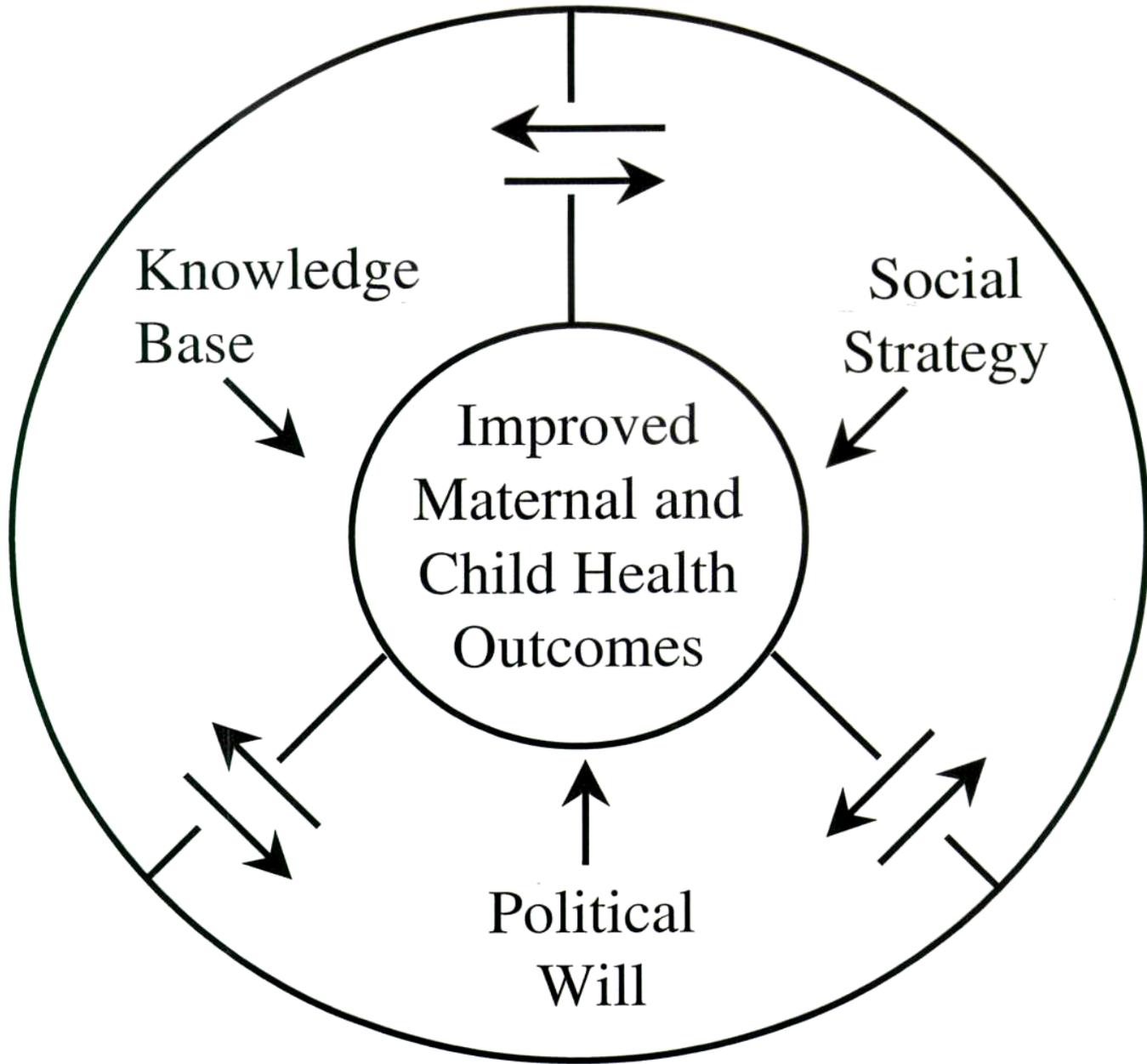


Improving the Health of Women following Pregnancy: Inter-conception Care

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**Secretary's Advisory Committee on Infant Mortality
April 24, 2013**





Safe Motherhood:

**Promoting Health for Women
Before, During, and After Pregnancy**

The National Summit on Safe Motherhood

Investing in the Health of Women



**September 5-7, 2001
Atlanta, Georgia**

National Summit on Preconception Care Select Panel Meeting



June 21 - 22, 2005

The Atlanta Marriott Century Center
Atlanta, Georgia





MMWRTM

Morbidity and Mortality Weekly Report

Recommendations and Reports

April 21, 2006 / Vol. 55 / No. RR-6

Recommendations to Improve Preconception Health and Health Care — United States

**A Report of the CDC/ATSDR Preconception Care
Work Group and the Select Panel
on Preconception Care**

CDC National Summit on Preconception Care

Defining Preconception Care

*Preconception care is comprised of interventions that aim to identify and modify biomedical, behavioral, and social risks to a women's health or pregnancy outcome through prevention and management, emphasizing those factors which must be acted on before conception or early in pregnancy to have maximal impact. Thus, it is more than a single visit and less than all well-woman care. It includes care before a first pregnancy **or between pregnancies** (commonly known as **interconception care**).*

CDC National Summit on Preconception Care

Four Goals

- Goal 1. To assure that all U.S. women of childbearing age receive preconception care services – screening, health promotion, and interventions – that will enable them to enter pregnancy in optimal health
- Goal 2. To reduce risks indicated by a prior adverse pregnancy outcome through interventions in the inter-conception (inter-pregnancy) period that can prevent or minimize health problems for a mother and her future children.**
- Goal 3. To improve the knowledge, attitudes, and behaviors of men and women related to preconception health
- Goal 4. To reduce the disparities in adverse pregnancies outcomes.

CDC National Summit on Preconception Care

Recommendations to Improve Preconception Health

Recommendation 1. Individual responsibility across the life span.

Encourage each woman and every couple to have a reproductive life plan.

Recommendation 2. Consumer awareness.

Increase public awareness of the importance of preconception health behaviors and increase individuals' use of preconception care services using information and tools appropriate across varying age, literacy, health literacy, and cultural / linguistic contexts.

Recommendation 3. Preventive Visits

As a part of primary care visits, provide risk assessment and counseling promotion advice to all women of childbearing age to reduce risks related to the outcome of pregnancy.

Recommendation 4. Intervention for identified risks.

Increase the proportion of women who receive interventions as follow up to preconception risk screening, focusing on high priority interventions (i.e., those with high population impact and sufficient evidence of effectiveness).

Recommendations to Improve Preconception Health (continued)

Recommendation 5. Interconception care.

Use the inter-conception period to provide intensive interventions to women who have had a prior pregnancy ending in adverse outcome (e.g., infant death, low birth weight or preterm birth).

Recommendation 6. Pre-pregnancy check ups.

Offer, as a component of maternity care, one pre-pregnancy visit per pregnancy.

Recommendation 7. Health coverage for low-income women.

Increase Medicaid coverage among low-income women to improve access to preventative women's health, preconception, and interconception care.

Recommendation 8. Public health programs and strategies.

Infuse and integrate components of preconception health into existing local public health and related programs, including emphasis on those with prior adverse outcomes.

Recommendation 9. Research.

Augment research knowledge related to preconception health.

Recommendation 10. Monitoring improvements.

Maximize public health surveillance and related research mechanisms to monitor preconception health.

Maternal health concerns following pregnancy

- Maternal smoking relapse
- Maternal mental health and depression
- Chronic diseases (diabetes, hypertension, etc)
- Sexual transmitted diseases
- Obesity and weight control
- Intimate partner violence and injury
- Breastfeeding
- Family planning
- Primary care connectedness
- And many other topics

Interconception Care

- Traditionally stopped at the 6 week post-partum visit
- Inter-conception care now addresses the continuity of maternal risk from one pregnancy to the next
- Inter-conception care is being conceptualized as a subset of pre-conception care
- Let us broaden even further our conception of inter-conception care
 - Conceptualize the six week post-partum visit not as end of the pregnancy, but the beginning of a new women's longitudinal health initiative
 - In life course terms, consider inter-conception care to represent not only longitudinal continuity of maternal care, but also inter-generational continuity of care

Interconception Care

- Strategy to address women's health (longitudinally and post-delivery)
- Strategy to enhance the health of the parent and caregiver
- Strategy to reduce subsequent infant mortality
- Possible strategy to reduce racial disparities in birth outcome

Pre/Inter-conception health and health care and MCH Life Course

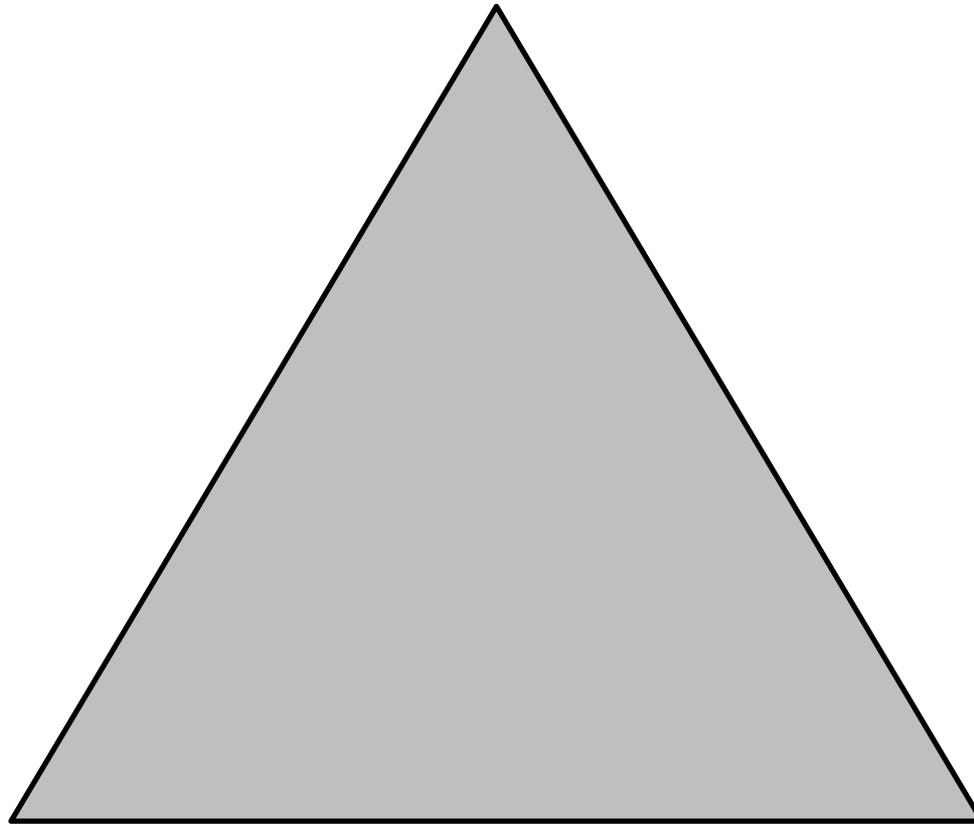
- Inter-conception health and health care (like PCH&HC) is a subset of life course health
 - They are intrinsically linked concepts
- Inter-conception health care implies an inter-generational continuity (mother's health and child's health are not totally separable): M and CH not M vs. CH
- Time frame for inter-conception care (like pre-conception care) is debatable
 - Maternal (immediate pre and post pregnancy) versus Women's (life time health, before and after a pregnancy) focused
- Life course challenge: moving theory to practice
 - clinician buy in much easier with pre/inter-conception health care

Triangulation of MCH Life Course Services: Inter-conception Care

Maternal/family focused resilience and responsibility interventions

Clinical care and systems interventions

Social determinant interventions



Inter-conception Clinical Health Care Services

- Currently, this is the principal sector of inter-conception programs and intervention
- There is room for much inter-conception health care improvements
- Existing inter-conception health care is a dramatic and preventable source of future reproductive health disparities creation

Post-partum Care

HEDIS Postpartum Visit Compliance Rates in Managed Care Programs

- National figures (NCQA, 2011)
 - HMO: 80.6% (77.0% in 2001)
 - PPO's: 71.3% ---
 - Medicaid 64.1% (53.0% in 2001)

Post-partum care is the proportion of women that had a visit to a health care provider on or between 21 days and 56 days after delivery

Post-Partum Follow-up of Women with Gestational Diabetes Mellitus

(Data Abstracted from Selected Studies)

Citation	Patient Population	Study Year	Population Size	% Follow-up Ordered	% Follow-up Received
Ferrara A et al. 2009	Kaiser Perm. Northern Calif.	1995	~1,204	-	21
Kim C et al. 2006	U. Michigan Hospital	1997-2002	570	-	38
Dietz PM et al. 2008	Kaiser Perm. Northwest	1999	~141	16	9
Smirnakis VK et al. 2005	MGH	2001-2002	160	-	37
Russell MA et al. 2006	Rhode Island GDM clinic	2001-2004	344	-	45
Stasenko M et al. 2011*	UCSF	2002-2006	560		33
Almario CV et al. 2008	Thomas Jefferson Univ. Hosp.	2004-2006	90	33	-
Dietz PM et al. 2008	Kaiser Perm. Northwest	2006	~141	74	50
Ferrara A et al. 2009	Kaiser Perm. Northern Calif.	2006	~1,204	-	54
Vesco KK et al. 2012**	Kaiser Perm. Northwest	2007-2008	200	78	60
Stasenko M et al. 2011*	UCSF	2007-2009	245	-	53
Vesco KK et al. 2012**	Kaiser Perm. Northwest	2009-2010	179	89	72

* Intervention: Prior to delivery, GDM patients were given verbal and written counseling on the importance of postpartum follow-up.

** Intervention: The nursing protocol for care of pregnant women with GDM revised, the electronic medical record system enhanced, clinical staff educated, and additional reminders provided to women

Inter-conception Health Care Programs

- Should be easier to create than pre-conception care program
- Virtually all births and mothers are known and easy to locate
- Inter-conception care programs are more operationally feasible via current public health and clinical care programs
- So why don't we have more inter-conception care programs?

Implementation of Inter-conception Care Programs: Clinician supply is low

- Clinicians do not routinely provide inter-conception care
- Often no source of payment
 - Many women whose maternity care was paid for by Medicaid lose eligibility 60 days after birth
 - Coverage under private insurance varies
- No clear billing codes for inter-conception care
- Many have little interest in interconception care
 - Question effectiveness, cost effectiveness
 - Evidence-base for interconception care is very weak
- Lack adequate information for primary care providers
 - Information on problems during pregnancy and pregnancy outcomes are often not available
 - Records are often not integrated
- Absence of follow-up systems

Implementation of Inter-conception Care Programs: Consumer demand is low

- Often women have no source of payment
 - Many women do not have insurance coverage – public or private – between pregnancies
- Women have little interest in inter-conception care
 - Not aware of value or of availability
 - Unclear about how it differs from routine ob/gyn or family planning visits
 - Many women do not return for postpartum visits – the logical place to start inter-conception care
- Women shift their concerns to their infant's health care
 - Pediatric care could include more family care

Developing inter-conception health care programs:

Nine issues to be addressed

- Eligibility criteria for women
- Content of care
- Timing / frequency of care
- Provider of care
- Payor source
- Motivation to participate
- Community involvement
- Public health policy and infrastructure support
- Research and monitoring databases

Developing inter-conception health care programs: Nine issues

- **Eligibility criteria for women**
 - All women, not just women with high risk poor birth outcomes
- **Content of care**
 - Preconception guidelines, with minor inter-conception focus
- **Timing / frequency of care**
 - Three+ visits in year 1
- **Provider of care**
 - All clinicians provide basic inter-conception care, all the time, with referrals
- **Payor source**
 - New opportunities from ACA
- **Motivation to participate**
 - Generate consumer demand
- **Community involvement**
 - It takes a village
- **Public health policy and infrastructure support**
 - Early Public policy and support is critical (policy support, demonstration funds)
- **Research and monitoring databases**
 - More research, all MCH oriented data bases monitor post-partum health, especially PRAMS

Many innovative inter-conception health programs being implemented

- Healthy Start Initiative
 - First federal program with explicit mandate
 - Inter-conception Care Learning Collaborative
- California Black Infant Health Program
- COIIN initiatives
- Chronic illness follow-up clinics in OB programs
- QI programs to enhance 6 week post-partum visits (HEDIS measure improvements)
- Pediatric Family Care Initiatives (including Teens and Tots Programs)
- And many others

Healthy People 2020 Objectives in the post-partum period

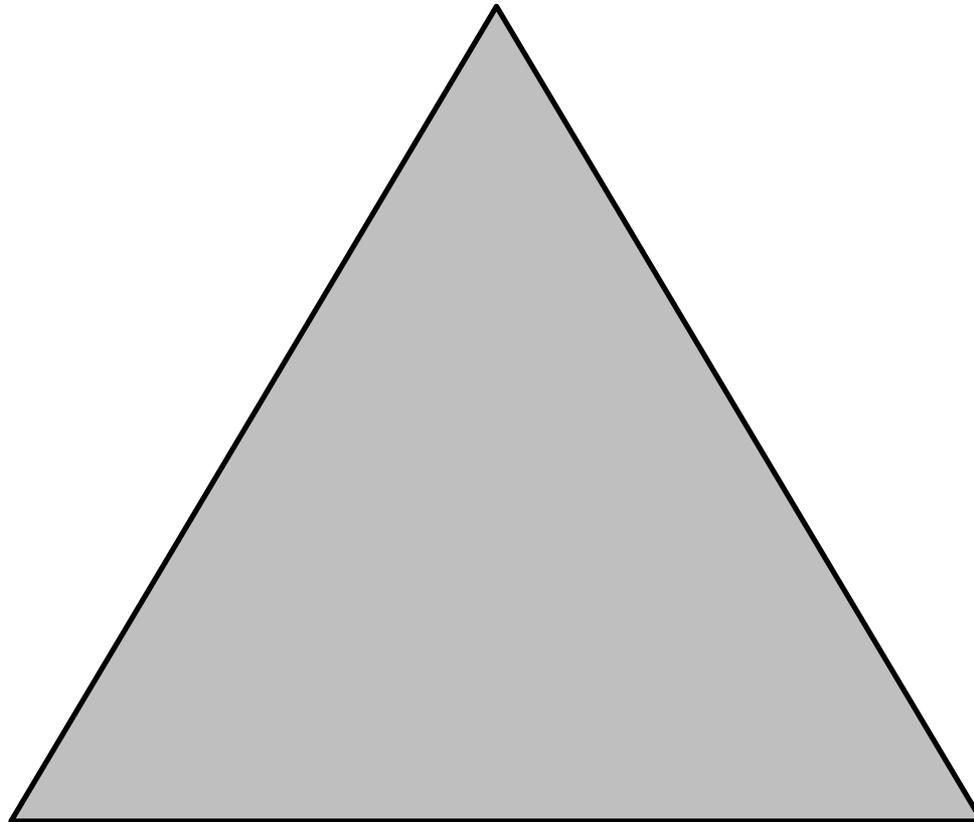
- (FP-5) Reduce the proportion of pregnancies conceived within 18 months of a previous birth [33.1 → 29.8%]
- (MICH-19) Increase proportion of women giving birth who attend a postpartum care visit [Developmental]
- (MICH-21) Increase the proportion of infants who are breastfed [Ever (74 → 81.9%); at 6 months (43.5 → 60.6%); at 1 year (22.7 → 34.1%); exclusively through 3 months (33.6 → 46.2%); exclusively through 6 months (14.1 → 25.5%)]
- (MICH-16) Increase proportion of women delivering a live birth, who prior to pregnancy engaged in recommended preconception health behaviors [Took multivitamins/folic acid (30.1 → 33.1%); did not smoke (77.6 → 85.4%); did not drink alcohol (51.3 → 56.4%); had a healthy weight (48.5 → 53.4%); discussed preconception health with a healthcare worker (Developmental); and used contraception to plan pregnancy (Developmental)]
- ***No other objectives directly target women in post-partum period***

Triangulation of MCH Life Course Services: Inter-conception Care

Maternal/family focused resilience and responsibility interventions

Clinical care and systems interventions

Social determinant interventions



Inter-conception Social Determinant Interventions

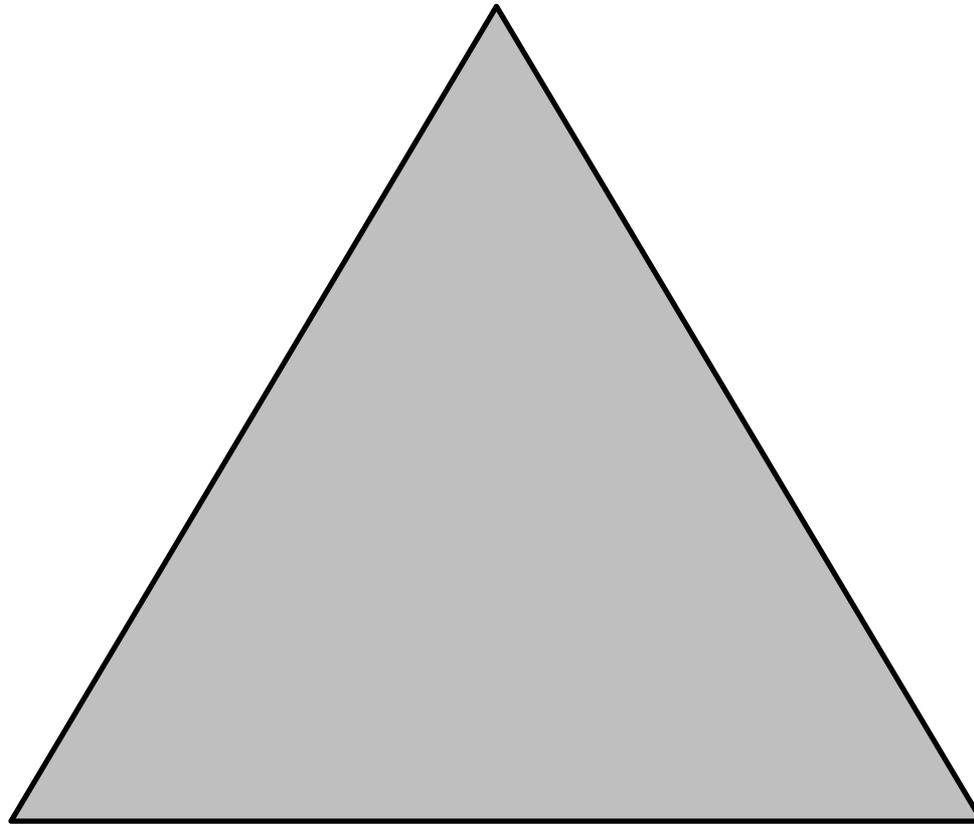
- Child and Family Allowances
- Earned Income Tax Credit
- Paid Family Leave
- BBZ, Harlem Children's Zone
- Nutrition, Physical Activity and Community Development Initiatives
- Enhanced employment and daycare opportunities

Triangulation of MCH Life Course Services: Inter-conception Care

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Inter-conception Maternal/Family-focused Resilience Enhancement Interventions

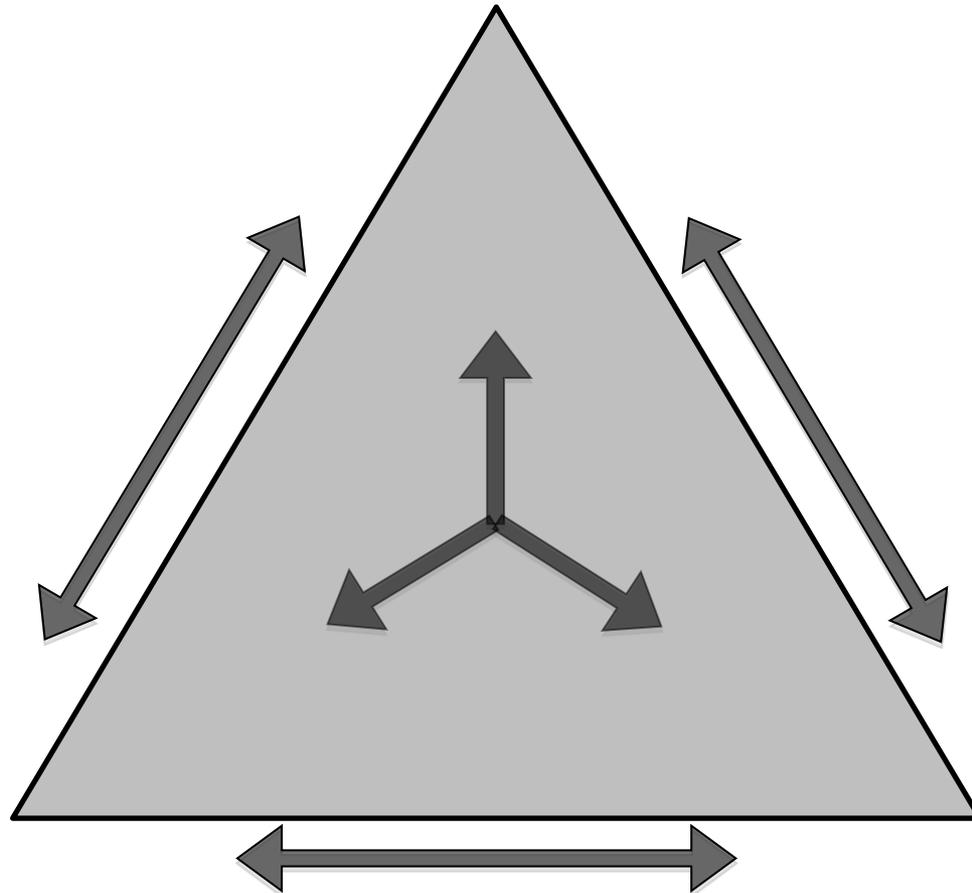
- Parenting support groups
- Maternal empowerment initiatives
 - Financial literacy/empowerment
 - Women’s health groups (Our bodies, Ourselves)
- Centering Parenting
- Teen parenting support programs
- Fatherhood initiatives
- Family Planning
- Maternal stress reduction initiatives
 - Yoga
- Mental Health Support Initiatives
 - Depression, IPV treatment and prevention
- Breastfeeding support
- Health Start/BIH initiatives (in part)
- Home Visiting (in part)

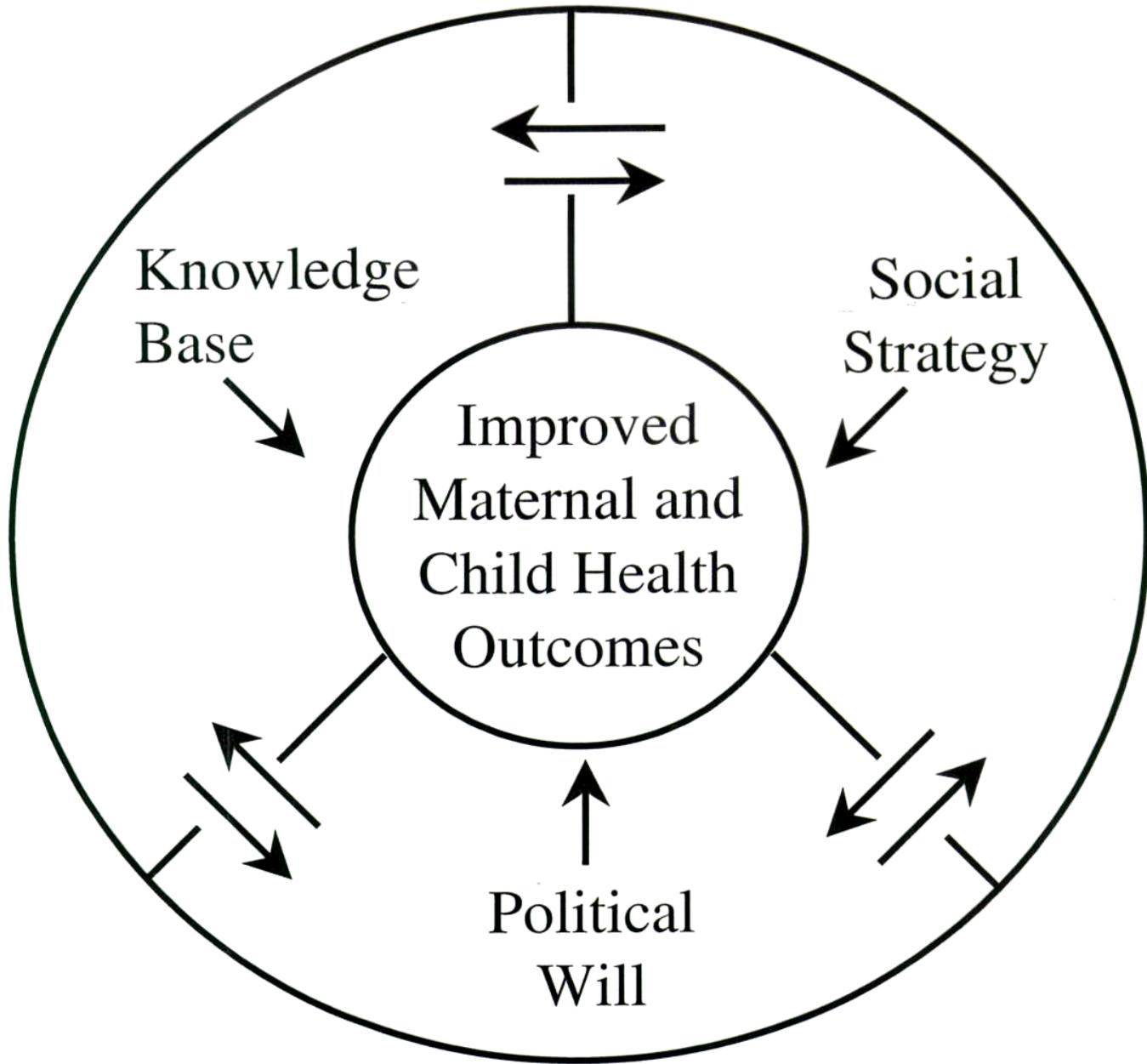
Multi-sectoral interventions and programs

Maternal/family focused resilience and responsibility interventions

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Social determinant interventions





In the future, inter-conception
care will seem as normal and
important as prenatal care is
today

Milton Kotelchuck, 2004

