

Preconception Health and Health Care

Samuel F. Posner, Ph.D.

Deputy Associate Director for Science and Editor in Chief,
Preventing Chronic Disease

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The work in this presentation represents the collective work of a large number of people who have contributed time, energy and their own resources to doing the work and creating the slides. The PCC Steering Committee and Select Panel Members have been key players and made this work possible.

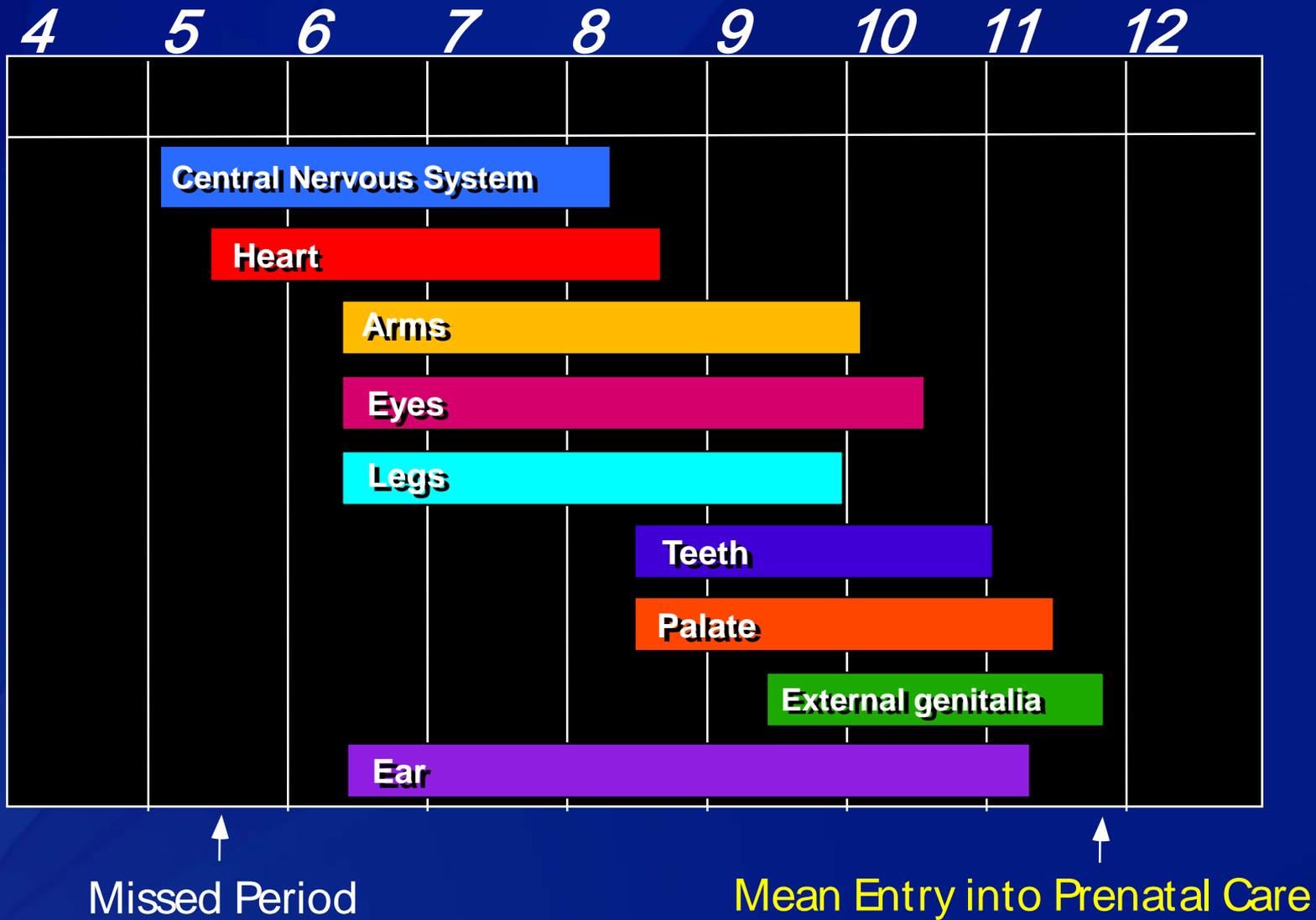
ACKNOWLEDGEMENTS

WHY PRECONCEPTION CARE IS IMPORTANT

Challenges for the Predominant Model of Care

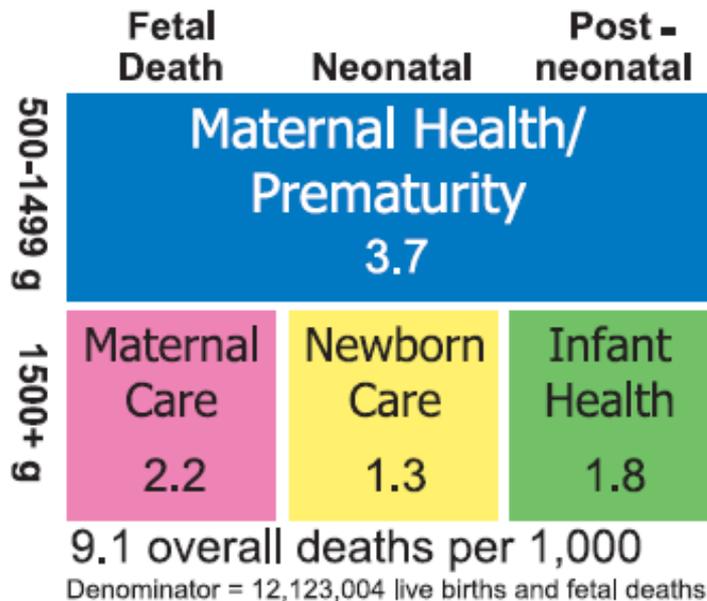
- Episodic and event centered care
- Doesn't reduce maternal risks prior to fetal exposure
- Does not address the health of the woman and her partner as the primary patient
- Does not support informed reproductive decision making and family planning
- Often reactive rather than proactive

Critical Periods of Fetal Development

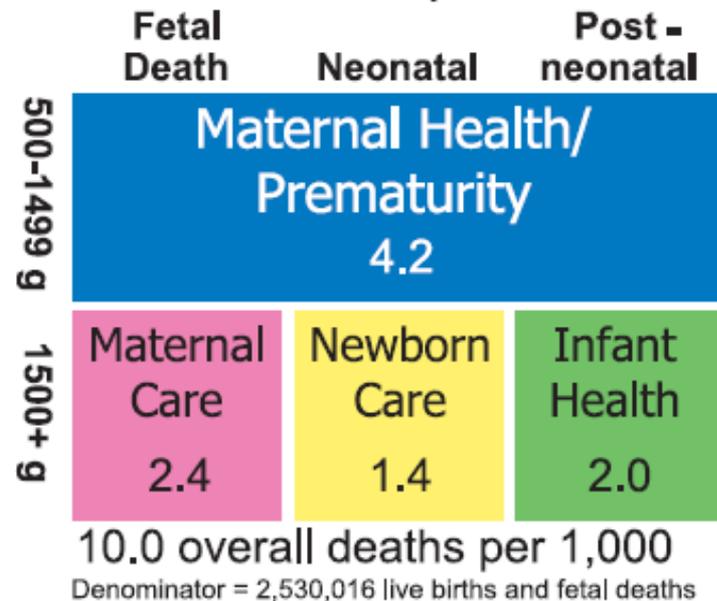


PPOR Analysis

A. United States



B. 66 U.S. Cities with Population over 250,000



PCC can Improve Health for Women, Infants & Families

- Health is Intergenerational (Life Course Framework)
- Pregnancy outcomes reflect in part the cumulative health experience of the woman and her partner
- There are fetal origins of chronic diseases
- Improving the health of women prior to pregnancy has benefits beyond reproduction
- Is a potential model for care that provides continuity across the lifespan

Much has happened in the field starting in the 1980s.
PCC is not new.

OVERVIEW OF PCC SINCE 2004

The CDC Preconception Care Initiative

- Steering Committee: CDC, HRSA, MOD, ACOG, AMCHP, CityMatCH, NHSA
- Select Panel on Preconception Care

Federal Partners:

Health Resources and Services Administration: Maternal and Child Health Bureau

National Institutes for Health: National Institute of Child Health and Human Development

Office of the Secretary: Office on Women's Health, Office of Minority Health, Office of Public Health and Science

Private Sector (examples):

American Academy of Family Physicians (AAFP)

American Academy of Pediatrics (AAP)

American College of Nurse-Midwives (ACNM)

American College of Obstetricians and Gynecologists (ACOG)

American College of Osteopathic Obstetrics and Gynecology

American Osteopathic Association

Association of Maternal and Child Health Programs

Association of State and Territorial Health Officials

Associations of Women's Health, Obstetric and Neonatal Nurses (AWHONN)

Private Sector (continued):

CityMatCH

Healthy Start Coalition of Miami-Dade

Jacobs Institute for Women's Health

March of Dimes (MOD)

Maternity Center Association (MCA)

National Alliance for Hispanic Health

National Association of Community Health Centers

National Association of County and City Health Officials

National Birth Defects Prevention Network

National Healthy Mothers, Healthy Babies Coalition

National Healthy Start Association (NHSA)

National Hispanic Medical Association

National Medical Association (NMA)

National Perinatal Association (NPA)

National Society of Genetic Counselors

Society for Maternal Fetal Medicine

Task Force for Child Survival and Development

Selected PCC Activities

- 2004: CDC Internal Workgroup
- 2005: 1st National Summit, Select Panel Meeting, ACOG Committee Opinion
- *2006: MMWR Recommendations, MCHJ Supplement, Public health, Consumer and Clinical Work Group Meetings*
- 2007: 2nd National Summit, Policy and Finance Workgroup Meeting
- 2008: NICHD Research meeting, Before and Beyond website, Trust for America's Health/Kids Count report, Content of Care *AJOG* Supplement, Policy *WHI* Supplement
- 2009: Healthy Start Interconception Care Learning Community
- 2010: Medicaid Preconception Health Peer-to-Peer Learning Group
- *2011: 3^d National Summit*

Definition of Preconception Health and Healthcare

“A set of interventions that aim to identify and modify biomedical, behavioral, and social risks to a woman’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.”

CDC's Select Panel on Preconception Care, June 2005

MMWR 10 Recommendations

1. Individual responsibility across the life span
2. Consumer awareness
3. Preventive visits
4. Interventions for identified risks
5. Interconception care
6. Pre-pregnancy check ups
7. Coverage for low-income women
8. Public health programs & strategies
9. Research
10. Monitoring improvements

(Johnson et al., Recommendations to improve preconception health and healthcare. MMWR 2006)

Goals of PCC

1. To improve the knowledge, attitudes, and behaviors of men and women related to preconception health.
2. 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.
3. To reduce risks indicated by a prior adverse pregnancy outcome through interventions in the interconception period.
4. To reduce the disparities in adverse pregnancies outcomes.

The Who, What, and When of PCC

- Includes both members of the couple
- Clinical services
- Associated wrap around services
- More than an annual visit
- Provide appropriate and relevant care across the reproductive lifespan

SUMMARY OF WORKGROUP ACTIVITIES

Initiative Work Groups

Clinical

Focus on development of clinical guidelines and tools, health services research, health care quality improvement, professional education

Public Health

Focus on integration into public health, improvement in data collection and surveillance systems, cataloguing best practices, and workforce development

Consumer

Focus on development of social marketing and health promotion messages and on understanding attitudes and needs among women with and without resources

Policy and Finance

Focus on advancing public policy and health care financing strategies that support preconception health and health care, including health reform

Research

Focus on developing cross-cutting strategies for advancing basic, clinical, and health services research

CLINICAL WORK GROUP

Review and Evaluation of the Evidence for PCC

An extensive review by more than 80 experts of more than 300 articles using a framework like that of the USPSTF.

- Immunizations
- Sensory screening
- Infectious Disease Screening
- Chronic Disease Screening
- Safety
- Reproductive health
- Behavioral risk Assessment
- Nutrition
- Environmental Exposures

On-line Curriculum for Clinicians

- **Before, Between and Beyond Pregnancy** preconception curriculum and resources guide for clinicians.
www.beforeandbeyond.org
 - Developed by Merry-K Moos, University of North Carolina and Peter Bernstein, Albert Einstein College of Medicine
 - CME credits available to physicians, nurse midwives, nurse practitioners and physicians' assistants.
- **Current modules:**
 - Preconception Care: What It is and What It Isn't
 - Every Woman, Every time: Integrating Health Promotion into Routine Care
 - Maximizing Prevention: Targeted Care for Those with High Risk Conditions
- **Modules under development:**
 - In Between Time: Interconception Care for Those with High Risk Conditions
 - Babies to Adolescents: Incorporating Preconception Health Promotion into the Pediatric Visit.

PUBLIC HEALTH WORK GROUP

Public Health Action & Results

- Urban & Rural Public Health Practice Collaboratives (CityMatCH and NACCHO)
- State preconception health data indicators set
- Public health infrastructure changes
 - e.g., California, Colorado, Delaware, Florida, Illinois, Michigan
- Healthy Start ICC Learning Community
- Work toward quality indicators and HP2020

Core PCC State Indicators

- **Project team, task and goals and goal**
 - 7 state public health agencies —California, Delaware, Florida, Michigan, North Carolina, Texas, and Utah—and CDC
 - Multi-staged, 18-month analytic process
 - Define set of readily available measures of PCC
- **Core State Preconception Health and Health Care Indicators**
 - 45 specific indicators
 - 11 domains: general health, reproductive health, chronic conditions, infections, nutrition and activity, genetics, substance abuse, mental health, health care, social support, and social determinants.
 - Published in MCHJ and by CSTE

Healthy Start Learning Collaborative

- 3 Year Project with all 104 Health Start Sites
- Three rounds of Quality Improvement “PDSA” Projects using IHI model
- Topics
 - Screening & Assessment
 - Family Planning/Reproductive Health
 - Primary Care Linkages
 - Case Management
 - Healthy Weight
 - Maternal Depression

POLICY AND FINANCE WORK GROUP

Trust for America's Health 2008

- Health reform to provide coverage for all
- Under existing Medicaid law states can:
 - Increase reimbursement levels.
 - Develop models to offer services for psycho-social risks.
 - 60-day post partum coverage is required – but only 50-60% of women in Medicaid have a post-partum visit.
- Title V Maternal and Child Health Block Grant
- Health Start Infant Mortality Program
- Community Health Centers
- Title X Family Planning
- Research and prevention through CDC and NIH

Women's Health Issues

Volume 18, Issue 6, Supplement (Nov-Dec. 2008)

Reflecting Work Group principles for change

- Health insurance
- Health reform
- Medicaid
- Welfare reform
- Title V
- Title X
- Healthy Start
- Community health centers
- Data to drive policy change
- Other health policy research

Policy and Financing Issues for Preconception and Interconception Health Special Supplement to *Women's Health Issues*



Women's Health Issues (WHI) is the official publication of the [Jacobs Institute of Women's Health](#), and the only journal devoted exclusively to women's health issues at the medical/social interface. It is a journal for health professionals, social scientists, policy makers, and others concerned with the complex and diverse facets of health care delivery to women. This Supplement is the first since the journal's inception in 1990. It also represents a first in the journal's 17-year-long history in the types of articles presented, starting with a number of perspectives and analyses on the current status of policies and programs that affect women's access to quality preconception and interconception health care and ending with highly policy-relevant health services research articles. In alphabetical order, the articles include the following.

- Badura M, Johnson K, Hench K, and Renteria M. Healthy Start: Lessons Learned on Interconception Care.
- Chatterjee S, Sambmoorthi U, and Kotelchuck M. Prevalence of Chronic Illness in Pregnancy, Access to Care and Health Care Costs: Implications for Interconception Care.
- Elsinga J, de Jong-Potjer LC, van der Pal-de Bruin KM, le Cessie S, WJ J Assendelft WJ, S E Buitendijk SE. The effect of preconception counselling on knowledge and health behaviour before and during pregnancy.
- Gold RB and Alrich C. Role of Medicaid Family Planning Waivers and Title X in Enhancing Access to Preconception Care.
- Hillemeier M, Downs DS, Feinberg ME, Weisman CS, Chuang CH, Parrott R, Velott D, Francis LA, Baker SA, Dyer MA, Chinchilli VM. Improving Women's Preconceptional Health: Findings from a randomized trial of the Strong Healthy Women Intervention in the Central Pennsylvania Women's Health Study.
- Howse JL. Guest Editorial.
- Jack B, Atrash H, Bickmore T, and Johnson K. The Future of Preconception Care: A clinical perspective.
- Johnson K, Atrash H, and Johnson A. Policy and Finance for Preconception Care: Opportunities for today and the future. (Commentary)
- Kent H and Streeter N. Title V Strategies to Assure a Continuum of Women's Health Services.
- Koelinger CD and Ehrental D. Translating Policy to Practice and Back Again: Implementing a preconception program in Delaware.
- Phillips-Campbell K and Flood G. Employer Approaches to Preconception Care.
- Posner SF, Brouard D, Sappenfield B, Streeter N, Zapata LB, Peck MG. Where are the Data to Drive Policy Changes for Preconception Health and Health Care?
- Rosenbaum S. Women and Health Insurance: Implications for Financing Preconception Health.
- Salganicoff A and An J. Making the Most of Medicaid: Promoting the Health of Women and Infants with Preconception Care.
- Simon KI and Handler A. Welfare Reform and Insurance Coverage during the Pregnancy Period: Implications for Preconception and Interconception Care.
- Wilensky S and Proser M. Community Approaches to Women's Health: Delivering Preconception Care in a Community Health Center Model.
- Wise PH. Transforming Preconceptional, Prenatal, and Interconceptional Care into a Comprehensive Commitment to Women's Health.

Trust for America's Health 2011

- Preconception care fits into health reform priorities for prevention
- Moving forward
 - Increase delivery of PCC to high risk women
 - Expand Title X
 - Expand Medicaid eligibility and coverage
 - Increase Medicaid Waiver use
 - Ensure adequate funding for CDC, HRSA and NIH focused on PCC

CONSUMER WORK GROUP

Eliminating Disparities in Interconceptional Care Study

- Qualitative “pilot” for longitudinal study
- Key findings
 - Women develop a logical and self-perceived hierarchy of significance/importance for health care.
 - Women have multiple responsibilities that conflict and create additional burdens for them. This is compounded if one or more of the children were born premature.
 - Intersecting social factors play a role in the ability and inability to attend scheduled appointments and maintain healthy behaviors.
 - E.g., health emergencies, work-related responsibilities, job security, not having enough money, limited economic mobility, stability and extent of social networks, intimate partner relationships, securing child care, child raising practices, and maintaining the demands of domestic and public life.

PCC Message Bundling Study

- Among women of reproductive age study:
 - Preconception health awareness
 - How they conceptualize PCC health
 - If/how they group PCC health behaviors
- Knowledge and awareness of health messages
 - One-third to one-half know it these are important: smoking, alcohol consumption, healthy foods, exercise
 - Less than 20% but more than 5% know these are important: folic acid, STDs, HIV/AIDS, family history
 - Women who received messages, in all combinations, had significantly greater awareness than controls.

Social Marketing for New Parents

- First-Time Motherhood/New Parent Initiative (*MCHB-HRSA*)
 - 13 states (AZ, CA, CT, FL, ME, MA, NE, NV, NC, OR, PA, UT, WI)
 - Develop and disseminate tools to promote greater health knowledge and parenting skills.
 - Target population: women and men from racial and ethnic minorities who live in communities disproportionately affected by pregnancies with health problems.
- Campaigns to increase:
 - Awareness of the importance of preparing their new roles as parents and increase their access to available resources; and
 - Knowledge of pregnancy risk factors, ways to reduce risky behaviors, and strategies to reduce health problems during pregnancies and improve reproductive health.

A Healthy Baby Begins with You

- Office of Minority Health, US DHHS
- Promoting preconception health
 - Particularly to African American men and women
- Tanya Lewis Lee national spokesperson
 - Producing documentary “Crisis in the Crib”
- Preconception peer educators
 - Training college students to educate their peers and women/men in the community

National Social Marketing Plan for Preconception Health and Health Care

- Developing an overarching Preconception Health “brand” that resonates with women of childbearing age.
- Developing communication products and channels with and for use by CDC and partners.
- Collecting and reviewing consumer information materials for CDC PCC clearinghouse.

Reproductive Life Planning Tools

Principles:

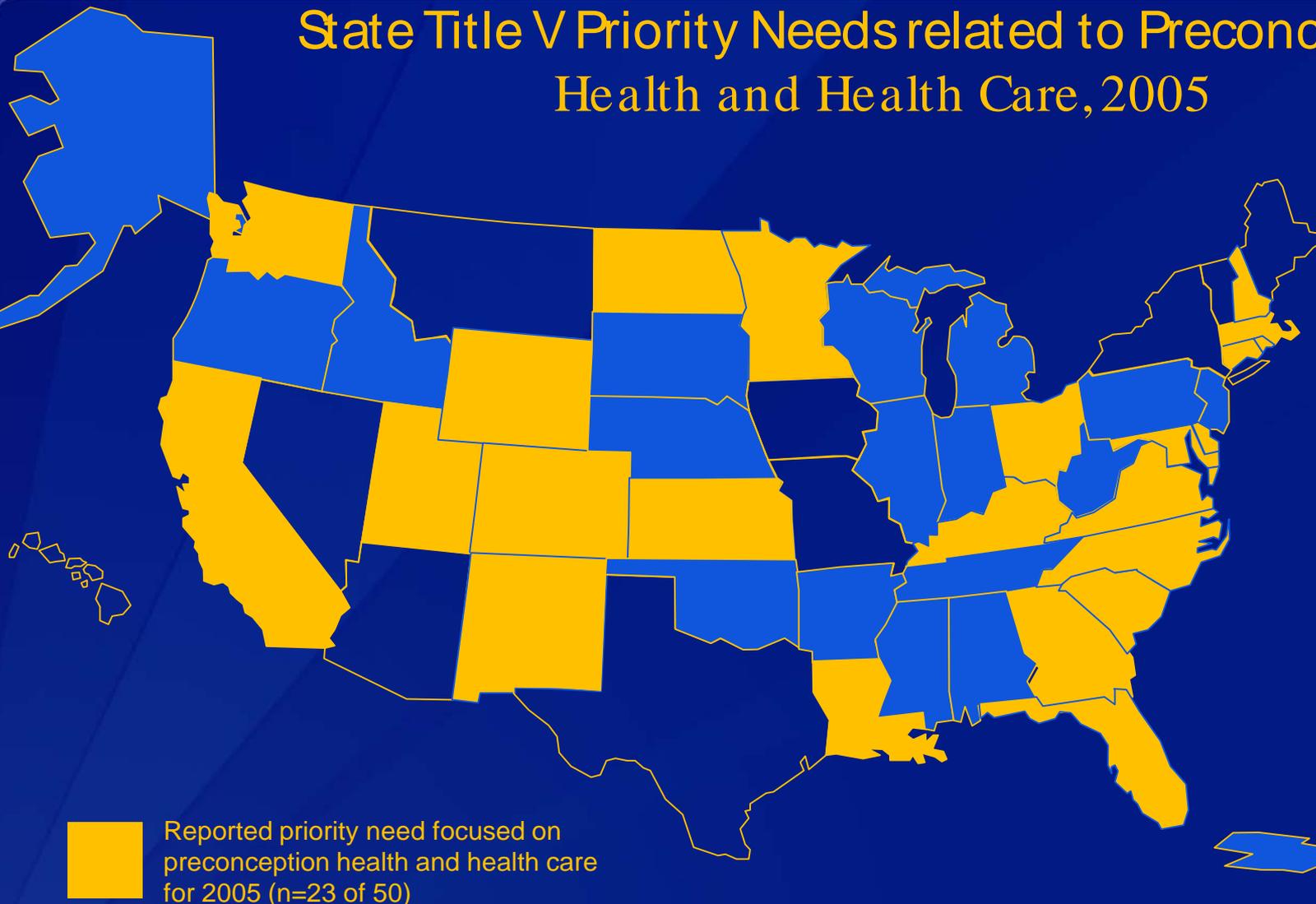
- Routine health promotion activities for all women (and men) of reproductive age should begin with discussion about their intentions on whether or not become pregnant (in the short and long term) and their risk of conceiving.
- Providers should encourage patients to consider a RLP and educate patients about how the plan impacts contraceptive and health/medical decision making.
- Every woman of reproductive age should receive information and counseling about all forms of contraception and the use of emergency contraception that is consistent with their RLP and their risk of pregnancy.

From MKMoos/ *Special Subcommittee working on RLP*

PCC In Action

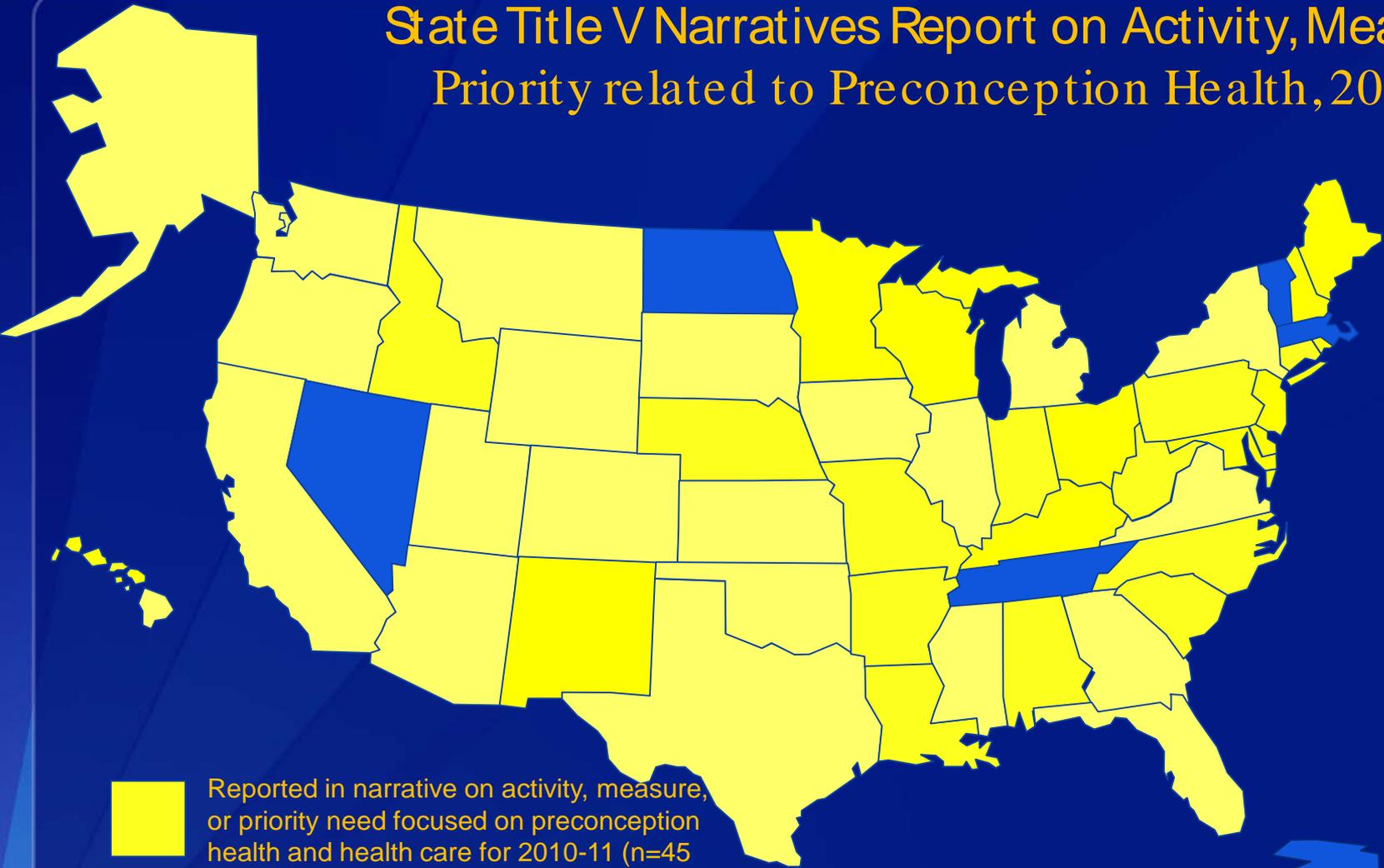
SELECTED STATE & LOCAL INITIATIVES

State Title V Priority Needs related to Preconception Health and Health Care, 2005



Source: Boulet, Johnson, et al. *Mat Child Health Journal*, 2007. Data from Title V Information System
<<https://perfdata.hrsa.gov/mchb/mchreports/Search/core/measureindicatemenu.asp>>

State Title V Narratives Report on Activity, Measure, or Priority related to Preconception Health, 2010-11



Reported in narrative on activity, measure, or priority need focused on preconception health and health care for 2010-11 (n=45 of 50 plus DC)

Source: Johnson analysis. Data from Title V Information System

Every Woman South East

- Regional partnership to share best practices
 - AL, FL, GA, KY, MS, NC, SC and TN
- Supported by March of Dimes, UNC and State Health Departments
- Primary activities
 - Information sharing
 - Coordination of activities
 - Capacity building
 - Resource library

<http://www.everywomansoutheast.org>

California

- **Preconception Care Council of California (PCCC)**
 - Convened May CADPH and March of Dimes.
 - Every Woman California website
- **Every Woman Every Time Project**
 - Marketing packet for providers promoting preconception care
- **California Family Health Council**
 - Distributes Title X funding in CA. Used March of Dimes funding to assess level of preconception care in LA and SF
 - Developed training and curricula to train staff to administer consistent preconception care to women
- **Interconception Care Project of California**
 - A project of California ACOG; used March of Dimes funding to develop new and improved postpartum visit care guidelines, tools and patient information materials.

Colorado

- Colorado Clinical Care Guidelines (consensus tool based on national recommendations)
- Has a dedicated “Healthy Baby Coordinator” whose focus includes state-related preconception/interconception activities
 - Participates in the Healthy Women, Healthy Babies Preconception workgroup
 - Conducting analysis with BRFSS data to assess influence of pregnancy intendedness on preconception health behaviors
 - Indicators: smoking, alcohol, BMI>30, MVI use, mental health, physical activity, nutritional status
 - Developing Life Plan booklet for women 18-44 years
 - Reproductive health, financial security, healthy relationships, emotional health, . Tobacco, alcohol, oral health, STIs and goal setting

Louisiana

- **Birth Outcomes Initiative**
 - Political will of Governor and Secretary of DHH
 - Led by Rebekah Gee, MD, FACOG
 - Resources to advance coordination and integration along continuum of care
- **Priorities**
 - **Quality Improvement and Patient Safety**
 - Hospitals, Medicaid providers, all OB-GYN providers
 - Care coordination via Interconception Care Medicaid waiver from CMS for demonstration project in selected communities for women to 200% of poverty
 - Substance abuse and behavioral/mental health screening for all women in Medicaid
 - Data for change

Utah

- Development of consumer focused educational materials
 - You're a busy woman
 - You're a busy teenager
- First time motherhood new parent initiative
 - Funded by HRSA's MCHB
 - Goals-optimum preconception folic acid use, increase intended pregnancies, increase abstinence of substances during pregnancy

Los Angeles

- LA Best Babies Network
 - Coordinates Healthy Births Initiative (investment by First 5 LA, an early childhood investment fund)
 - Goal: to improve pregnancy and birth outcomes in LA County
- WOW (WIC Offers Wellness):
 - A special interconception program for LA County women through the *Special Supplemental Nutrition Program for Women, Infants, and Children* (WIC)
 - Helps women with previous birth complications by promoting health and wellness, one-on-one counseling, support groups

Georgia



- Medicaid Interpregnancy Care Waiver Project
 - statewide focus on repeat VLBW
- Grady Hospital Interpregnancy Care Program
 - Focus on higher risk women, following a high risk pregnancy
 - Women who participated in the program:
 - significantly more likely to achieve adequate spacing of subsequent pregnancies compared to a historical cohort.
 - significantly lower utilization of emergency and urgent care facilities compared to a historical cohort.

3RD NATIONAL SUMMIT JUNE 2011

Conference Basics

- June 12-14, 2011 in Tampa FL
- Approximately 350 Attendees
- 44 Plenary, mini-plenary and concurrent sessions
- Over 120 scientific and programmatic presentations
- Ancillary meetings of Clinical, Public Health and Consumer workgroups

Plenary Session Topics

- Improving the Health of Women and Infants
- Improving Women's Health through Health Reform/ACA
- Moving Toward a High Performing Health System
- Innovations to Improve Quality of Primary Care
- Peer Education for the Coming Generation
- Transformational State Public Health Leadership

WHERE DO WE GO FROM HERE

HRSA Guidelines for Coverage

Type of Preventive Service	HHS Guideline for Health Insurance Coverage	Frequency
Well-woman visits.	Well-woman preventive care visit annually for adult women to obtain the recommended preventive services that are age and developmentally appropriate, including preconception and prenatal care. This well-woman visit should, where appropriate, include other preventive services listed in this set of guidelines, as well as others referenced in section 2713.	Annual, although HHS recognizes that several visits may be needed to obtain all necessary recommended preventive services, depending on a woman's health status, health needs, and other risk factors.* (see note)
Human papillomavirus testing.	High-risk human papillomavirus DNA testing in women with normal cytology results.	Screening should begin at 30 years of age and should occur no more frequently than every 3 years.
Counseling for sexually transmitted infections.	Counseling on sexually transmitted infections for all sexually active women.	Annual.

HRSA Guidelines for Coverage

Type of Preventive Service	HHS Guideline for Health Insurance Coverage	Frequency
Counseling and screening for human immune-deficiency virus.	Counseling and screening for human immune-deficiency virus infection for all sexually active women.	Annual.
Contraceptive methods and counseling. ** (see note)	All Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity.	As prescribed.
Screening and counseling for interpersonal and domestic violence.	Screening and counseling for interpersonal and domestic violence.	Annual.

Priority Areas

- Support and encourage coordination of related activities across HHS
- Capitalize on the IOM recommendation to integrate PCC into HHS benefit design for first dollar well woman visits
 - Clarify and expand what is covered in preventive services
- Permit states to expand use of Medicaid waivers for more interconception care.

Priority Areas

- Encourage Federal agencies to invest resources to focus on improving PCC and maternal/infant health.
- Support the development of positive messaging about preconception health to all audiences, men and women
- Support evaluation of existing PCC activities

Thank You

For more information please contact Centers for Disease Control and Prevention

1600 Clifton Road NE, Atlanta, GA 30333

Telephone: 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348

E-mail: cdcinfo@cdc.gov Web: <http://www.cdc.gov>

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.