

Well Woman Care = Preconception Care



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Presentation Goals

Understand the current health status of women

Understand unintended pregnancies –rates and consequences

Discuss connection between well woman care, pregnancy and birth outcomes

Explain how to incorporate “Every Woman, Every Time” into Health Homes

Well Woman Care is Preconception Care

- Women's health matters
- Healthy women = healthier pregnancies and infants

Well Woman

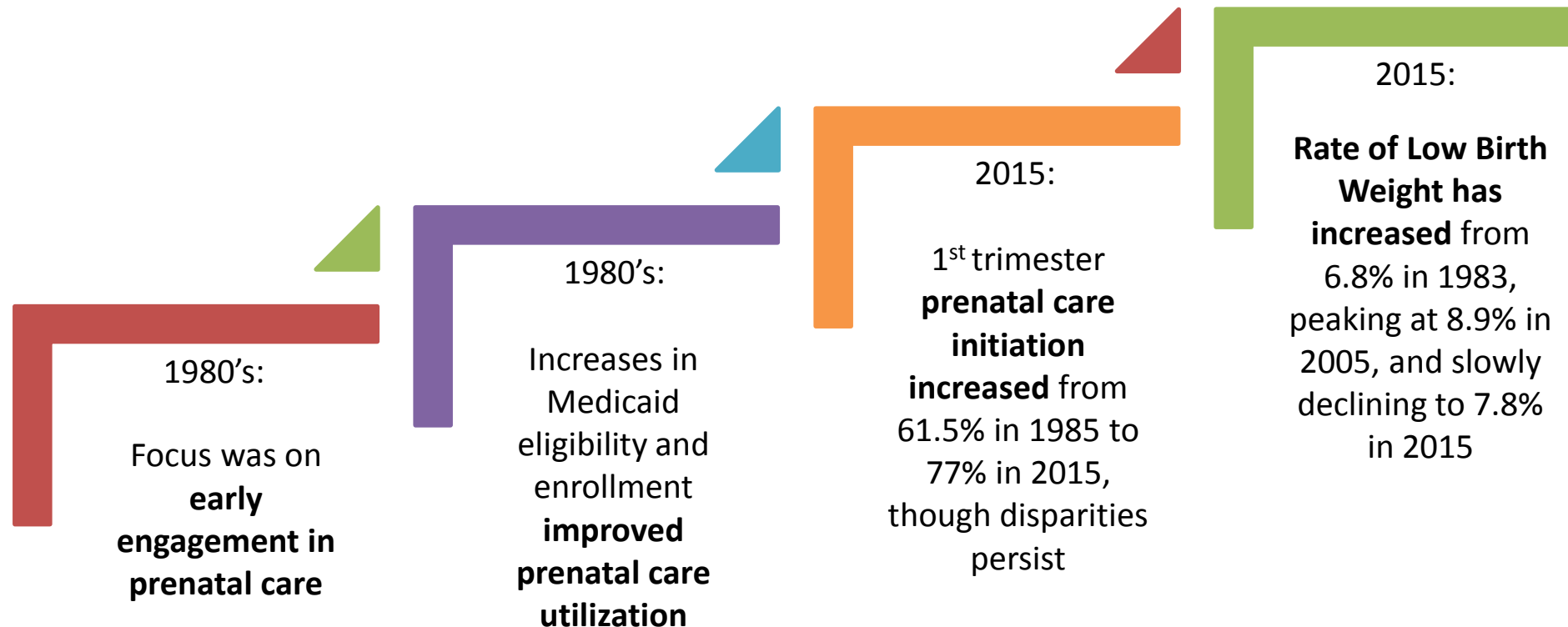
- Concept “preconception” isn't clear to the general public
- Women do not view themselves as “preconception”
- Don't want to reinforce stereotypes – women as vessels!

Current Health Affects Future Pregnancies

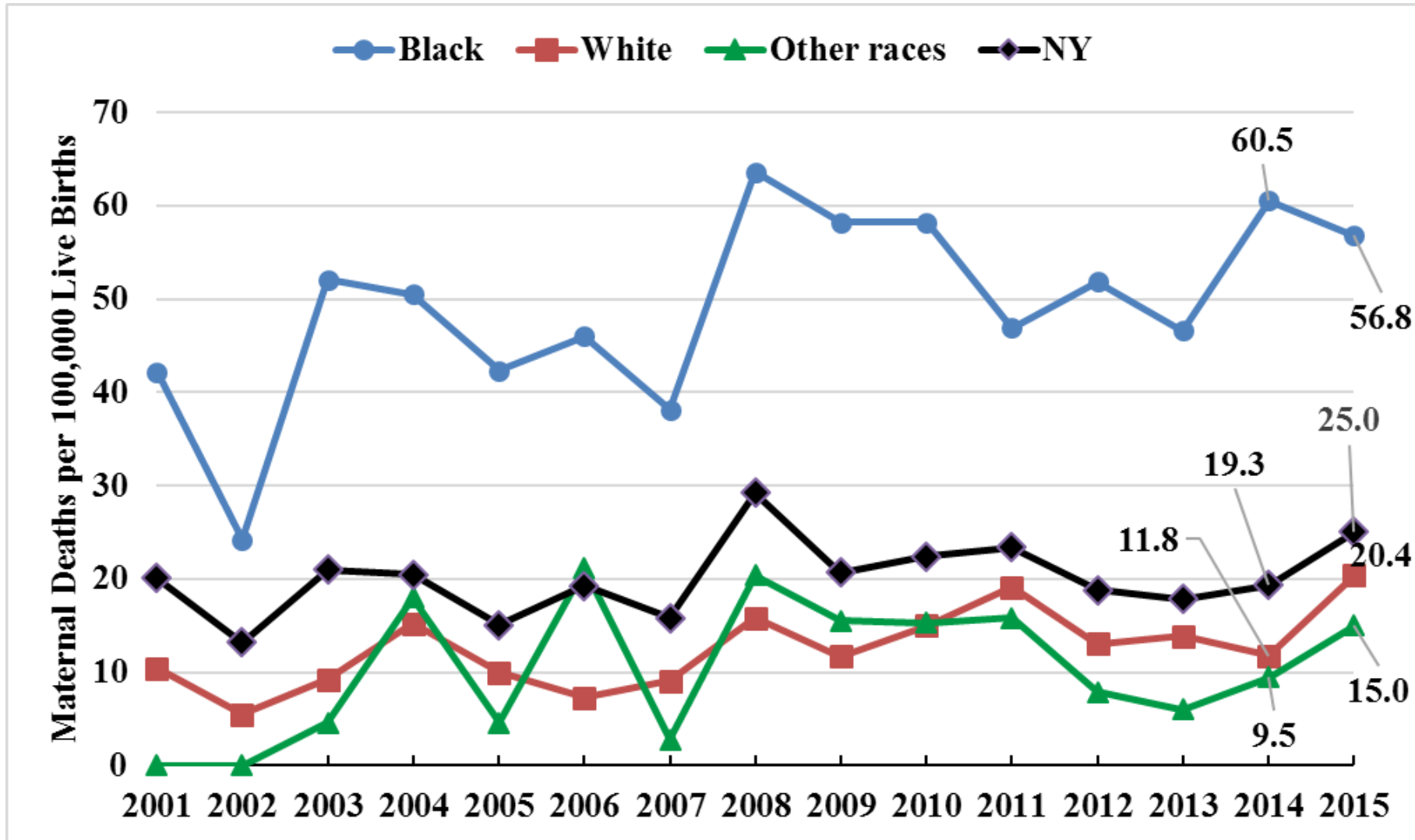
- A woman's health affects her future pregnancies and children, if she chooses to have them
- Women's regular health impacts fertility, contraception options, etc.

The Need to Improve Women's Health throughout the Reproductive Years

Birth outcomes have improved since the 1980s, but **progress has stalled** and significant disparities remain



Racial Disparities in NYS Maternal Mortality



*Causes of death from death records A34, O00-O95,O98-O99. Source: NYS Vital Records

Improving birth outcomes and racial disparities

“If we are serious about improving birth outcomes and reducing disparities, we’ve got to start taking care of women *before* pregnancy...when she’s a baby inside her mother’s womb, an infant, and then a child, an adolescent and really taking care of women and families across their life course.”

– Michael Lu, MD, Neonatologist

Pre-Pregnancy Health Status New York State Pregnancy-Related Maternal Mortality, 2012-2013

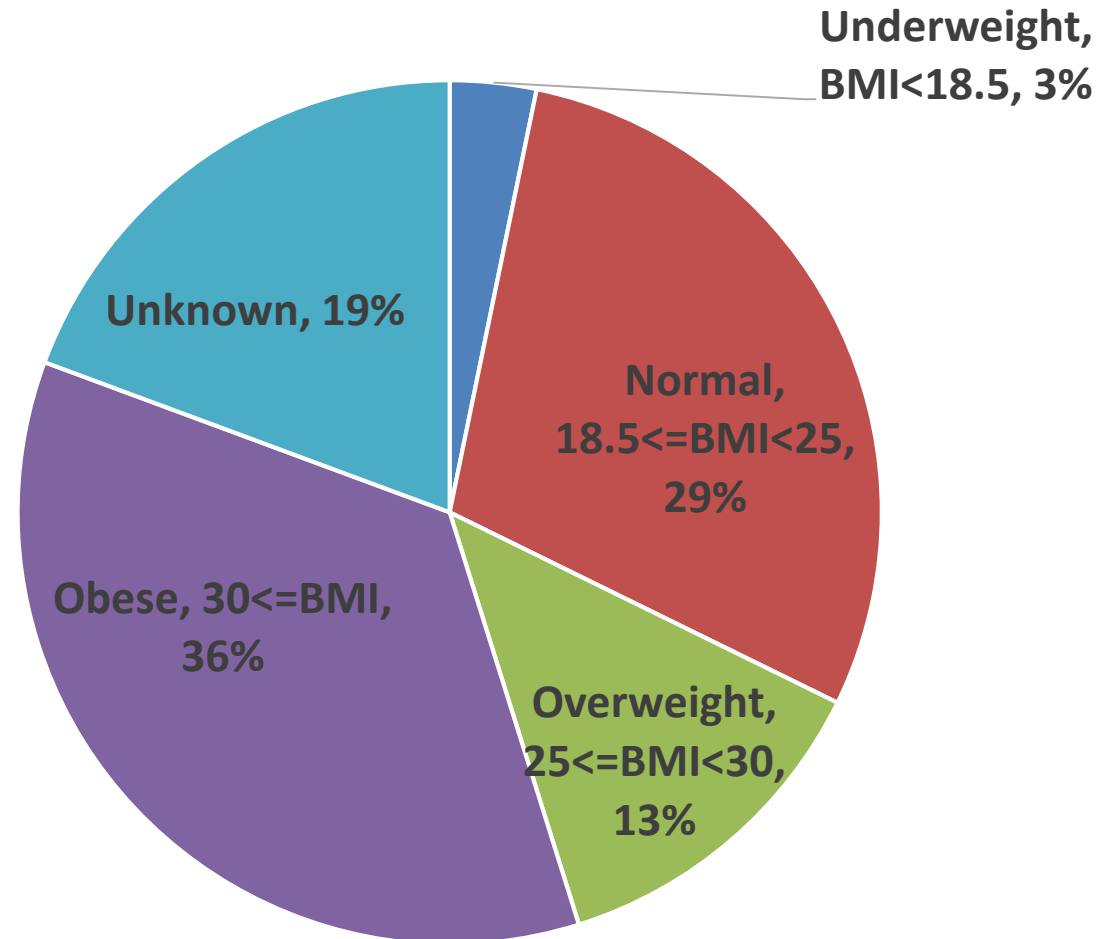
Most frequent medical conditions:

Obstetric	72%
Hematologic	30%
Cardiac	21%
Pulmonary	21%
Hypertension	21%
Endocrine	19%
Psychiatric disorders	13%

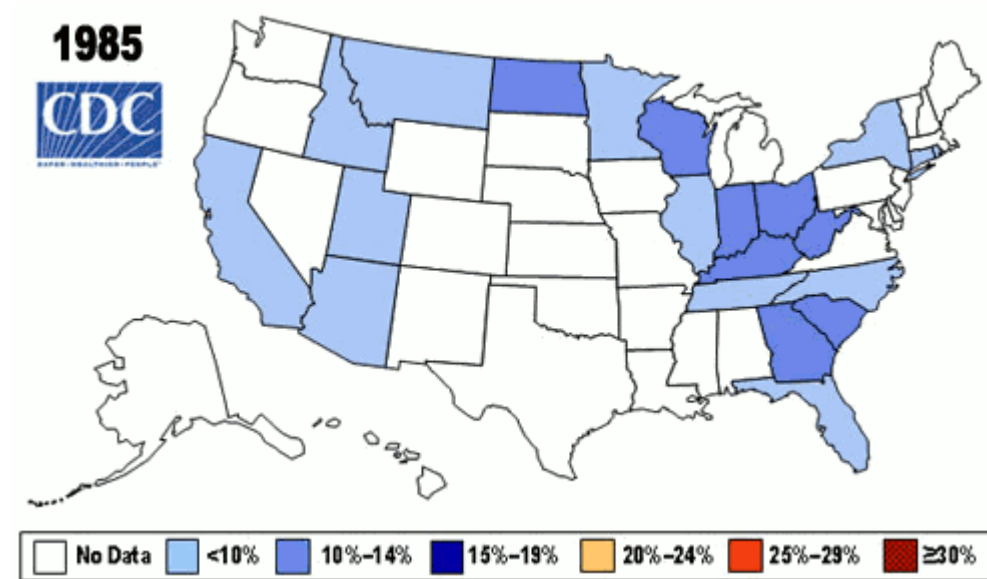
On average, women had 2.9 prenataly-identified risk factors in 2012-2013, compared to 1.9 in 2006-2008

Pre-Pregnancy Health Status

New York State Pregnancy-Related Maternal Mortality 2012-2013



Obesity Rates from 1985-2010



Severe Maternal Morbidity

“Severe maternal morbidity can be thought of as unintended outcomes of the process of labor and delivery that result in significant short-term or long-term consequences to a woman’s health.” (Kilpatrick and Ecker)

Identified during delivery hospitalizations by:

life-threatening medical complications (e.g. sepsis, thromboembolism, etc.)

life-saving interventions (e.g. assisted ventilation)

Severe Maternal Morbidity during Delivery Hospitalizations, 2008-2014

Severe maternal morbidity rates increased from 219 cases per 10,000 hospital deliveries in 2008 to 273 cases per 10,000 hospital deliveries in 2014.

Leading diagnoses among women who experienced severe maternal morbidity:

Hemorrhage	68.8%
Anemia (including sickle cell)	64.4%
Hypertensive disorders	26.0%
Thrombocytopenia	7.7%
Cardiac complications	6.9%

Women's Health Affects Infant Health

- Maternal complications* of pregnancy are one of the leading causes of infant (first year of life) death in NYS at a rate of 21.8 per 100,000 live births
- Prematurity is the leading cause of perinatal morbidity and mortality in the U.S.
- Unintended pregnancy is associated with low birth weight and preterm birth
- Women's health also affects child health

Source: Annual Report of Vital Statistics in New York State, 2014

*Maternal complications: incompetent cervix, premature rupture of membranes, oligohydramnios, polyhydramnios, ectopic pregnancy, multiple pregnancy, maternal death, malpresentation before labor

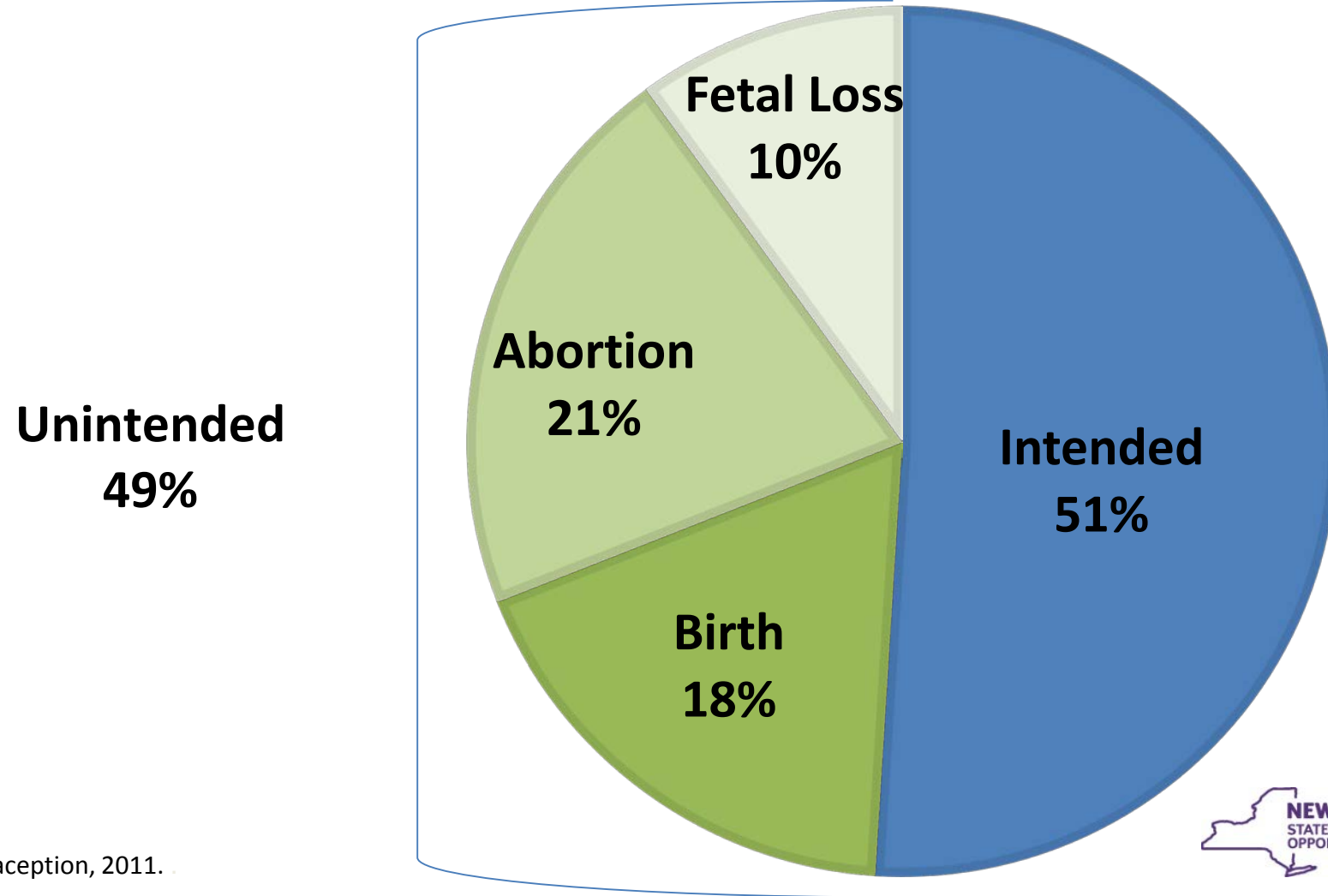
Unintended Pregnancy

55%

of all pregnancies in 2010 in
NYS were unintended (unwanted
or mistimed)

*Since **over half** of NYS pregnancies are unplanned, well woman care and pregnancy intendedness must be addressed with all women, at every encounter, regardless of where they access care.*

Unintended Pregnancy United States, 2011



Finer, Zolna. Contraception, 2011.

Unintended Pregnancy

Mistimed

- Woman did not want to become pregnant at the time pregnancy occurred but **did want to become pregnant at some point in the future**
- 27% of all pregnancies

Unwanted

- Woman **did not want to become pregnant then or at any time in the future**
- 18% of pregnancies

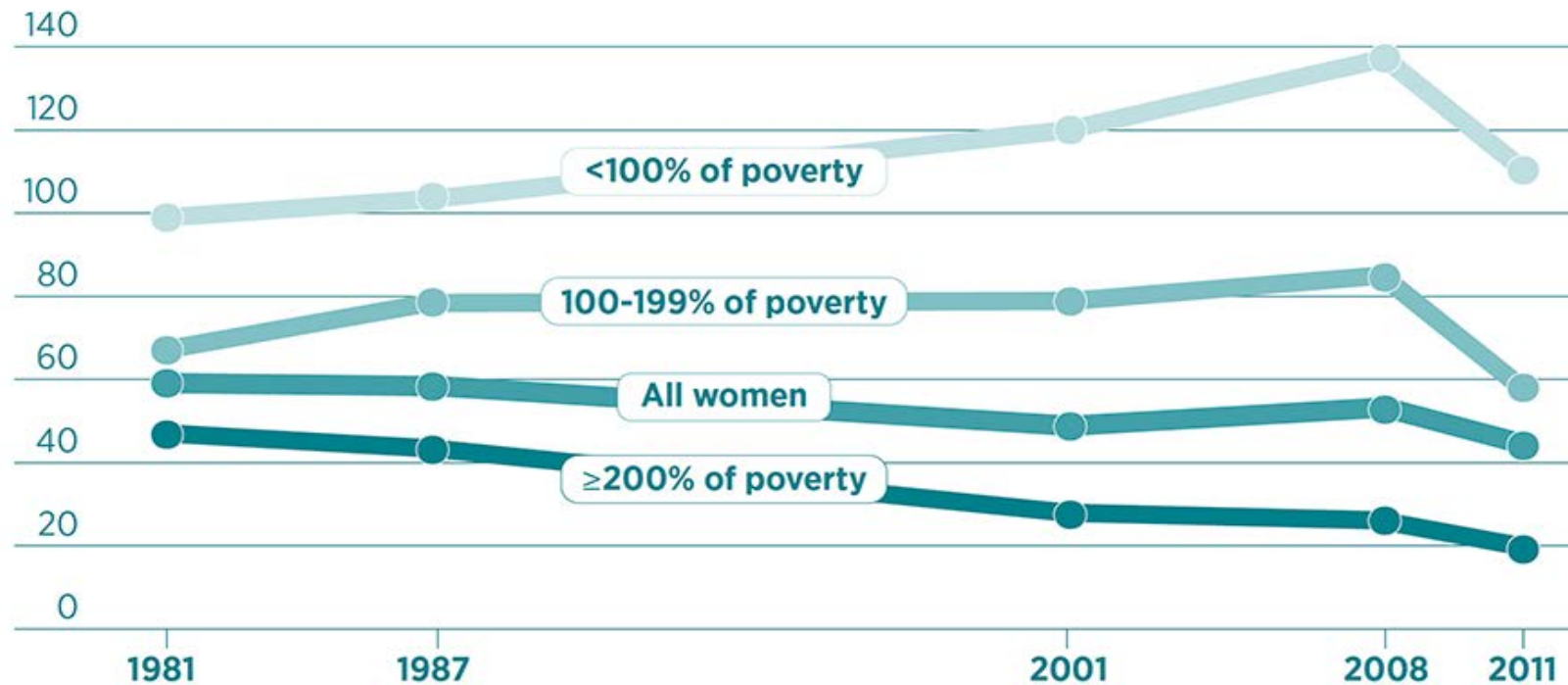
Potential Health Impacts of Chronic Disease

Disproportionate Rates of Unintended Pregnancy

UNINTENDED PREGNANCY RATES

Between 1981 and 2011, unintended pregnancy has become increasingly concentrated among poor and low-income women.

Rate (per 1,000 women aged 15-44)



Women are less healthy now than women were 25 years ago; this affects both their health outcomes and their infants.

Well woman care:
a Necessity for Improving Maternal, Infant,
and
Women's Health

Elements of well woman care



Health
promotion

Risk
assessment

Medical and
psychosocial
interventions

Discussing well woman care

- All health care providers serving women of reproductive age play an important role
- Every patient encounter is an opportunity to discuss pregnancy intendedness and current health
- Well woman care is important for all, but crucial for those with chronic conditions who would like to become pregnant

Interventions before pregnancy can:

- Substantially improve maternal health
- Substantially improve birth outcomes
- Increase early identification and treatment of health conditions and risk factors

Well woman care

Medical History

- Chronic diseases: Diabetes, Asthma, Hypertension, Heart Disease including Thromboembolism, Neurologic, Autoimmune, Kidney, Thyroid, etc.
- Surgical history

Infectious Diseases

- Immunization/travel Status
- History of STI's and risk factors
- Periodontal and urogenital disease
- Risk for TORCH infections

Medications & Allergies

- Prescription and over the counter
- Supplements

Nutrition & Exercise History

- Adequate mineral/vitamin intake (Folic Acid, Calcium, Iron)
- Dietary risks (eating disorders, fad diets)
- Healthy weight
- Exercise activities

Behavioral Health

- Depression & Anxiety
- Other psychiatric conditions

Well woman care

Psychosocial History

- Socioeconomic, educational, and cultural context
- Environmental and occupational exposures
- Social Support
- Intimate Partner Violence and other violence
- Substance use (smoking, drug, alcohol use)

Family Planning

- Reproductive Life Planning
- Birth Spacing
- Contraception

Reproductive History

- Obstetric history (including preterm births, birth defects, fetal or infant loss)
- Gynecologic history (uterine or ovarian abnormalities)

Family History

- Maternal, paternal, and sibling health
- Genetic conditions (sickle cell, thalassemia, cystic fibrosis, etc.)

Precautions to prevent ToRCH Infections:

Toxoplasmosis, Other (syphilis, varicella-zoster, parvovirus B19), Rubella, Cytomegalovirus (CMV), and Herpes infections

- Maintain proper hygiene
- Wash hands thoroughly after going outside
- Stay away from stray cats (toxoplasmosis)
- Cook meat until it reaches correct temperature
- Wash hands thoroughly after handling raw meat
- Do not share personal items (razors or toothbrushes) that may spread blood, or get tattoos/piercings
- If history of genital herpes, avoid triggers

CMV is short for **cyto-megalo-virus**

CMV is preventable



Pregnant women who already have young children, or who work with young children, are at highest risk of catching CMV

CMV is found in home and daycare settings



Avoid contact with saliva - Kiss kids under the age of 6 on the forehead instead of lips or cheek



75% of toddlers have CMV in their urine or saliva in studies at child-care settings



Wash your hands after contact with bodily fluids of kids under the age of 6



Don't share utensils, drinks, or toothbrushes with kids under the age of 6



Department of Health

What Conditions Should be Managed and Addressed as part of Well Woman Care?

Those that need time to correct prior to conception

Those that might change the choice or timing of conception

Those that would require early prenatal care

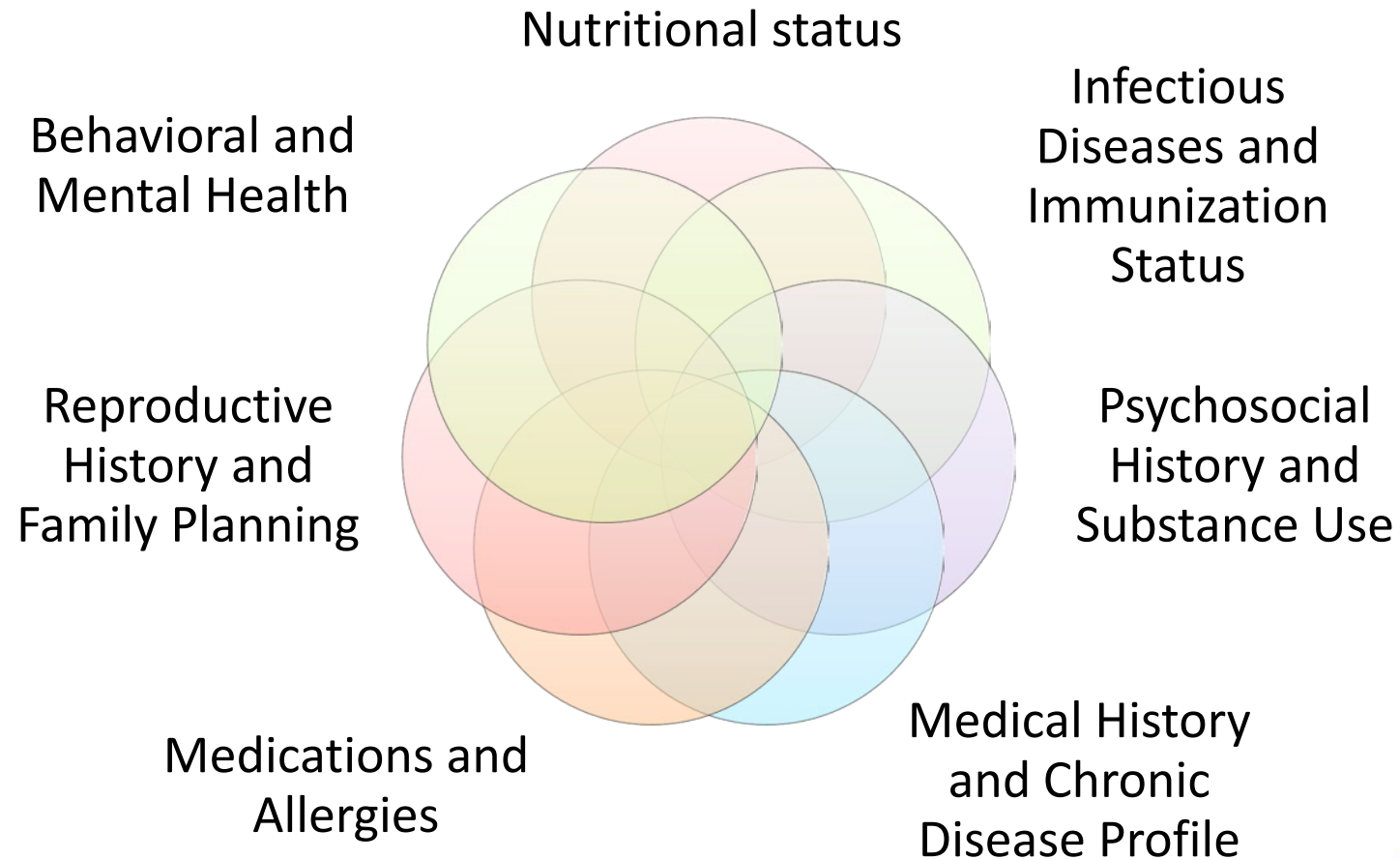
Those that use teratogenic or toxigenic medications (should switch to safe medications before conception)

Incorporating “Every Woman, Every Time”

If you take care of women of childbearing age,
**“It’s not a question of whether
you provide** preconception care, rather it’s
a question of what kind of preconception
care you are providing.”
- JB Stanford, et al.

^[1] Stanford JB, Hobbins D. Preconception risk assessment In: Ratcliff SD, Baxley L, Byrd JE, Sakornbut EL, eds., Family practice obstetrics, 2nd ed. St. Louis, MO: Mosby, 2001:1-13.

Areas of Overlap in Routine Care and Preconception Considerations



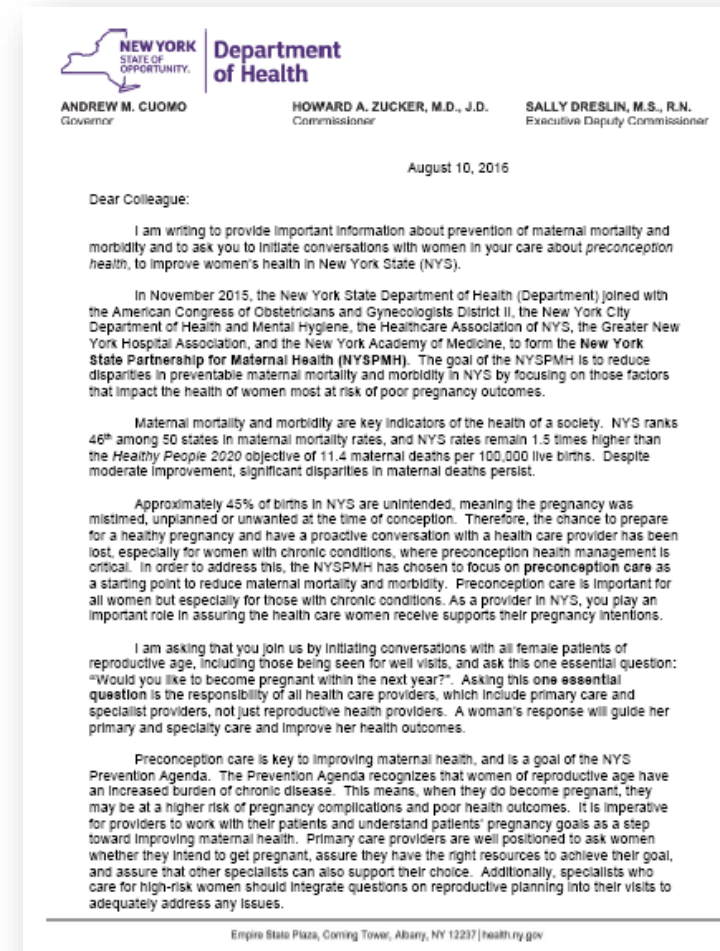
Incorporating Every Woman, Every Time

- Involves all healthcare settings
- Addresses family planning/reproductive preferences at every encounter
- Finds and addresses chronic conditions
- Recognizes that preconception care is high quality healthcare for women

Well Woman Health Promotion

Commissioner urges healthcare providers to initiate conversations with female patients about pregnancy intentions.

Goal: reduce preventable maternal mortality and morbidity by focusing on health-related factors affecting those most at risk for poor pregnancy outcomes.



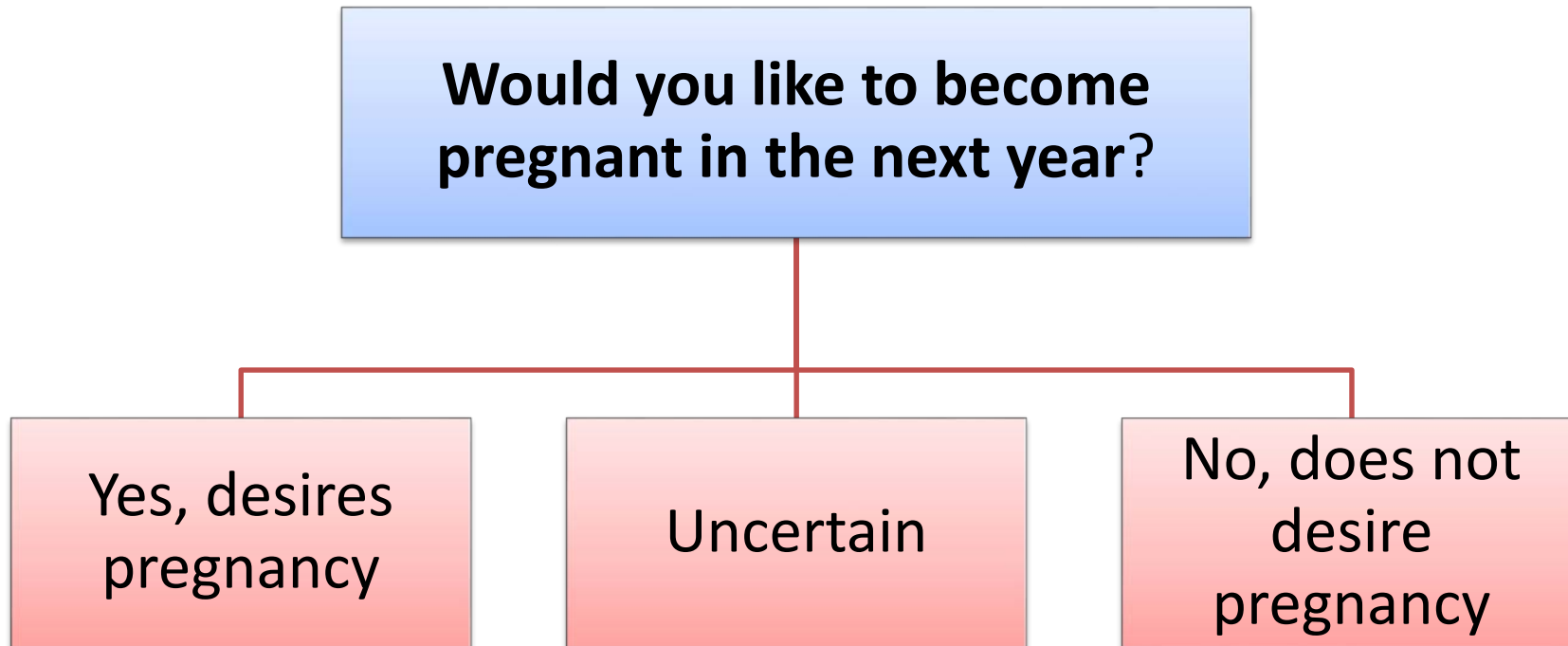
Goals to Address Unintended Pregnancy

Healthy People 2020

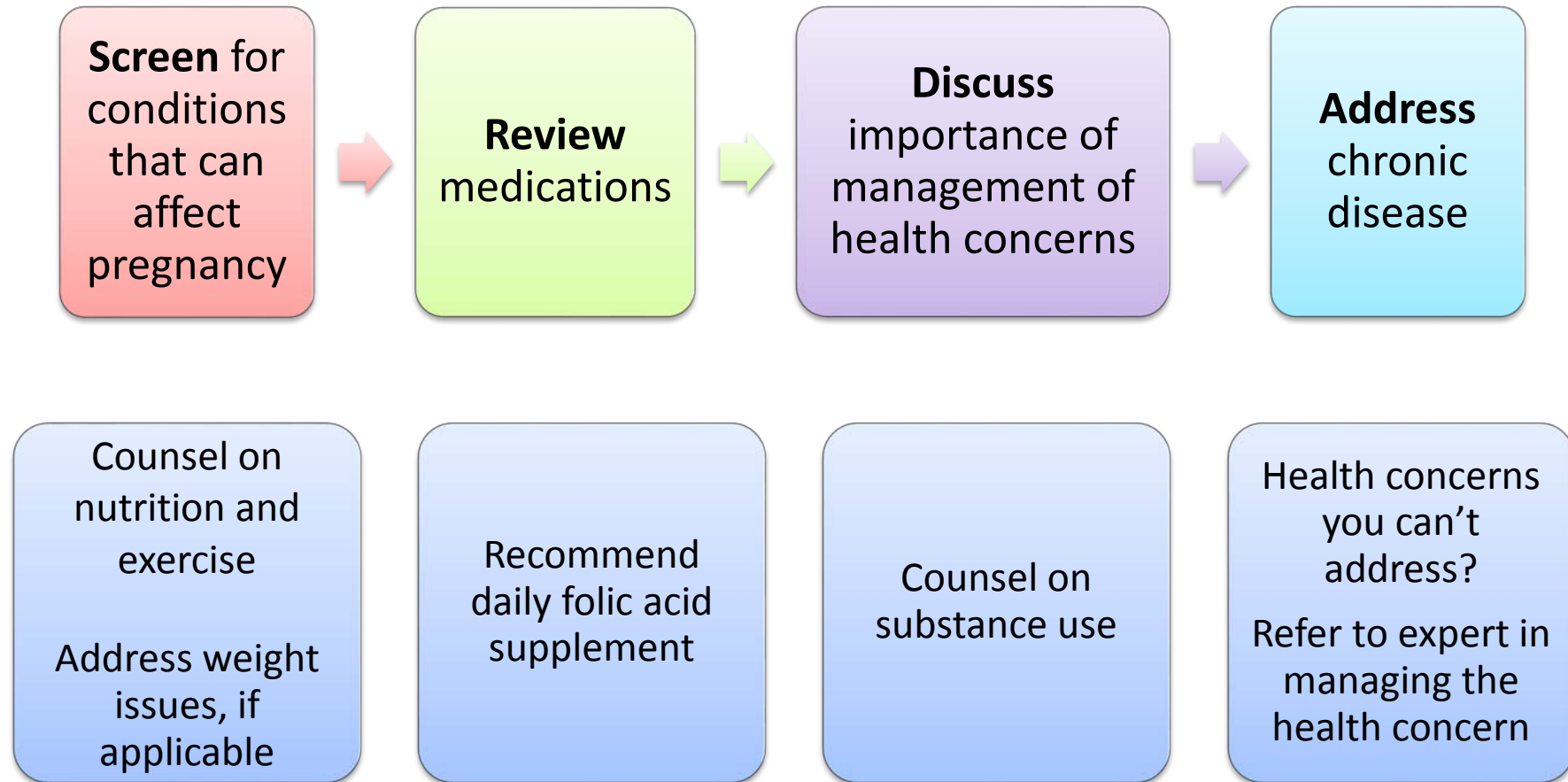
- Increase proportion of pregnancies that are intended from 51% → 56%
- Reduce proportion of females experiencing pregnancy despite reversible contraception use from 12.4% → 9.9%

Ask The Essential Question

This question helps start a conversation; it is not meant to categorize women



Yes, She Desires Pregnancy



Address Chronic Disease before Pregnancy

Assess chronic condition in potential pregnancy

- Determine likelihood of chronic condition affecting pregnancy
- Determine likelihood pregnancy affecting the woman's health

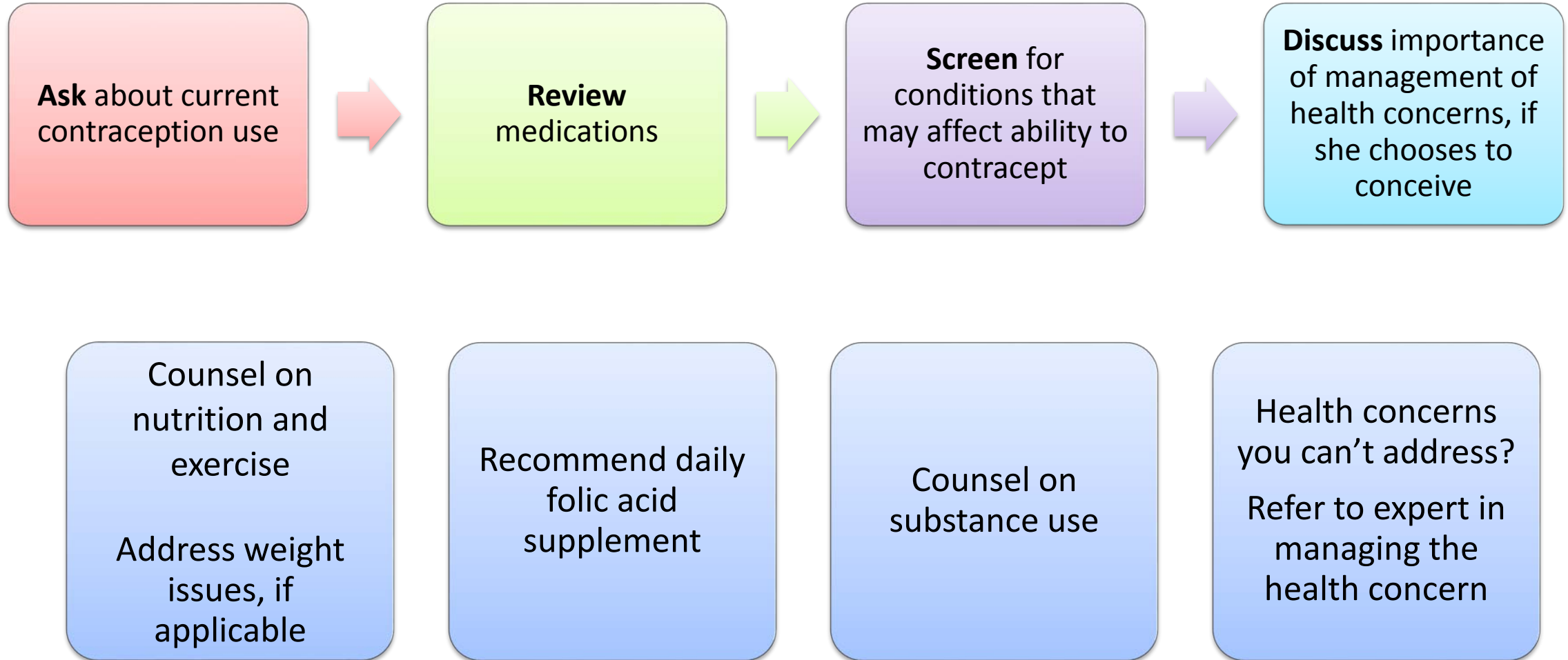
With certain chronic conditions, advise modifications

- Advise modification of treatment, when appropriate
- Advise avoidance or timing of conception, when appropriate

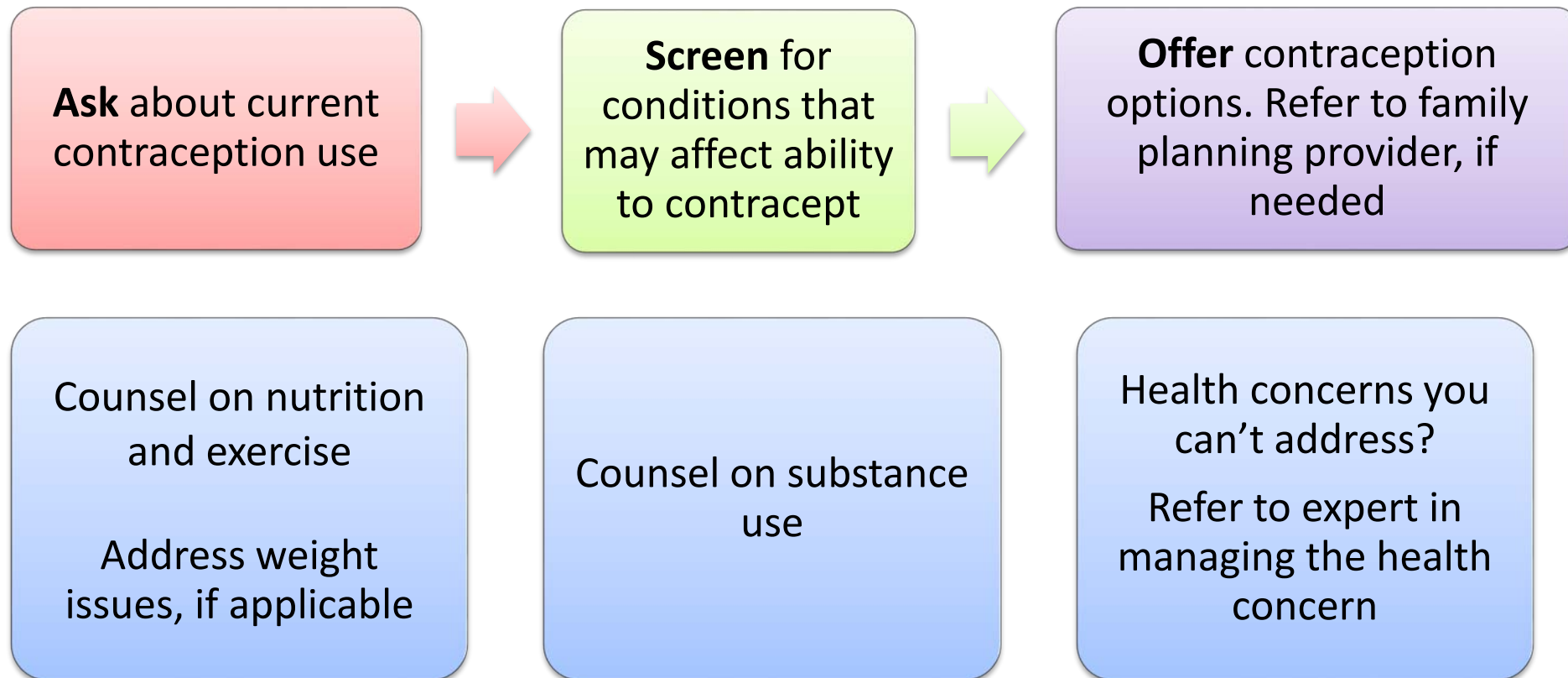
Refer to counseling

- Refer patient to counseling with an expert in managing the chronic condition before pregnancy, when appropriate

Uncertain



No, Does Not Desire Pregnancy



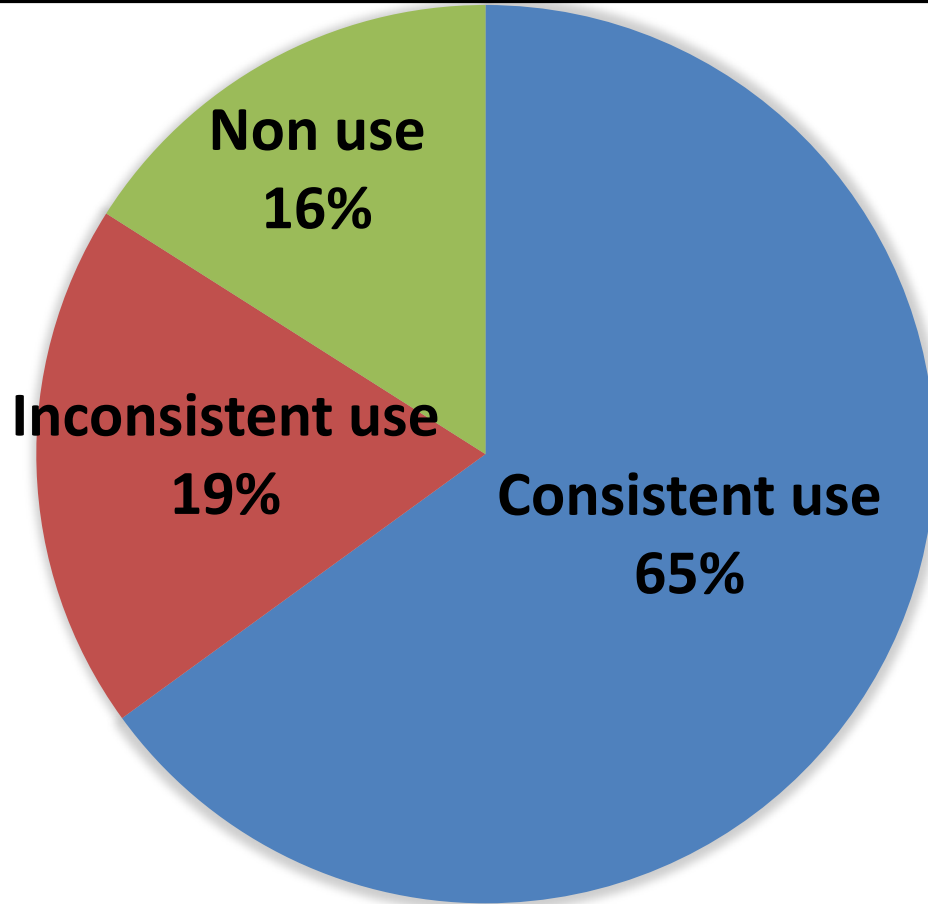
Substance Use:

Assess and warn of risks to mother/baby at every encounter

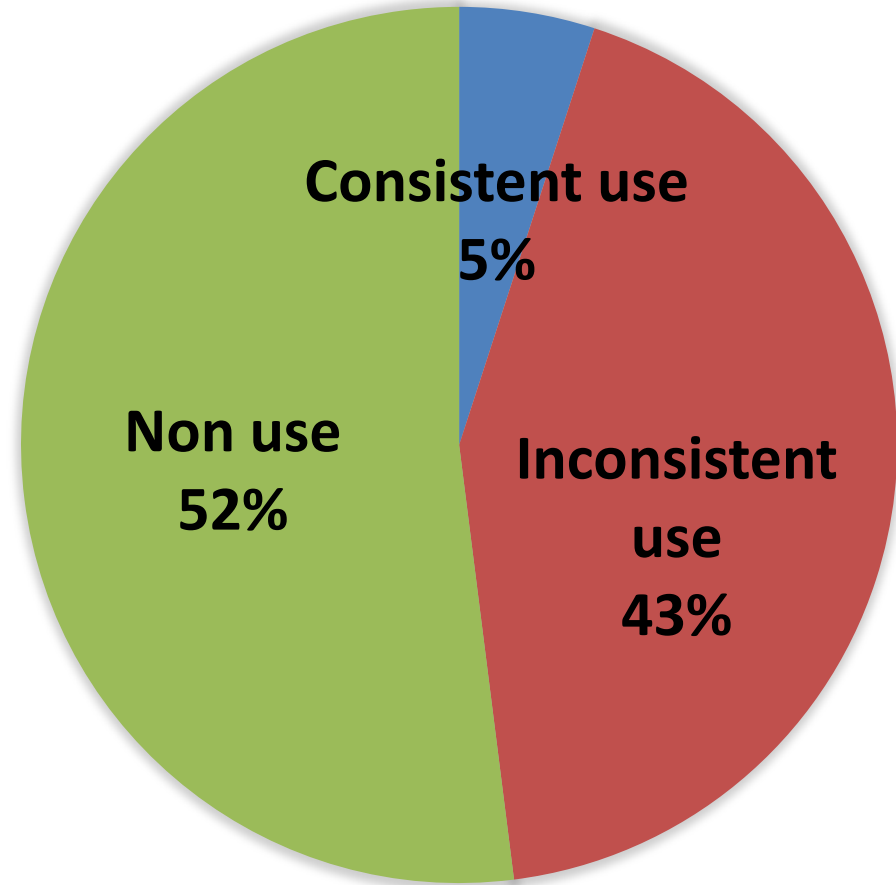
Tobacco	<ul style="list-style-type: none">• Risk factor of Sudden Infant Death Syndrome• Most preventable cause of low birth weight
Alcohol	<ul style="list-style-type: none">• Fetal Alcohol Spectrum Disorders• No safe level of consumption has been established
Heroin/ Opioids:	<ul style="list-style-type: none">• High risk for pregnancy complications• Neonatal Abstinence Syndrome
Cocaine	<ul style="list-style-type: none">• Pregnancy complications (migraines and seizures, premature membrane rupture, and separation of placental lining from uterus)• Prematurity and low birth weight
Marijuana (more evidence needed)	<ul style="list-style-type: none">• Pregnancy complications (low birth weight, still birth)• Future developmental and hyperactivity disorders in children

CONTRACEPTION:

2/3 of U.S. women at risk of pregnancy who practice contraception consistently account for only 5% of unintended pregnancies



**WOMEN AT RISK
(43 MILLION)**



**UNINTENDED PREGNANCIES
(3.1 MILLION)**

MEC by Condition

MEC by Method

SPR

US MEC

US Medical Eligibility Criteria
for Contraceptive Use, 2016

US SPR

US Selected Practice Recommendations
for Contraceptive Use, 2016



U.S. Department of
Health and Human Services
Centers for Disease Control
and Prevention

SPR

How To Be Reasonably Certain That A Woman
Is Not Pregnant >

Cu-IUD >

LNG-IUD >

Implants >

Injectables >

Combined Hormonal Contraceptives >

Progestin Only Pills >

Standard Days Method >

Emergency Contraception (IUDs and ECPs) >

Female Sterilization >

Male Sterilization >



HISTORY

“Wouldn’t it be more efficient to limit preconception health promotion information to women who are intending to become pregnant in the near future?”

No, because:

- At least 50% of pregnancies in NYS are unintended
- Preconception health is well woman care; it is appropriate for all women, irrespective of pregnancy plans
- Preconception care includes delaying or preventing pregnancy, if desired
- Women unlikely to schedule appointments for preconception care

“Some of these topics are already covered in routine well woman care so what’s the difference?”

- All women of reproductive potential deserve well woman care that includes reproductive choices
- Comprehensive well woman care supports women to be physically and mentally healthy now and in the future, regardless of current or future pregnancies
- While some women may need more than routine well woman care, no woman needs less

HH Care Manager's Role - Women of Reproductive Age

- Discussing pregnancy considerations with women of reproductive age
- Asking about pregnancy intention
- Connecting or ensuring involved providers are discussing preconception care with the patient
- If the enrollee is or becomes pregnant, ensuring connection to providers that address chronic conditions and pregnancy
 - Ensure prenatal services are in place
- If the enrollee already has children, ask about history of pregnancy, complications, pre-pregnancy care



Summary:

When Should Well Woman Care be addressed?

- As part of routine health maintenance care
- At a defined preconception visit
- For women with chronic conditions
- Every time a woman interacts with a health care provider

Thank You!

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Resources

- Before, Between & Beyond Pregnancy: The National Preconception Curriculum and Resources Guide for Clinicians. www.beforeandbeyond.org
- Preconception Health and Health Care: Information for Health Professionals. <http://www.cdc.gov/preconception/hcp/index.html>.
- Good Health Before Pregnancy: Preconception Care. <https://www.acog.org/Patients/FAQs/Good-Health-Before-Pregnancy-Preconception-Care>
- Summary Chart of US Medical Eligibility Criteria for Contraceptive Use. https://www.cdc.gov/reproductivehealth/contraception/pdf/summary-chart-us-medical-eligibility-criteria_508tagged.pdf
- ACOG WEBTREATS: Preconception Care. <https://www.acog.org/About-ACOG/ACOG-Departments/Resource-Center/WEBTREATS-Preconception-Care>
- “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.” *Morbidity and Mortality Weekly Report*, April 21, 2006, Vol. 55, No. RR-6.
- “Preconception Health and Health Care: The Clinical Content of Preconception Care.” *American Journal of Obstetrics & Gynecology*, December 2008, Vol. 199, Issue 6, Supplement B, S257-S396.
- <http://www.onekeyquestion.org/>



Referral references

- Show Your Love: Preconception Health. <http://showyourlovetoday.com/>
- Center for Disease Control and Prevention: Preconception Health and Health Care. <https://www.cdc.gov/preconception/index.html>
- NYS DOH: Prenatal Care in New York State. https://www.health.ny.gov/community/pregnancy/health_care/prenatal/
- CDC US Medical Eligibility Criteria for Contraceptive Use. <http://www.cdc.gov/mmwr/pdf/rr/rr5904.pdf>
- AIDS Institute for substance
- Tobacco Use (get from Barb Wallace)
- Pre-diabetic (get from Barb Wallace)

Resources: Diabetes, Nutrition, Physical Activity, Hypertension, and Asthma

- Preconception Health and Diabetes:
<https://www.cdc.gov/diabetes/projects/pdfs/preconceptionfactsheet.pdf>
- Promotion of diabetes prevention for those identified with prediabetes:
<https://www.cdc.gov/diabetes/prevention/index.html>
- Promotion of healthy weight for preconception care:
<https://www.cdc.gov/healthyweight/index.html>
- Healthy Weight: USDA Choose My Plate: www.choosemyplate.gov
- Nutrition for Health: <https://www.fns.usda.gov/core-nutrition/core-nutrition-messages>
- Physical Activity, 2008 guidelines:
<https://health.gov/paguidelines/pdf/paguide.pdf>
- Food and Fitness tracker: <https://supertracker.usda.gov/>
- Hypertension prevention and management: <https://millionhearts.hhs.gov/>
- Asthma Self-Management Skills: The Asthma Action Plan provides an opportunity for ongoing conversation between a woman with asthma who is planning to become pregnant, and her health care provider about strategies for improving asthma control and medication adherence.
<https://www.health.ny.gov/publications/4850.pdf>

Resources:

Tobacco Dependence Treatment

- **[New York State Tobacco Control Program](#)**
 - **[Health Systems for a Tobacco-Free NY Grantees](#)**

If you are looking to enhance the delivery of evidence-based treatment for tobacco dependence throughout your organization, we can help. Ten regional contractors across New York State are dedicated to working with health systems (free of charge) to ensure workflows and policies are in place so that every tobacco user is screened, offered, and receives timely, effective treatment.

Learn more about our Grantees at https://www.youtube.com/watch?v=8GoNk91AFO4&list=PLTh5HIjwx_eBzFgej5ljl-ysuZsliLgC6
 - **[New York State Smokers' Quitline](#)**

The New York State Smokers' Quitline is an additional resource for your patients. It's a free and confidential service that provides effective smoking cessation services to New Yorkers who want to quit smoking and reinforces the treatment received from their healthcare provider too. 1-866-NY-QUITS

[TalkToYourPatients.ny.gov](#)

This website was developed to provide support for health care providers. It has information on nicotine addiction, medication, counseling, resources and helpful links for providers.

In 2014, 1 out of every 2 smokers said they were motivated to quit because their health care provider recommended it. See the NYS data here [Health Concerns and Provider Recommendations Motivate Smokers to Quit](#).

[NYS Medicaid Managed Care Pharmacy Benefit Information Center](#)

Each managed care plan has its own list of covered drugs (called a formulary). If you would like to confirm that a drug is covered, please perform a drug look-up search at the above link.

[The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General \(2014\)](#)

Be sure to see Chapter 9 on Reproductive Outcomes. This may help get a difficult conversation started.