

Start smart, stay smart

Preconception Counseling in the FQHC
Setting

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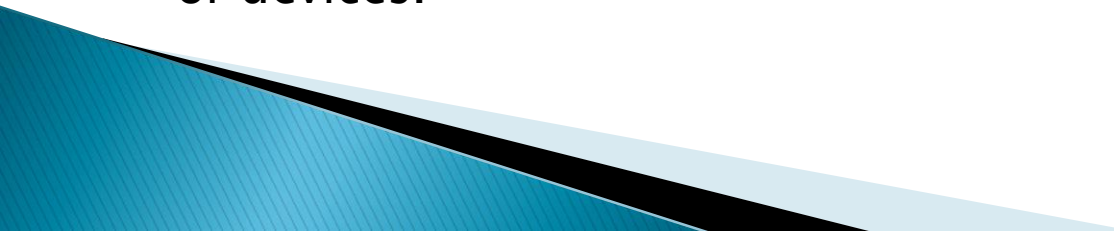


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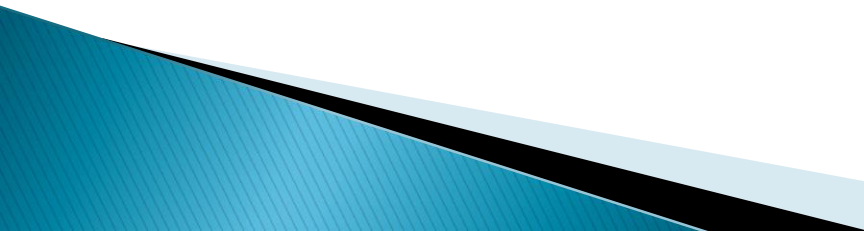
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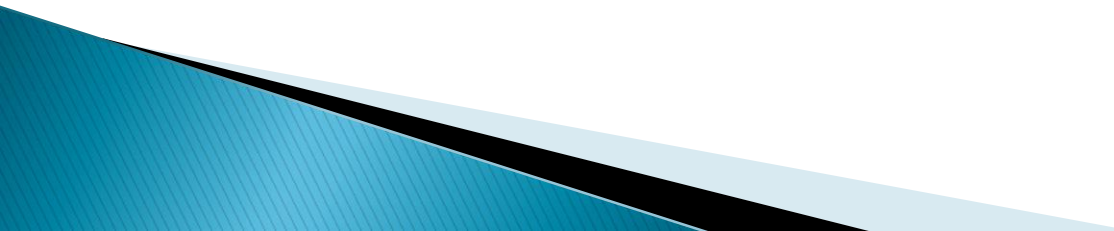
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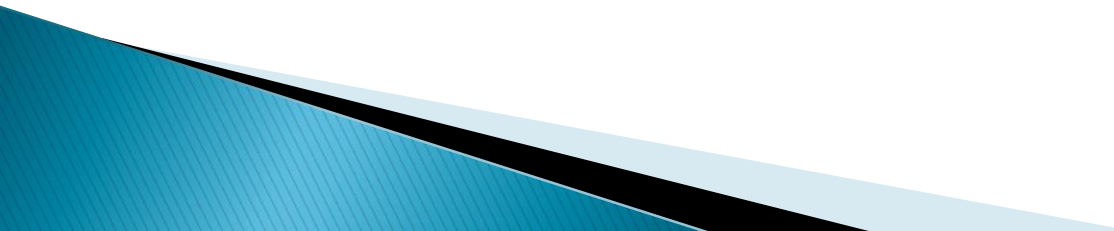


Topic Outline


- ▶ Why is preconception care important?
 - ▶ Preconception care at CHN
 - ▶ Development of the Preconception Smart Form
 - ▶ Future goals/developments
 - ▶ What are the components of a preconception visit?
 - ▶ Preconception interventions
 - ▶ Outcomes of preconception care
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Fantasy land: Preconception Preparation

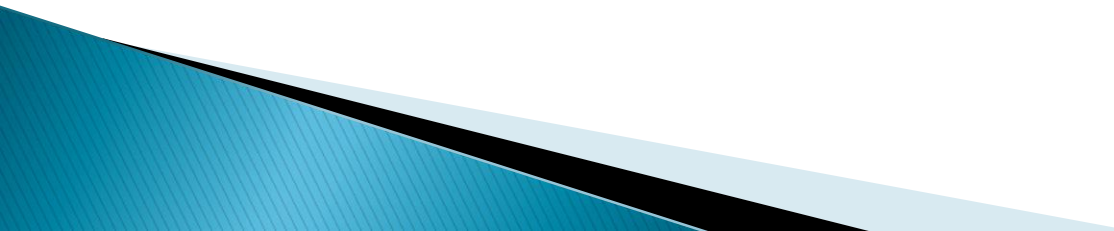
- ▶ All women anticipating pregnancy have controlled their medical comorbidities including their BMI, reduced/eliminated exposure to toxins and teratogens, and reviewed their medications with their provider.
 - ▶ All women have started prenatal vitamins/folic acid supplements
- 

- ▶ All women are up to date on immunizations and flu shots.
 - ▶ All women have stopped smoking/drinking/alcohol consumption
 - ▶ All women recognize they are pregnant shortly after missing a menses, and definitely before 6 weeks of GA, and immediately begin prenatal care with their provider.
- 


Reality

- ▶ 50% of pregnancies in the United States are unplanned
 - ▶ Approx. 30% of pregnant women, in the United States, do not start prenatal care until the second trimester of pregnancy after organogenesis is complete
 - ▶ Understanding modifiable risk factors and being able to modify them are two very different things.
- 

Potentially Modifiable Risk Factors

- ▶ Obesity
 - ▶ Drug/opiate use
 - ▶ Alcohol use
 - ▶ Cigarette smoking
- 

Macrosomia

- ▶ A retrospective United States study of the relative contribution of prepregnancy weight and gestational diabetes (by International Association of Diabetes in Pregnancy Study Groups [IADPSG] criteria) to the prevalence of LGA infants reported the prevalence of LGA among normal weight and obese women without gestational diabetes was 7.7 and 12.7 percent, respectively.
 - ▶ For women with gestational diabetes, the prevalence of LGA for normal weight and obese women was almost two-fold higher: 13.6 and 22.3 percent, respectively.
- 


Alcohol and Drug use

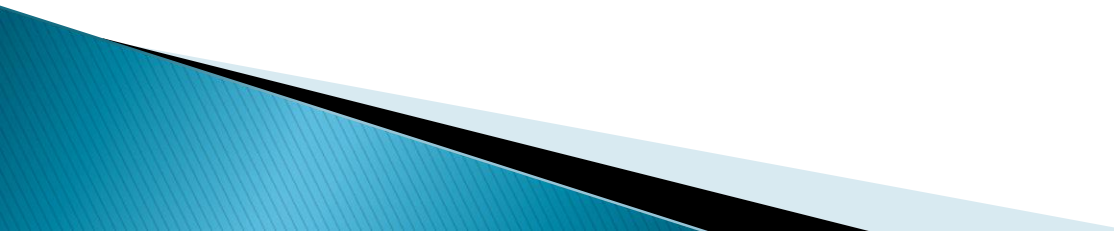
- ▶ Fetal Alcohol Syndrome is found in between 0.5–2/1000 live births, with higher incidence among Native Americans, and those in the juvenile justice system.
- ▶ Maternal opiate use increased from 1.19–5.63 per 1000 hospital births between 2000 and 2009
- ▶ Neonatal Abstinence Syndrome increased from 1.2–3.4/1000 hospital births between 2000 and 2009

Cigarette smoking

- ▶ Despite the known harmful effects of smoking, 23 percent of American women report smoking cigarettes in the three months before pregnancy.
- ▶ In the United States, the Pregnancy Risk Assessment Monitoring System (PRAMS) survey reported a prevalence of 11 percent during the last three months of pregnancy in 2010. When analyzed by state, the prevalence of smoking anytime during pregnancy ranged from 4.5 percent in Utah to 30.5 percent in West Virginia.
- ▶ Smoking prevalence was highest in women aged 20 to 24 years (17.6 percent), American Indians/Alaska Natives (26.0 percent), those with <12 years of education (17.4 percent), and Medicaid coverage during pregnancy or at delivery (17.6 percent).

Conditions that may increase risk of adverse events during an unintended pregnancy

- ▶ Breast cancer
 - ▶ Valvular Heart disease
 - ▶ Diabetes, type 1 with nephropathy, retinopathy, neuropathy, other vascular disease
 - ▶ Endometrial or ovarian cancer
 - ▶ Epilepsy
 - ▶ Hypertension
 - ▶ Hx Bariatric surgery w/in the past two years
- 

- ▶ HIV
 - ▶ Ischemic heart disease
 - ▶ Malignant gestational trophoblastic disease
 - ▶ Hepatoma and hepatocellular carcinoma of liver
 - ▶ Peripartum cardiomyopathy
 - ▶ Schistosomiasis with liver fibrosis
 - ▶ Severe cirrhosis
 - ▶ Sickle cell disease
 - ▶ Solid organ transplantation w/in past two years
 - ▶ Stroke
 - ▶ Thrombogenic mutations
 - ▶ Tuberculosis
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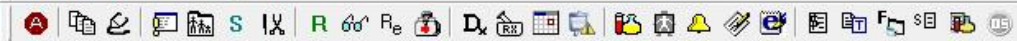
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First steps

- ▶ Start the conversation!
- ▶ Assess pregnancy plans
- ▶ Development of the preconception smart form
 - Annually for men and women **of reproductive age**
 - Anyone can do screening, but nurses are the ones to document it.



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Preconception Care For Women

1. Do you have sex with men, women, or both?

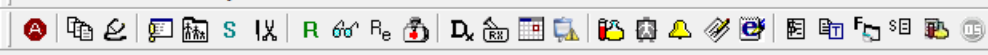
- Men
- Women
- Both

2. Do you plan to become pregnant in the next year?

- Yes
- No
- Unsure

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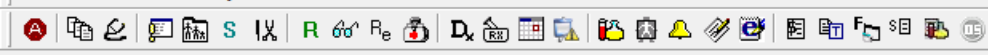
Are you taking prenatal vitamins now?

- Yes
- No

What birth control do you want to use until then?

- Sexually active with women only
- Pills
- Patch
- Ring
- Shot
- Copper IUD
- Hormonal IUD
- Hormonal Implant
- Condoms
- Relying on male partner's method
- Withdrawal
- Not sexually active





2. Do you plan to become pregnant in the next year?

- Yes
- No
- Unsure

When would you like to become pregnant?

- Less than one year from now
- 1-3 years from now
- 3-5 years from now
- More than 5 years from now
- No plans for future pregnancy

What birth control method will you use to avoid pregnancy?

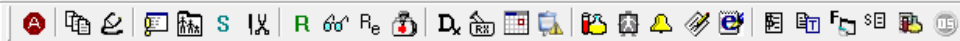
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- Withdrawal
- Not sexually active

How easy do you think it will be to use this birth control without problems?

- Very easy
- Somewhat easy
- Neither easy nor difficult
- Somewhat difficult
- Very difficult

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- Men
- Women
- Both

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- No
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- Somewhat difficult
- Very difficult

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Women's Preconception Smart Form

- ▶ Sex of sexual partners
- ▶ Plans on becoming pregnant
 - If yes:
 - initiation of prenatal vitamins
 - Type of contraceptive desired during preconception time
 - Ease of using that method
 - If no:
 - Desired time to become pregnant
 - Type of contraceptive desired to delay pregnancy
 - Ease of using that method



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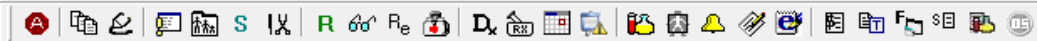
Preconception Care For Men

1. Do you have sex with men, women, or both?

- Men
- Women
- Both

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Preconception Care For Men

1. Do you have sex with men, women, or both?

- Men
- Women
- Both

2. Do you plan to have any (more) children in the future?

- Yes
- No

When would you want to have (another) child?

- Less than one year from now
- 1-3 years from now
- 3-5 years from now
- More than 5 years from now

What birth control do you want to use until then?

- Condoms
- Relying on female partner's method
- Currently active with men only
- Vasectomy
- Withdrawal
- Not sexually active

How easy do you think it will be to use this birth control without problems?

- Very easy
- Somewhat easy
- Neither easy nor difficult
- Somewhat difficult
- Very difficult

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Preconception Care For Men

1. Do you have sex with men, women, or both?

- Men
- Women
- Both

2. Do you plan to have any (more) children in the future?

- Yes
- No

What birth control method will you use to avoid pregnancy?

- Condoms
- Relying on female partner's method
- Currently sexually active with men only
- Vasectomy
- Withdrawal
- Not sexually active

How easy do you think it will be to use this birth control without problems?

- Very easy
- Somewhat easy
- Neither easy nor difficult
- Somewhat difficult
- Very difficult

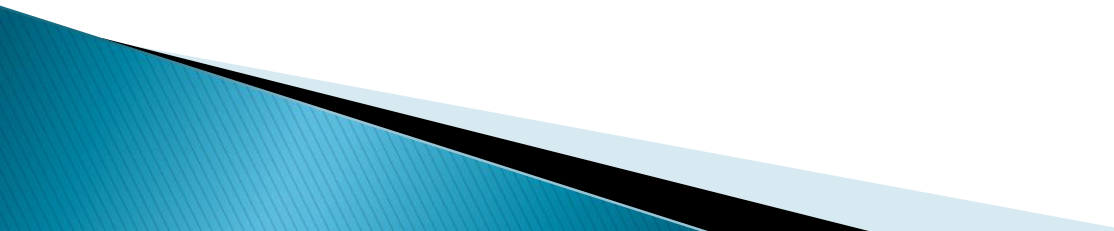
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Men's Preconception Smart Form

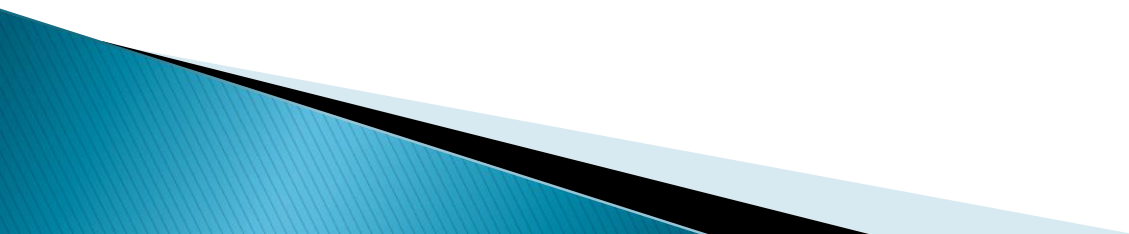
- ▶ Sex of sexual partners
- ▶ Plans on having any/more children
 - If yes:
 - Timing of desired child(ren)
 - Type of contraceptive used to delay pregnancy
 - Condoms, relying on female partner's method, sexually active with men only, vasectomy, withdrawal, not sexually active
 - Ease of using that method
 - If no:
 - Type of contraceptive used to avoid pregnancy
 - Ease of using that method

In conclusion...

- ▶ Women will always be asked about preconception care, regardless of sexual activity, as they have the body that will go through pregnancy.
 - ▶ Because the smart form is also a start to streamline the contraceptive conversation right now, men having sex with men will not be asked any other questions. Future steps and a preconception visit however, might warrant a change in this form.
- 

Future steps

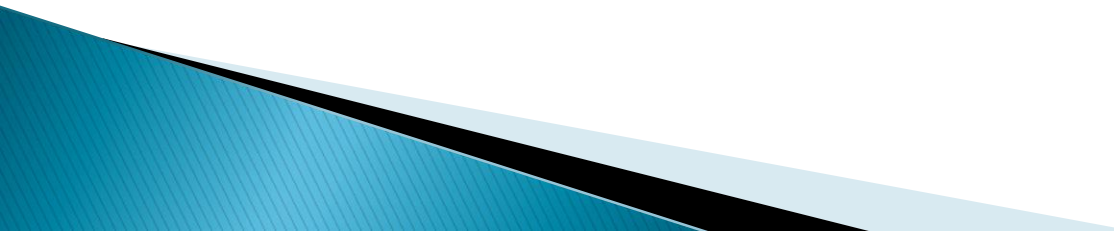
- ▶ Create a preconception visit to counsel more in depth around the modifiable behavioral risk factors.
 - ▶ Connect patients to services to help modify behavior prior to conception s/a nutrition, smoking cessation, alcohol support groups, exercise initiatives.
 - ▶ Include partners in these conversations.
 - ▶ Could also be a starting point to linking to care for same sex couples who want to conceive and are unsure of options.
- 




Components of a Preconception visit: History is everything


- ▶ Should include reproductive history and plans for future pregnancies
- ▶ Past medical and surgical history
- ▶ Immunization history
- ▶ Family history with focus on genetic disorders s/a MD, hemophilia, Tay–Sachs disease, SCD, cystic fibrosis, Down syndrome and other aneuploidies, thalassemia, consanguinity, mental retardation, anatomic birth defects
- ▶ Medication, both prescription and OTC.
- ▶ Use of tobacco, alcohol, illegal drugs.

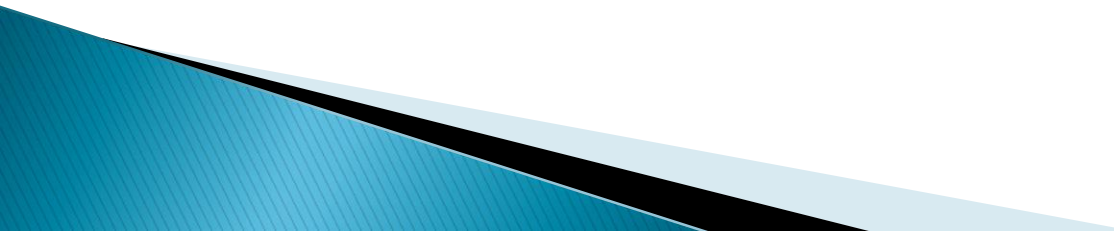
Preconception visit

- ▶ Use of dietary supplements, herbal supplements, appetite suppressants.
 - ▶ Use of folic acid and other vitamins
 - ▶ Exposure to environmental toxins
 - ▶ Work environment, exercise habits and hobbies
- 


Preconception visit

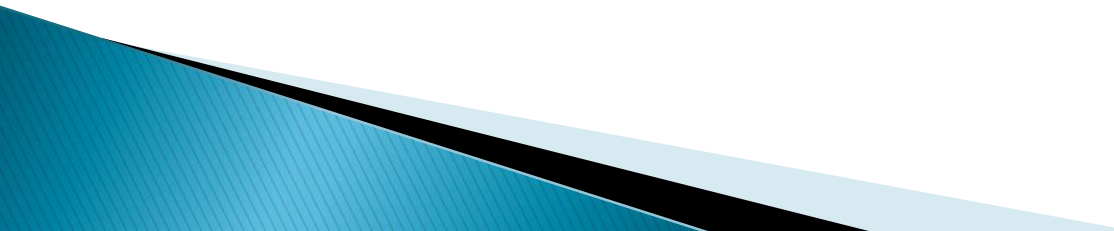
- ▶ Physical exam, including BMI and pelvic exam
 - ▶ Screening for STI, HIV, cervical cytology
 - ▶ Counseling re risk factors and potential life style changes
 - ▶ Immunizations if warranted for : measles, mumps, rubella, varicella, Hepatitis A and B, meningococcus, pneumococcus, influenza, Tdap, HPV
- 

- ▶ Counseling re weight, folic acid supplementation, risks of obesity in pregnancy, exercise
 - ▶ Folic acid, for prevention of neural tube defects, should begin at 0.4 mg/day prior to pregnancy.
 - ▶ Women with a history of neural tube defects, an infant with a NTD, or on anticonvulsants should begin 4 mg folic acid one month prior to attempting pregnancy and should continue this dose for the first three months of pregnancy.
- 

- ▶ Chronic medical conditions s/a DM, should be optimized with goal of optimizing glycemic control prior to conception.
 - ▶ Evaluate all current drugs re teratogenic potential: e.g. warfarin, valproic acid, carbamazepine, isotretinoin, ACE inhibitors.
 - ▶ Replace with less toxic alternatives where possible.
- 

Environmental factors

- ▶ Avoid shark, swordfish, king mackerel and tilefish, high in mercury
 - ▶ Optimize working conditions to eliminate exposure to second hand smoke, toxins, mercury, lead.
 - ▶ Address intimate partner and domestic violence as needed.
 - ▶ Address substance /nicotine/alcohol use with referrals to appropriate programs.
- 

- ▶ Address maternal age if over 35, including potential fertility issues, complications of pregnancy, genetic risks.
 - ▶ Refer for genetic counseling if appropriate, test for cystic fibrosis.
 - ▶ Address psychiatric illnesses and coordinate with mental health practitioner re use of psychiatric medications.
- 

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