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.

**1980’s:**
- Focus was on early engagement in prenatal care

**1980’s:**
- Increases in Medicaid eligibility and enrollment improved prenatal care utilization

**2015:**
- 1st trimester prenatal care initiation increased from 61.5% in 1985 to 77% in 2015, though disparities persist

**2015:**
- Rate of Low Birth Weight has increased from 6.8% in 1983, peaking at 8.9% in 2005, and slowly declining to 7.8% in 2015
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

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

<table>
<thead>
<tr>
<th>Most frequent medical conditions:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Obstetric</td>
<td>72%</td>
</tr>
<tr>
<td>Hematologic</td>
<td>30%</td>
</tr>
<tr>
<td>Cardiac</td>
<td>21%</td>
</tr>
<tr>
<td>Pulmonary</td>
<td>21%</td>
</tr>
<tr>
<td>Hypertension</td>
<td>21%</td>
</tr>
<tr>
<td>Endocrine</td>
<td>19%</td>
</tr>
<tr>
<td>Psychiatric disorders</td>
<td>13%</td>
</tr>
</tbody>
</table>

Source: NYSDOH Maternal Mortality Review Initiative
Pre-Pregnancy Health Status
New York State Pregnancy-Related Maternal Mortality 2012-2013

Source: NYSDOH Maternal Mortality Review Initiative
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:

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hemorrhage</td>
<td>68.8%</td>
</tr>
<tr>
<td>Anemia (including sickle cell)</td>
<td>64.4%</td>
</tr>
<tr>
<td>Hypertensive disorders</td>
<td>26.0%</td>
</tr>
<tr>
<td>Thrombocytopenia</td>
<td>7.7%</td>
</tr>
<tr>
<td>Cardiac complications</td>
<td>6.9%</td>
</tr>
</tbody>
</table>

Source: NYSDOH Maternal Mortality Review Initiative
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

*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.

Source: Guttmacher Institute
Unintended Pregnancy
United States, 2011

- Intended: 51%
- Birth: 18%
- Abortion: 21%
- Fetal Loss: 10%

Unintended: 49%

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)

- <100% of poverty
- 100–199% of poverty
- All women
- ≥200% of poverty

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

Source: CDC
Well woman care

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

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

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

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-megalovirus

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.

NEW YORK STATE OF OPPORTUNITY
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.
Areas of Overlap in Routine Care and Preconception Considerations

- Nutritional status
- Infectious Diseases and Immunization Status
- Psychosocial History and Substance Use
- Medical History and Chronic Disease Profile
- Medications and Allergies
- Reproductive History and Family Planning
- Behavioral and Mental Health
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%

http://healthypeople.gov/2020/
http://www.cdc.gov/WinnableBattles/TeenPregnancy/index.htm
Ask The Essential Question

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

Would you like to become pregnant in the next year?

- Yes, desires pregnancy
- Uncertain
- No, does not desire pregnancy
Yes, She Desires Pregnancy

1. **Screen for conditions that can affect pregnancy**
2. **Review medications**
3. **Discuss importance of management of health concerns**
4. **Address chronic disease**

- **Counsel on nutrition and exercise**
- **Recommend daily folic acid supplement**
- **Counsel on substance use**
- **Health concerns you can’t address? Refer to expert in managing the health concern**
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
Ask about current contraception use

Review medications

Screen for conditions that may affect ability to contracept

Discuss importance of management of health concerns, if she chooses to conceive

Counsel on nutrition and exercise

Address weight issues, if applicable

Recommend daily folic acid supplement

Counsel on substance use

Health concerns you can’t address? Refer to expert in managing the health concern
No, Does Not Desire Pregnancy

- **Ask** about current contraception use
- **Screen** for conditions that may affect ability to contracept
- **Offer** contraception options. Refer to family planning provider, if needed

- Counsel on nutrition and exercise
- Address weight issues, if applicable
- Counsel on substance use
- Health concerns you can’t address? Refer to expert in managing the health concern
Substance Use:
Assess and warn of risks to mother/baby at every encounter

<table>
<thead>
<tr>
<th>Substance</th>
<th>Risk Factors</th>
</tr>
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</table>
| Tobacco    | - Risk factor of Sudden Infant Death Syndrome  
             - Most preventable cause of low birth weight |
| Alcohol    | - Fetal Alcohol Spectrum Disorders  
             - No safe level of consumption has been established |
| Heroin/Opioids: | - High risk for pregnancy complications  
                      - Neonatal Abstinence Syndrome |
| Cocaine    | - Pregnancy complications (migraines and seizures,  
                      premature membrane rupture, and separation of  
                      placental lining from uterus)  
                      - Prematurity and low birth weight |
| Marijuana  | - Pregnancy complications (low birth weight, still birth)  
                      - Future developmental and hyperactivity disorders in  
                      children |

(more evidence needed)
CONTRACEPTION:

2/3 of U.S. women at risk of pregnancy who practice contraception consistently account for only 5% of unintended pregnancies.
US MEC
US Medical Eligibility Criteria for Contraceptive Use, 2016

US SPR
US Selected Practice Recommendations for Contraceptive Use, 2016
“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


• Good Health Before Pregnancy: Preconception Care. https://www.acog.org/Patients/FAQs/Good-Health-Before-Pregnancy-Preconception-Care


• ACOG WEBTREATS: Preconception Care. https://www.acog.org/About-ACOG/ACOG-Departments/Resource-Center WEBTREATS-Preconception-Care


• http://www.onekeyquestion.org/
Referral references

- AIDS Institute for substance
- Tobacco Use (get from Barb Wallace)
- Pre-diabetic (get from Barb Wallace)
Resources: Diabetes, Nutrition, Physical Activity, Hypertension, and Asthma

• 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
• 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](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](http://TalkToYourPatients.ny.gov)
  This website was develop 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.

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