Use of Reproductive Life Plans and Systematic Inquiry about Pregnancy Intent to Promote Optimal Women’s Health Before and Between Pregnancy

BRAD LUCAS, MD
NATALIE DIPIETRO MAGER, PHARMD, MPH
Learning objectives

1. Explain how reproductive life plans and systematic inquiry about pregnancy intent can be used to promote optimal women’s health.

2. Describe recent efforts in Ohio to increase use of reproductive life plans and systematic inquiry about pregnancy intent.

3. Identify barriers to implementation of reproductive life plans and systematic inquiry about pregnancy intent and possible solutions to address the barriers.
Systematic Inquiry of Pregnancy Intent

• “I don’t talk to women about birth control. I do if they ask.”
• “I didn’t know about condoms and birth control until I learned in school and my baby was already two years old.”
• Half of all pregnancies are unintended—no change in decades.
• Most pregnancies have good outcomes, but unintended pregnancies do have worse outcomes.
• Educate people -- give them motivation and control.
Systematic Inquiry of Pregnancy Intent

Two 28 year old females with similar situations:
- Two children
- No husband
- "Bad" boyfriend
- Unsafe home
- Unsafe neighborhood
- Bad landlord
- Increased stress
- HTN

Choice to use contraception:
- Both with lack of awareness of RLP and contraceptive options
- One has interaction with caregiver who asks about pregnancy intent and offers counselling

Female 1
- Increased stress
- More tobacco use, begins to drink during the day
- Stops self care of HTN and lowers adherence to meds
- Gets pregnant
- Preterm birth at 32 weeks

Female 2
- Undergoes RLP
- Chooses LARC
- Dumps boyfriend
- Finds better job, finds better housing and landlord, lowers stress and use of tobacco and EtOH
- Meets the right guy, the begin plans to conceive while addressing both of their preconception needs
Long-acting reversible contraception (LARC)

“ACOG has long recommended LARC as the most effective reversible contraceptive option for most women, including those who have not given birth and adolescents who are sexually active,” said David E. Soper, MD, Chair of the College’s Gynecologic Practice Committee. “We continually see more and more data to support and strengthen our recommendations at the same time that more LARC options are becoming available.”

-ACOG strengthens LARC recommendations—September 2015
Systematic Inquiry of Pregnancy Intent

• Primary care screens for chronic disease, depression, alcohol, cervical cancer, breast cancer, colorectal cancer, smoking, etc.

• We do not ask about pregnancy intent where we can impact outcomes just as much.

• People might want to become pregnant, but are medication not safe for the fetus; are not aware of safe pregnancy spacing; are not up-to-date on immunizations; are not taking prenatal vitamins; have not been screened for diabetes, STI, high blood pressure; and have unsafe behaviors with tobacco, alcohol, and/or drugs.

• We cannot instinctively guess which patients need preconception care versus contraception care.
Systematic Inquiry of Pregnancy Intent

• We must raise the subject of pregnancy intent at *every interaction*.

• “Are you hoping to have a baby in the next 12 months?”
• “Are you planning to carry a baby next year?”

→ Many ways to ask.

• Open up the conversation, listen, provoke.

• There are more than two responses.

  “Yes”  “No”  “I don’t care”  “I am undecided”
Systematic Inquiry of Pregnancy Intent

• No right or wrong answers

• Answers can change from visit to visit

• They can change during the same visit!
Reproductive Life Plans

• Comprehensive tool to walk individuals through deliberate thought on their body and their future.

• More static, less dynamic than the immediate response to a single question on pregnancy intent.

• One RLP is not good enough. Still a dynamic nature as plans can change as we grow, mature, and have new life experiences.

• One RLP a year is probably inadequate. Review and update.

• Be impactful.
How should RFP’s be used?

- A tool to open up conversation
- Can be adjusted to best meet the needs of the population served
- A place to record responses to remind the patient/client
- Not just a form
- Allows for a standard culturally competent approach
A Plan ...

Do you want to have children one day? ______ Yes ______ No
If yes: At what age would you like to have children? __________
How many children would you like? ____________
How far apart in age would you like your children to be? ____________
Are you currently using a birth control method? _____ Yes _____ No
If No: What will you do if you become pregnant? _________________

• Personal Habits
• Family History
• Personal and professional goals
• Dispel myths about birth control
Initiating conversations with patients and clients

- Again—inquire about pregnancy intentions
- Allow open-ended conversation
- Share that these are things people do not normally ask or feel comfortable discussing
- Ask questions that can provoke thought
  - Are you hoping to get a better job?
  - How is your relationship with your boyfriend?
  - Do you feel your housing is safe and steady?
- Document the highlights of the conversation and where it ended for a reminder at your next opportunity to talk
Reproductive Life Plans

Cincinnati Health Department

Columbus Public Health

Ohio Department of Health

Toledo Health Department
How do these tools promote optimal women’s health?

Based on the client’s/patient’s responses, appropriate action steps can be taken.
CDC recommendations for preconception care

**Counseling**
- Folic acid
- Smoking
- Alcohol & other recreational drug misuse
- Obesity

**Maternal assessment**
- Pre-gestational diabetes
- Hypothyroidism
- Maternal phenylketonuria (PKU)
- Teratogenic drugs

**Screening**
- HIV/AIDS
- STIs

**Vaccinations**
- Rubella
- Hepatitis B

Sources: CDC, 2006; Kent et al, 2006
Folic acid

• All women of childbearing age should consume 400 mcg of folic acid in the preconception period and during pregnancy
  • Food sources
  • Supplementation is advised (multivitamin or FA tablet)

• Certain groups should be advised to take greater doses of folic acid. These include women
  • with diabetes (usually 4-5 mg/day)
  • using antiepileptic drug (usually 4 mg/day)
  • having experienced a previous neural tube defect-affected pregnancy (usually 4 mg/day)
  • who are obese or smoke??

Sources: Berghella et al, 2010; Kent et al, 2006
Smoking

• Prior to conception, encourage women to stop smoking
  • The highest cessation rates are seen in counseling with both behavioral and educational interventions
  • Women who initiate tobacco cessation in the preconception period may be able to use pharmacologic smoking cessation aids; however, the safety of these products during pregnancy or breastfeeding has not been established

• “The 5 A’s”: Ask, Advise, Assess, Assist, Arrange

• For providers with limited time: Ask-Advise-Refer to Quitlines
  • https://ohio.quitlogix.org/
  • 1-800-QUIT-NOW

Alcohol and other recreational drug misuse

• No recreational drugs should be consumed at any time during the preconception period or pregnancy

• Women should be educated to not consume alcohol during the preconception period or pregnancy
  • Even light drinking may harm the fetus

Sources: Berghella et al, 2010; Kent et al, 2006; March of Dimes, 2011
Obesity

- Body mass index (BMI) should be calculated at least annually for women of childbearing age

- Obese women (BMI ≥ 30) should receive counseling on appropriate weight loss and nutritional intake
  - Calorie and portion control
  - Physical activity that can be safely continued in pregnancy
    - 30-60 minutes/day for 5 or more days per week

- Conception should be delayed until optimal weight is achieved

Sources: Berghella et al, 2010; Kent et al, 2006
Diabetes

• Stabilize blood glucose and achieve euglycemia months before conception

• Screening

• Counseling
  • Specific to nutrition and management of diabetes during pregnancy
  • Physical activity

Sources: VanTyle & LaPointe, 2010; Berghella et al, 2010; Kent et al, 2006
Hypothyroidism

- The American Association of Clinical Endocrinologists recommends routinely screening women for thyroid dysfunction by obtaining TSH measurements before pregnancy or during the first trimester.

- Women with hypothyroidism should make their healthcare providers aware of their intention to conceive.
  - In early pregnancy, dose of levothyroxine must generally be increased for proper fetal development.
  - More frequent monitoring of serum TSH is warranted.

Sources: Kent et al, 2006; AACE, 2006
Maternal PKU

• Many women diagnosed with PKU have relaxed their dietary restrictions in adulthood and therefore have increased levels of phenylalanine.

• It is essential that women with PKU adhere to the dietary restrictions at least three months prior to conception and throughout pregnancy.
  • Goal: phenylalanine levels <6 mg/dL achieved at least 3 months before conception and levels of 2-6 mg/dL maintained during pregnancy

Sources: Dunlop et al, 2008; Berghella et al, 2010; Kent et al, 2006
Teratogenic drug use

- **Prescription**
  - Example: angiotensin-converting enzyme (ACE) inhibitors, angiotensin receptor blockers (ARB), HMG-CoA reductase inhibitors (statins), tetracyclines, aliskiren, bupropion/naltrexone, methotrexate, misoprostol, orlistat

- **OTC**
  - Example: orlistat

- **Vitamins**
  - Example: Vitamin A

- **Herbal**
  - Example: blue cohosh, black cohosh, dong quai, goldenseal, feverfew

HIV and STI

- HIV/AIDS
  - Prior to conception, it is recommended that women be screened and treated for HIV/AIDS
  - US Public Health Service: 8-point preconception counseling for HIV-infected women

- Sexually Transmitted Infections (STI)
  - Prior to conception, women should be screened and treated for STI

Sources: Lampe 2006; Kent et al, 2006; Lee & Thomason, 2010
Vaccinations

• Rubella
  • Prior to conception, women who are seronegative to rubella should consider vaccination
  • Do not administer during pregnancy
  • Conception should be avoided for 28 days post-vaccination

• Hepatitis B
  • Prior to conception, women who are at risk for contracting hepatitis B should consider vaccination

Sources: Berghella et al, 2010; Kent et al, 2006
Current efforts in Ohio

Group 2 of the Ohio Collaborative to Prevent Infant Mortality developed a survey to query providers on:

- knowledge and use of reproductive life plans
- whether all reproductive age females are routinely asked if they plan to become pregnant in the next year

Action steps to increase knowledge about and use of these methods
Survey methods

• Survey was entered in Qualtrics

• Survey was distributed using a snowball technique

• Responses were collected between 4/12/2016-6/21/2016

• Survey was approved by Ohio Northern University IRB
Survey results

• N=529 survey responses

• ~ 64 counties across Ohio
  • Franklin, Cuyahoga had the highest number of respondents

• Most commonly reported positions were:
  • advanced practice nurse (~25%)
  • nurse (~20%)
  • physician (~30%)
Survey results

• “Yes” to:
  • Routinely ask all reproductive age females at practice if they plan to become pregnant in the next year – 42%
  • Knowledge of reproductive life plans – 45%
  • Use of reproductive life plans – 23%

• Limitations:
  • Due to sampling technique, results may not be representative or generalizable to counties/state
What’s holding *you* back?

• Work in groups to identify:
  • barriers that prevent you from implementing reproductive life plans and systematic inquiry about pregnancy intent at your site
  • possible solutions to address the barriers

• If you have successfully utilized these practices, share your stories and lessons learned with the group

What could Group 2 do to help you implement these practices?
Share with the room

• Barriers
• Solutions
• Best practices
• Lessons learned

*What could Group 2 do to help you implement these practices?*
Questions?

• For more information....

• Dr. Brad Lucas: blucas@centene.com

• Dr. Natalie DiPietro Mager: n-dipietro@onu.edu