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Partnering with Pharmacists to Provide Preconception Care

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Objectives

- Discuss how pharmacists are suited to impact public health priorities, including the improvement of maternal and child health outcomes
 - List and describe opportunities to collaborate with pharmacists to provide preconception care
 - Determine resources, barriers, stakeholders, and possible partnerships in the community for the provision of preconception care
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Background

Pharmacists: education and training

- Doctor of Pharmacy (PharmD) degree
 - Entry-level degree since 2006
 - 6-8 years to complete
 - Extensive didactic preparation focused on clinical training and physical assessment
 - Diverse experiential experience in broad array of healthcare settings
 - Emphasis on patient-centered care and pharmacotherapy optimization to improve patient outcomes and quality of life
- Post-graduate opportunities: residency, fellowship, graduate school

Public health in PharmD curriculums

- CAPE educational outcomes
 - 2 of 4 domains emphasize population-based care and health/wellness
- ACPE accreditation standards
 - Competencies related to public health are in many of the standards for the didactic and experiential curriculum

Pharmacists: accessibility & impact

- There is growing recognition that pharmacists play an important role in public health and clinical health
- Examples:
 - American Public Health Association (2006)
 - Pharmacists are “often uniquely sited in the community to provide public health services”
 - Accessible, trusted healthcare professional
 - Specialized knowledge & training
 - Provision of primary, secondary, and tertiary prevention

■ Examples, continued

- US Public Health Service (2011)
 - “As public health professionals, through interprofessional practice, pharmacists can directly affect health determinants.”
- Centers for Disease Control and Prevention (2012)
 - “The role of the pharmacist has expanded beyond just dispensing medications and is evolving into active participation in chronic disease management as a part of team-based care.”
- National Association of County & City Health Officials (2014)
 - “Independent, chain, and ethnic pharmacies often target hard-to-reach and vulnerable populations”

“Any effort to increase the use of preventive services and improve women’s health status must be interprofessional in nature and include pharmacy as one of the targeted health professions.”

~ U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), Office on Women's Health (OWH), American Association of Colleges of Pharmacy (AACP), 2004

“Evidence of the contribution of pharmacists in improving Maternal, Newborn and Child Health has been gathered in many countries . . . pharmacists could contribute even further, if and when they are empowered to work within the full scope of pharmacy services appropriate in their country.”

~ International Pharmaceutical Federation (FIP), 2013

Key roles for pharmacists in preconception care

What is preconception care?

- 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
 - Prevention and management of health issues that may pose risk to mothers or infants
 - Emphasis on health issues that require action before conception or very early in pregnancy for maximal impact
 - Includes active management of fertility (e.g., family planning)
- Should be viewed as part of routine health care rather than a single clinical visit

Purpose

- Improve health for all women of childbearing age before conception
 - First or subsequent pregnancy (*interconception care*)

- Components of preconception care include:
 - risk screening
 - health promotion
 - effective interventions

Goals of preconception care

Goal 1

Improve the knowledge, attitudes and behaviors of men and women related to preconception health.

Goal 2

Assure that all women of childbearing age in the U.S. receive preconception care services that will enable them to enter pregnancy in optimal health.

Goal 3

Reduce risks indicated by a previous adverse pregnancy outcome through interventions during the interconception period.

Goal 4

Reduce the disparities in adverse pregnancy outcomes.

Recommendations

1. Individual responsibility across the life span

- Counsel all patients to have a reproductive life plan and to implement via their preferred family planning methods

2. Consumer awareness

- Increase patient education and use of health services

3. Preventive visits

- Provide risk assessment and counseling regarding preconception health to all women

4. Interventions for identified risks

- Increase proportion of women receiving necessary interventions identified through screening

5. Interconception care

- Intensive interventions targeted to women who experienced adverse outcomes in prior pregnancy

Sources: CDC, 2006; Kent et al, 2006

Recommendations, continued

6. Pre-pregnancy check-ups

- Before conception, provide a clinical visit to couples planning a pregnancy

7. Public health programs and strategies

- Integrate preconception health with existing public health programs

8. Health coverage for low-income women

- Improve access to preventive services among those with low income

9. Research

- Enhance knowledge about preconception care

10. Monitor via public health surveillance and other research mechanisms

- Monitor via public health surveillance and other research mechanisms

Proven interventions

14 evidence-based interventions have been identified, which can be classified into 4 categories

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

See [http://www.ajog.org/article/S0002-9378\(08\)00887-9/fulltext](http://www.ajog.org/article/S0002-9378(08)00887-9/fulltext) for a comprehensive summary of strength of evidence for preconception topics

According to the World Health Organization, preconception care can:

- reduce child mortality
- prevent stillbirths, preterm birth, and low birth weight
- prevent birth defects
- reduce maternal mortality
- prevent complications during pregnancy and delivery
- prevent unintended pregnancies
- and positively influence other birth outcomes and subsequent health of the child

Recognizing gaps in preconception care

- Current literature suggests that many patients are not routinely receiving necessary education or interventions

Estimated prevalence of Ohio women aged 18–44 years having a live birth who received preconception counseling from a health-care provider on at least 5 of 11 healthy lifestyle behaviors and prevention strategies before pregnancy

Total		18–24 yrs		25–34 yrs		35–44 yrs		White		Black	
%	CI	%	CI	%	CI	%	CI	%	CI	%	CI
17.7	(15.1–20.5)	16.9	(12.7–22.2)	18.9	(15.5–22.9)	13.7	(8.1–22.3)	17.8	(14.8–21.4)	19.3	(15.5–23.7)

Sources: CDC, 2006; Robbins et al, 2014

A national priority

- Healthy People 2020 topic area “maternal, infant, and child health” includes many objectives related to
 - decreasing maternal and infant mortality and complications
 - increasing the proportion of women receiving preconception care services and practicing key recommended preconception health behaviors

Collaboration with pharmacists to increase provision of preconception care

- Reduce the number of unintended pregnancies
- Provide education and/or medication therapy management for patients as appropriate for each of the 14 proven interventions
- Administer needed vaccinations to patients per state law
- Interpret literature or provide drug information regarding medication use and drug toxicity before & during pregnancy
- Raise awareness and advocate for preconception care
- Conduct research

Sources: Briggs, 2002, DiPietro, 2008; DiPietro & Bright, 2014; Farris et al, 2010; Lee & Thomason, 2011

Unintended pregnancies

- Currently 49% (3.2 million) of all pregnancies in the U.S. (6.7 million) are unintended

Estimated prevalence of Ohio women aged 18–44 years having a live birth who reported that the pregnancy was unintended

Total		18–24 yrs		25–34 yrs		35–44 yrs		White		Black	
%	CI	%	CI	%	CI	%	CI	%	CI	%	CI
47.9	(44.3–51.5)	68.6	(62.2–74.3)	39.7	(35.1–44.5)	30.3	(21.7–40.6)	43.6	(39.3–48.0)	68.6	(63.5–73.2)

- Healthy People 2020
 - Goal to reduce unintended pregnancies by 10% over the next 10 years

Sources: Guttmacher Institute, 2013; Robbins et al, 2014; US DHHS, 2011

Definitions

- Intended – Occurred at the time the mother desired to become pregnant
- Mistimed – Pregnancy occurred before the mother wanted to become pregnant
- Unwanted - The mother never wanted to become pregnant

*Unintended
pregnancy*

Consequences of unintended pregnancies

- Mother and infant
 - Lack of preconception care
 - Delayed prenatal care
 - Higher risk for preterm delivery
 - Less likely to breastfeed
 - 40% terminate pregnancy

- Child development
 - Lower cognitive test scores
 - Poorer mental and physical health

Causes of unintended pregnancy worldwide

- Lack of education and information about sexual health and contraception
- Peer pressure (especially teenagers)
- Low self esteem (especially teenagers)
- Low educational ambitions and goals
- ***Incorrect use of contraceptives***
 - Approximately half of all unintended pregnancies occur among couples using some form of contraception in the month prior to conception

Traditional roles for pharmacists

- Dispensing hormonal contraception prescriptions
- Aiding with selection of nonprescription products
- Counseling and educating patients
 - Education on proper and consistent use
 - Education on risks of contraception vs. risks of pregnancy
- Working with patients to create a reproductive life plan (tools available from <http://www.cdc.gov/preconception/rlptool.html>)
 - Optimal birth spacing: 18-59 months from woman's last delivery to conception of next pregnancy

Emerging roles for pharmacists

1. Using collaborative practice agreements for initiation and continuation of prescription contraceptives per state law
2. Aiding in the selection and counseling patients about emergency contraception; prescribing and dispensing under collaborative practice agreements per state law
3. Providing administration of injectable contraception per state law
4. Providing information or a referral for long-acting reversible contraceptives

Emerging roles for pharmacists, continued

5. Partnering with local health departments and family planning programs to increase access to contraceptives and promote safe use
6. Utilizing social marketing materials to increase knowledge of available contraceptive options and increase their use
7. Promoting “behind-the-counter” status for prescription contraceptives

Medication therapy management (MTM)

- Assessment and evaluation of a patient's complete medication therapy regimen
 - Distinct from medication dispensing
- Core elements of MTM
 - Medication therapy review (MTR)
 - Personal medication record (PMR)
 - Medication-related action plan (MAP)
 - Intervention and/or referral
 - Documentation and follow-up

Opportunities for pharmacist intervention through MTM

- Targeted medication review (TMR)
 - Folic acid
 - Teratogenic and Category X medications
 - Vaccines

- Comprehensive medication review (CMR)
 - Diabetes

Opportunities through MTM, continued

- Counseling and education
 - Tobacco
 - Alcohol and substance abuse
- Screening, support, and referrals
 - HIV/AIDS
 - Sexually transmitted infections (STIs)
 - Hypothyroidism
 - Obesity
 - Maternal phenylketonuria (PKU)

Vaccines

- Pharmacists can give certain immunizations to patients (minimum age 7 years), including MMR and hepatitis B
- Pharmacists desiring to give immunizations in Ohio must:
 - Complete a course in drug administration approved by the Ohio State Board of Pharmacy (BOP)
 - Receive and maintain certification to perform basic life-support procedures by completing a basic life-support training course
 - Practice in accordance with a definitive set of treatment guidelines specified in a protocol established by a physician and approved by the Ohio State BOP

Drug information

- Pharmacists and pharmacy students are trained in medical literature retrieval and evaluation
- Provide and interpret information regarding drug toxicity and medication use before and during pregnancy
- Various drug information centers are also available
 - Example:
 - Ohio Northern University Drug Information Center (free service)
https://www.onu.edu/academics/the_rudolph_h_raabe_college_of_pharmacy/drug_information_center

Advocacy

- Network and collaborate with health care and public health professionals with similar goals
 - Local
 - State
 - Federal
 - International
- Inform laws and regulations
- Involvement in regulatory agencies, public health programs, and professional associations
- Build understanding and good will between practitioners to promote pilot projects

Research

- Collaborate with pharmacists in research projects
 - Academia
 - Practice
 - Examples:
 - American College of Clinical Pharmacists Women's Health Practice and Research Network
 - Pharmacy-based Practice-Based Research Networks

Partnering to provide preconception care in your community

Partners and stakeholders

- Who will your partners be? What stakeholders should be taken into account?
- Consider:
 - Interdisciplinary approach
 - Underutilized professions
 - Example: Pharmacists



Walgreens Indianapolis

January 22, 2013 · 

Well Babies at Walgreens is held every Wednesday, 10am to noon, at your local 62nd and Keystone Walgreens. Stop in for a FREE lactation consultation, FREE feeding advice, and FREE baby weight checks. Also, check out your local Walgreens if you are in need of a breast pump rental today!

Resources

- What resources are available to you?
 - Consider:
 - AMCHP Issue Brief: Using *The Community Guide* to Improve Preconception Health Efforts
 - Available online
 - <http://www.amchp.org/Calendar/Webinars/Womens-Health-Info-Series/Documents/AMCHP%20Issue%20Brief%20Preconception%20Health%20and%20the%20Community%20Guide.pdf>
 - Technology
 - Examples
-

strongbabies ohio

Search: Go

Have a healthy pregnancy and a healthy, strong baby.

Getting healthy before you get pregnant

To have a healthy and strong baby, make sure you are as healthy as possible before you start planning a family or get pregnant. Here are links to information that will help:

BIRTH CONTROL AND PLANNING YOUR PREGNANCY

Click on this link to read a very informative booklet about birth control methods: http://everywomansoutheast.org/sites/default/files/birth_control_booklet_English.pdf

March of Dimes has a great web site to help you through all stages of pregnancy. Click on this link to get information, watch

*submit links,
information
and events*

*about strongbabies
ohio*

*getting healthy before
you get pregnant*

strongbabies.wordpress.com

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Show Your Love Campaign

Show Your Love is a national campaign designed to improve the health of women and babies by promoting preconception health and healthcare. The campaign's main goal is to increase the number of women who plan their pregnancies and engage in healthy behaviors *before* becoming pregnant. For those women who don't want to start a family in the near future or at all, the campaign encourages them to choose healthy behaviors so that they can be their best and achieve the goals and dreams they have set for themselves.



cdc.gov/preconception/showyourlove/

Barriers

- What may present as barriers to community members interested in seeking preconception care?
 - Consider:
 - Access to quality and affordable services
-

How to further preconception care?

- Determine resources, barriers, stakeholders, and possible partnerships in your community for the provision of preconception care
- Initiate necessary conversations
- Raise awareness among patients and providers
- Implement programming and interventions
- Monitor and share results

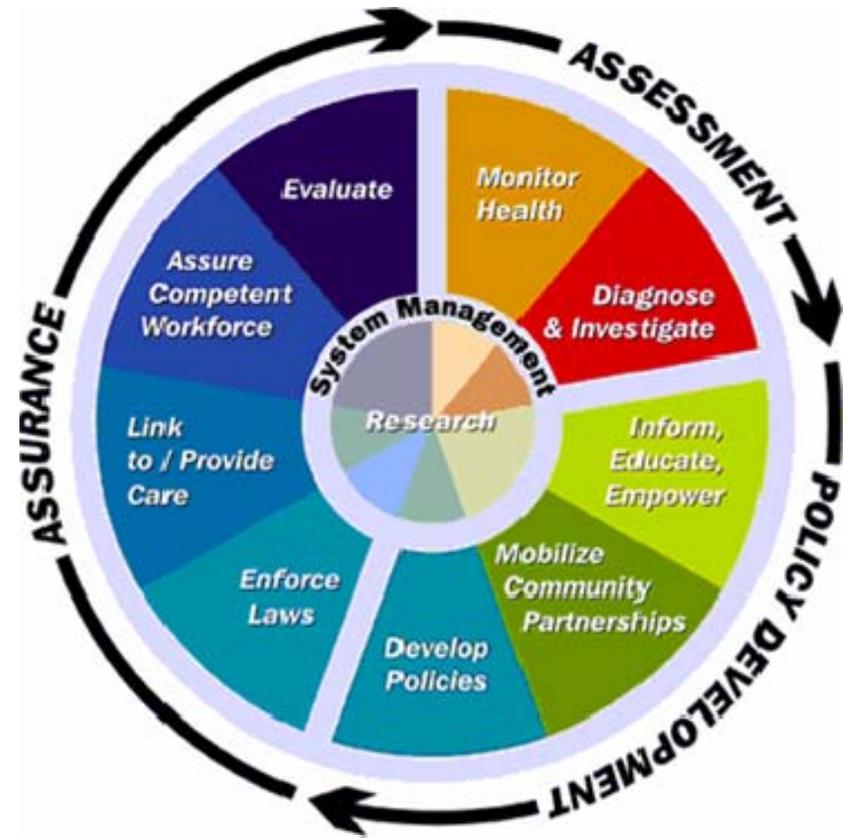


Image: <http://www.cdc.gov/nphpsp/essentialservices.html>

Questions / Comments

Thank you!
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