

The Case for Reproductive Life Planning

First Time Motherhood/New Parent Initiative

**EDGECOMBE - GATES - HALIFAX -
HERTFORD - NASH - NORTHAMPTON**

What is Reproductive Life Planning?

- Men and women setting life goals in term of childbearing
- Planning the timing and spacing of pregnancies
- Identifying and modifying medical, behavioral, and social factors negatively affecting pregnancy outcomes
- Managing pre-existing conditions and behaviors before, between and beyond pregnancies

Reproductive Life Planning includes

- Planning for pregnancies or not becoming pregnant
- Access to health services for preconception/wellness services including family planning
- Care for women with past adverse pregnancy outcomes to reduce risk for future adverse outcomes
- Dialogue between health care providers and patients

CDC Goals for Preconception Health

1. Improve the knowledge, attitudes, and behaviors of men and women related to preconception health.
2. Assure that all women of childbearing age in the United States receive preconception-care services that will enable them to enter pregnancy in optimal health.
3. Improve interventions following an adverse pregnancy outcome in order to reduce risk during subsequent pregnancies.
4. Reduce disparities in adverse pregnancy outcomes.

CDC Recommendations

1. Encourage men and women to have a reproductive life plan.
2. Increase public awareness about preconception health.
3. Provide risk assessment and counseling during primary-care visits.
4. Increase the number of women who receive interventions after risk screening.
5. Use the time between pregnancies to provide intensive interventions to women who have had a pregnancy that resulted in infant death, low birth weight, or premature birth.
6. Offer one pre-pregnancy visit.
7. Increase health insurance coverage among low-income women.
8. Integrate preconception health objectives into public health programs
9. Augment research.
10. Maximize public health surveillance.

Why is Reproductive Life Planning Important?

- **Lack of planning** for pregnancy and pregnancy spacing, management of health conditions affecting pregnancy outcomes, environmental risk factors, and negative health behaviors affecting pregnancy outcomes **leads to:**



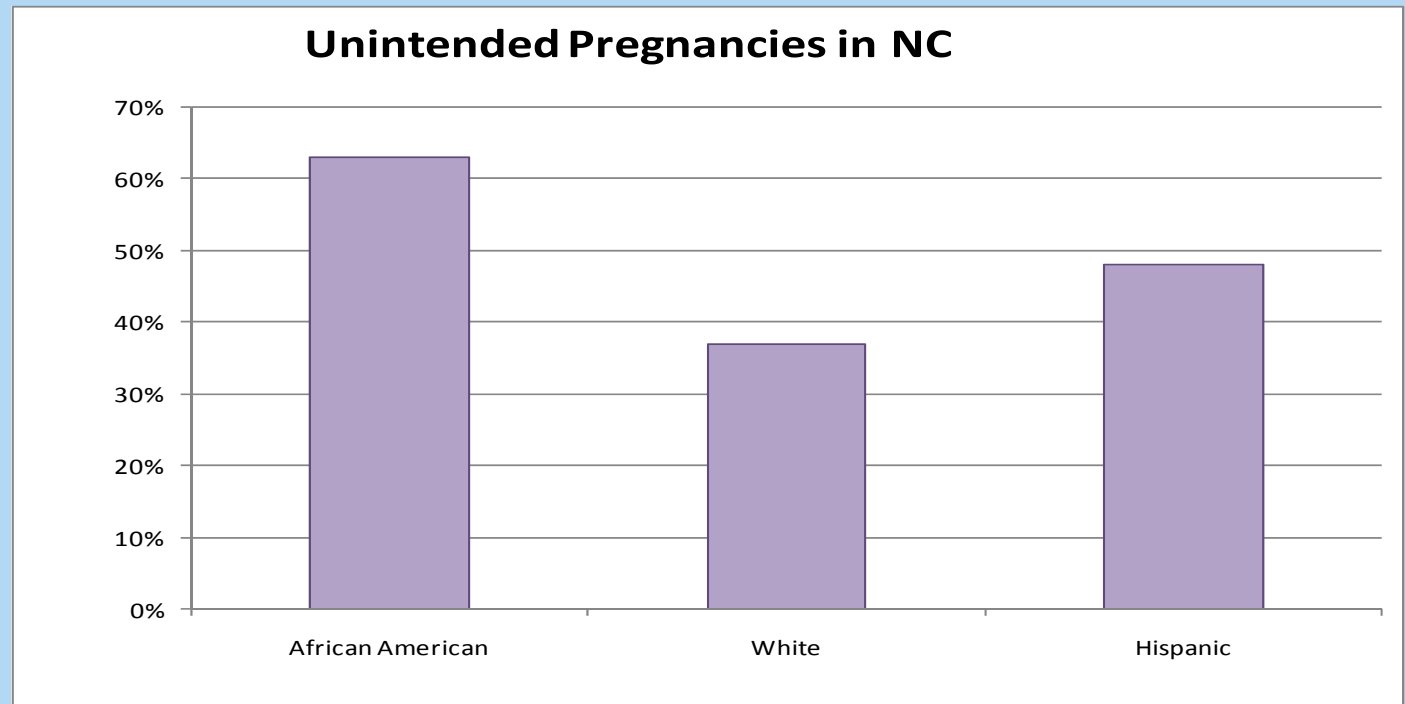
- unintended pregnancies
- increased risk for preterm births
- increased risk for low birth weight births
- increased rates of birth defects
- poorer health status for women
- increased health disparities

Unintended pregnancies

- An *unintended pregnancy* refers only to a woman's **current pregnancy** – she wanted to be pregnant later or not at all

Unintended pregnancies

45% of all live births in North Carolina resulted from unintended pregnancies



Unintended pregnancies

48.7% of pregnancies in
Pregnancy Risk and
Monitoring System
(PRAMS) Eastern North
Carolina study area were
unintended



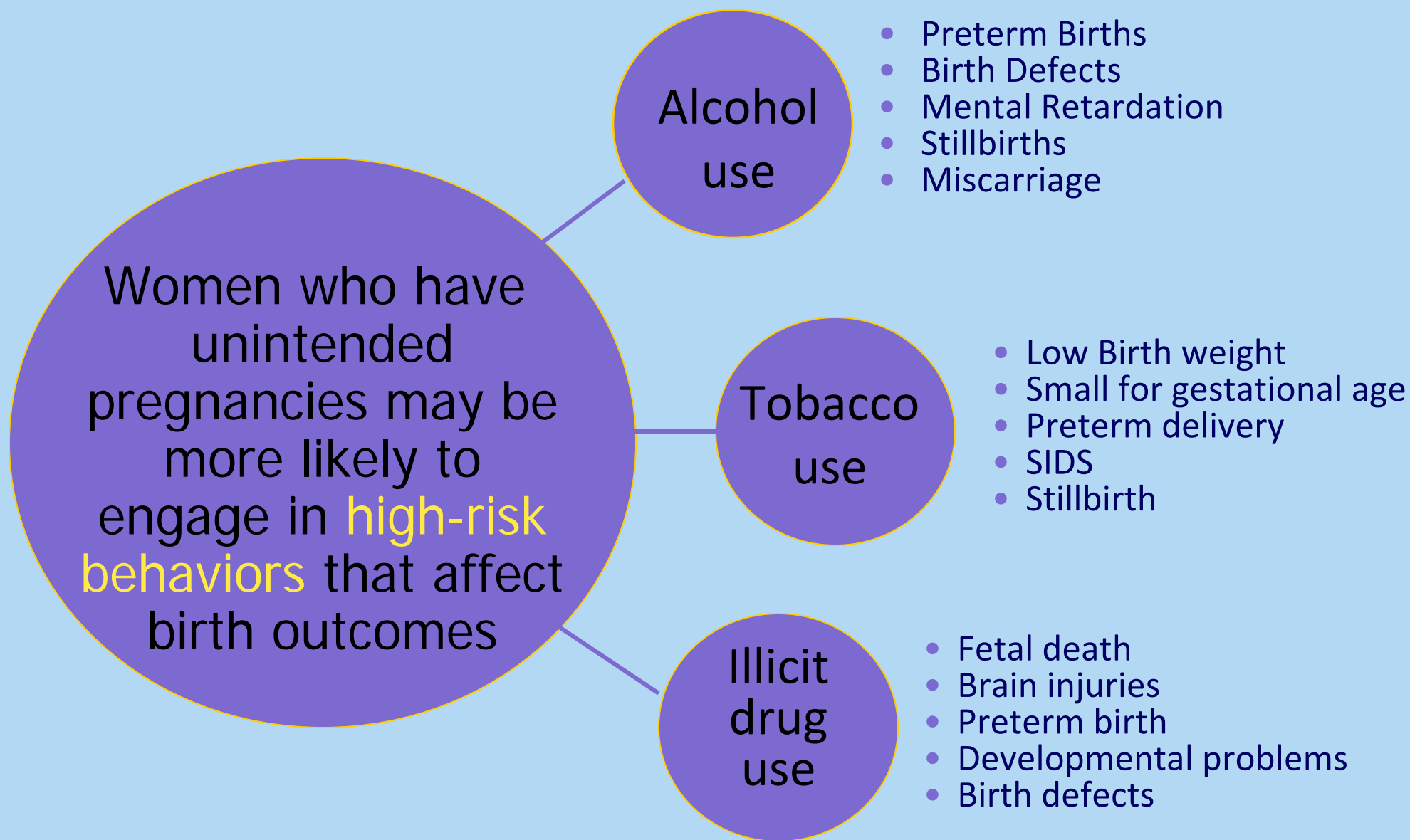
Who is at risk for unintended pregnancies?

- Teens
- Minority women
- Women with a high school education or less
- Women receiving Medicaid

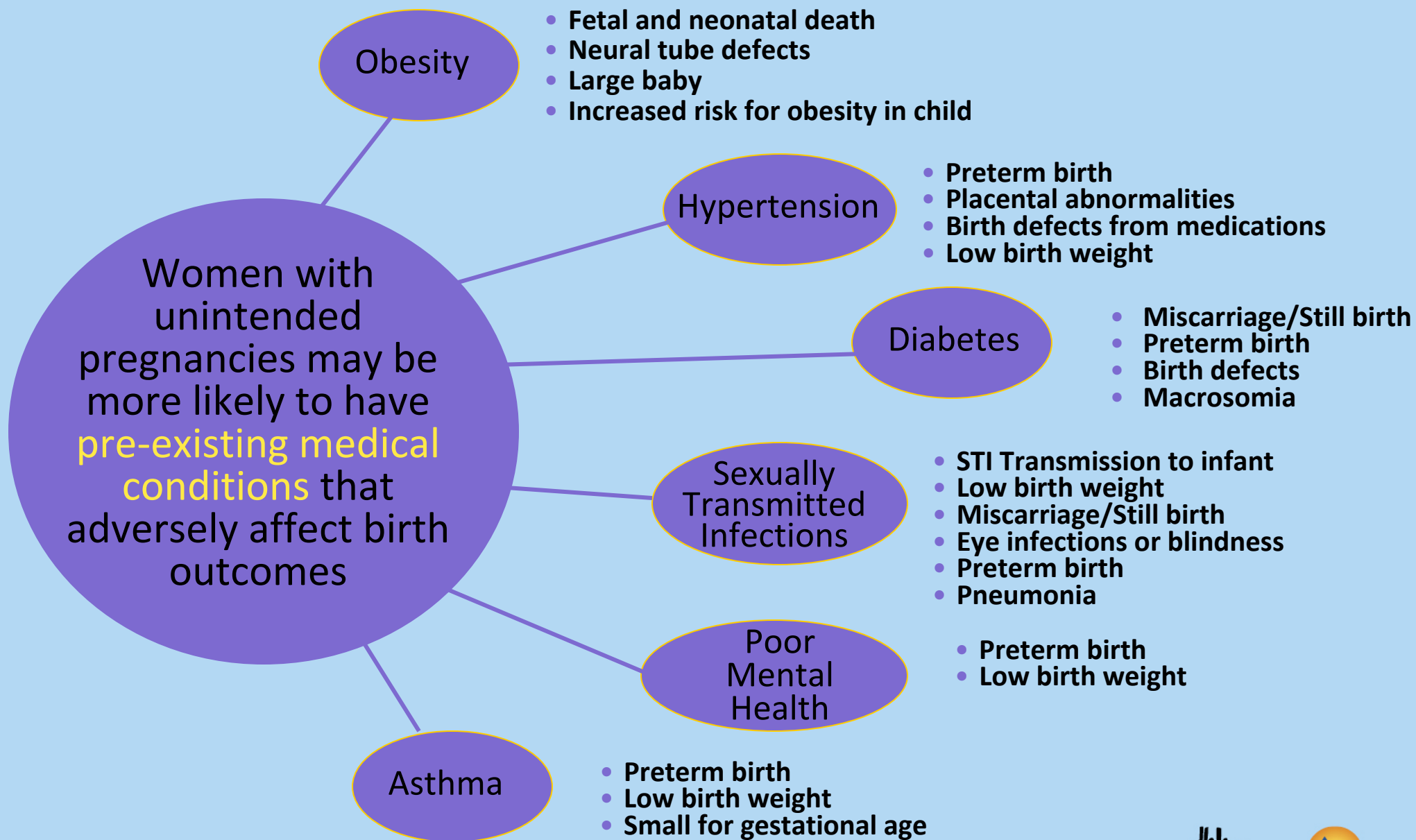
Why is unintended pregnancy a concern?

- Increased chances of infant morbidity and mortality including preterm birth, low birth weight, birth defects
- Increased abortion rate
- Increased child abuse and neglect
- Increased Medicaid costs
- Increased risk of physical abuse and partner relationship ending for mothers
- Poorer health status for women

Increased Infant morbidity and mortality



Increased Infant morbidity and mortality

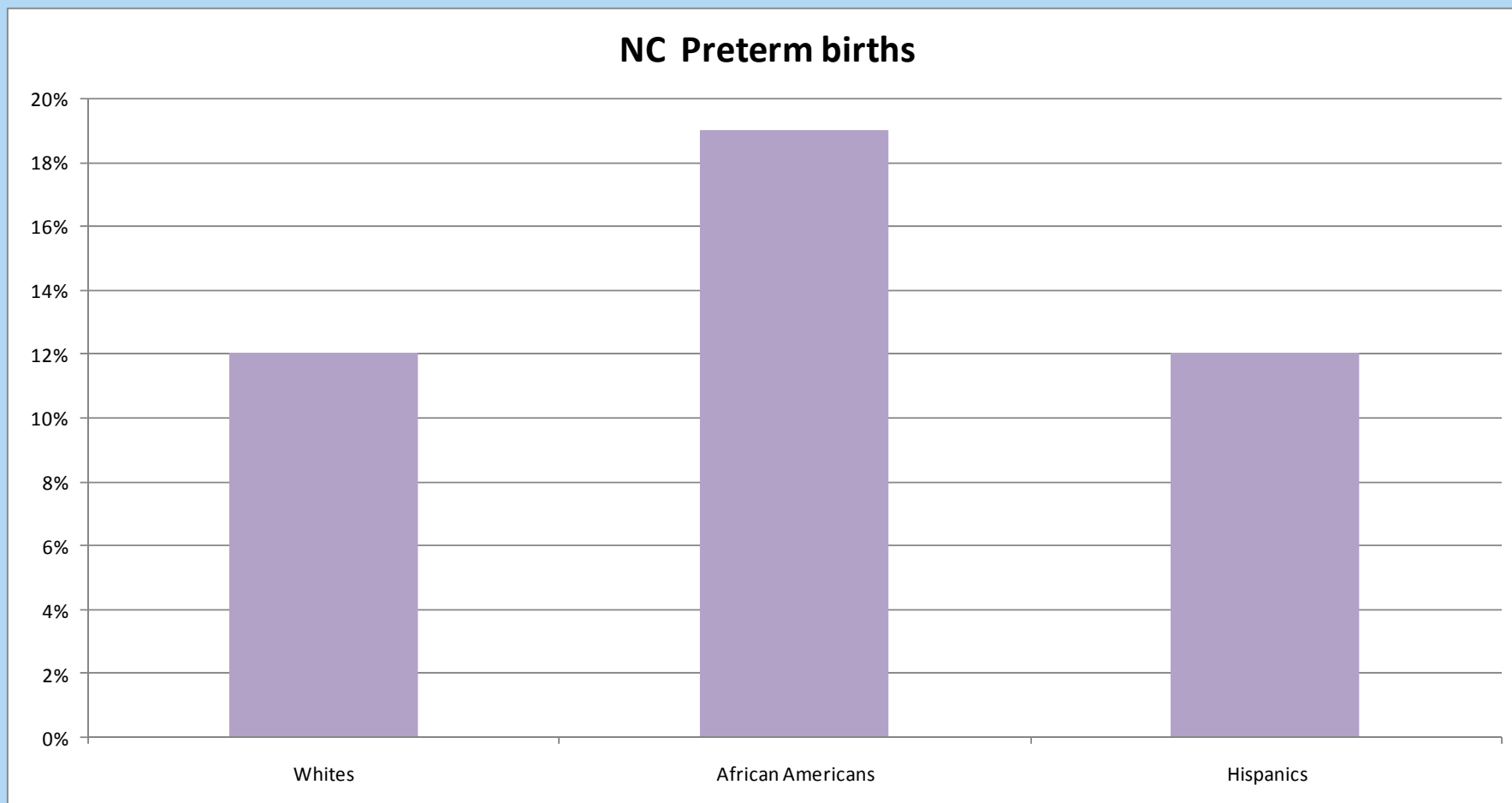


Increased Infant Morbidity and Mortality

Preterm Births

- 13.9% of all births in N.C. in 2007 were preterm
- African Americans are at higher risk for preterm births than Whites or Hispanics
- Prematurity and low birth weight accounted for 18.6% of deaths for infants under 1 year old and for 27.3% of neonatal deaths (infants under 28 days old) in N.C. in 2007

Increased Infant Morbidity and Mortality



Increased Infant Morbidity and Mortality

Risks for child born preterm or low birth weight :

- insulin resistance syndrome
- coronary heart disease
- certain cancers
- vision problems
- cerebral palsy
- asthma



Increased Infant Morbidity and Mortality

Birth Defects

- In NC 3,000 - 3,500 babies are born each year with serious birth defects
- Birth defects are the underlying cause of 1 in 5 infant deaths in NC
- In 2007 birth defects were the cause of 18.2% of deaths for babies under 1 year old compared to 8.9% for Sudden Infant Death Syndrome

Increased Infant Morbidity and Mortality

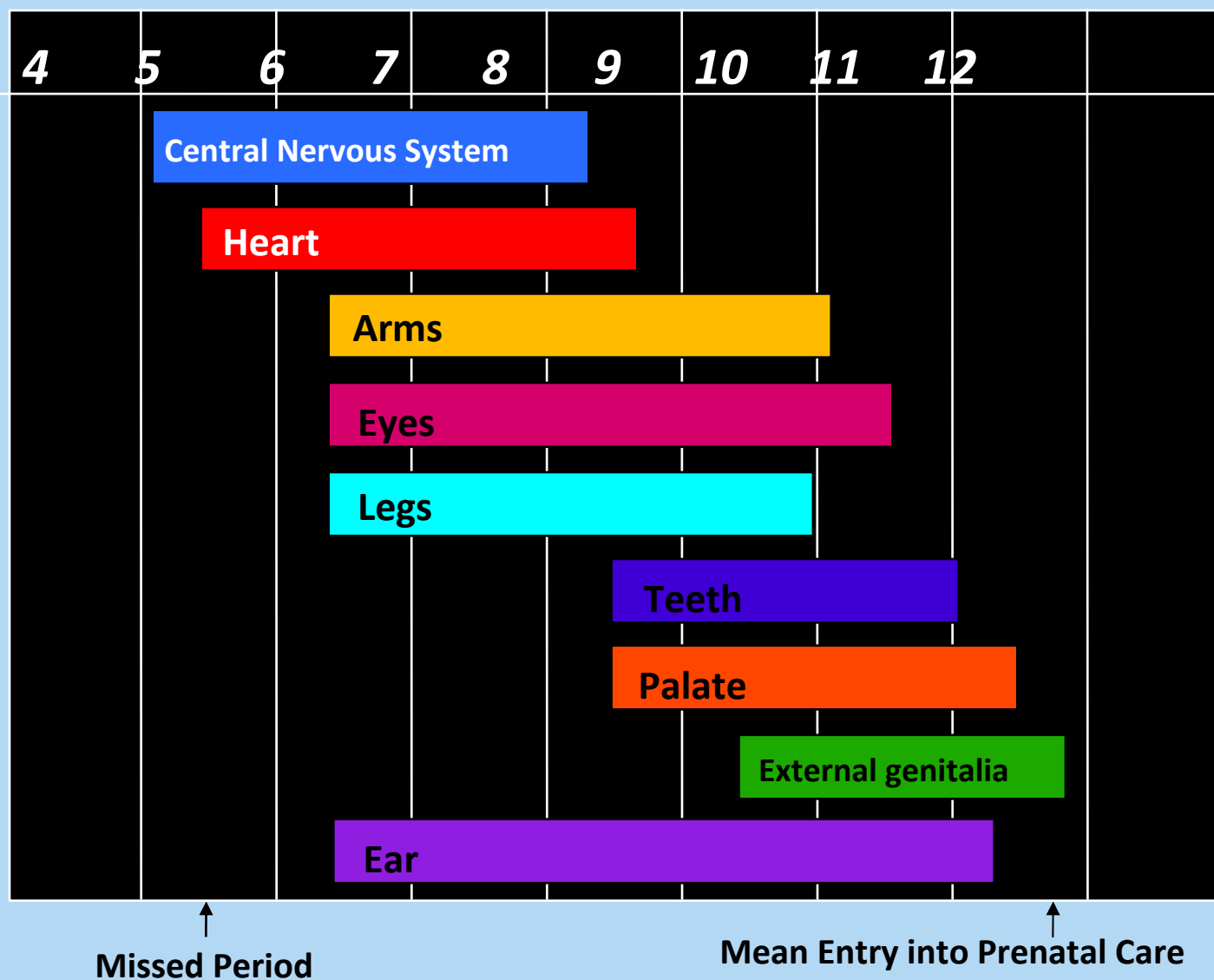
Birth Defects

- Developing fetus most vulnerable between 4 and 10 weeks gestation
- Most pregnancies diagnosed at 7-8 weeks gestation
- More than 25% of all women enter prenatal care after 11 weeks

California Family Health Council, 2009

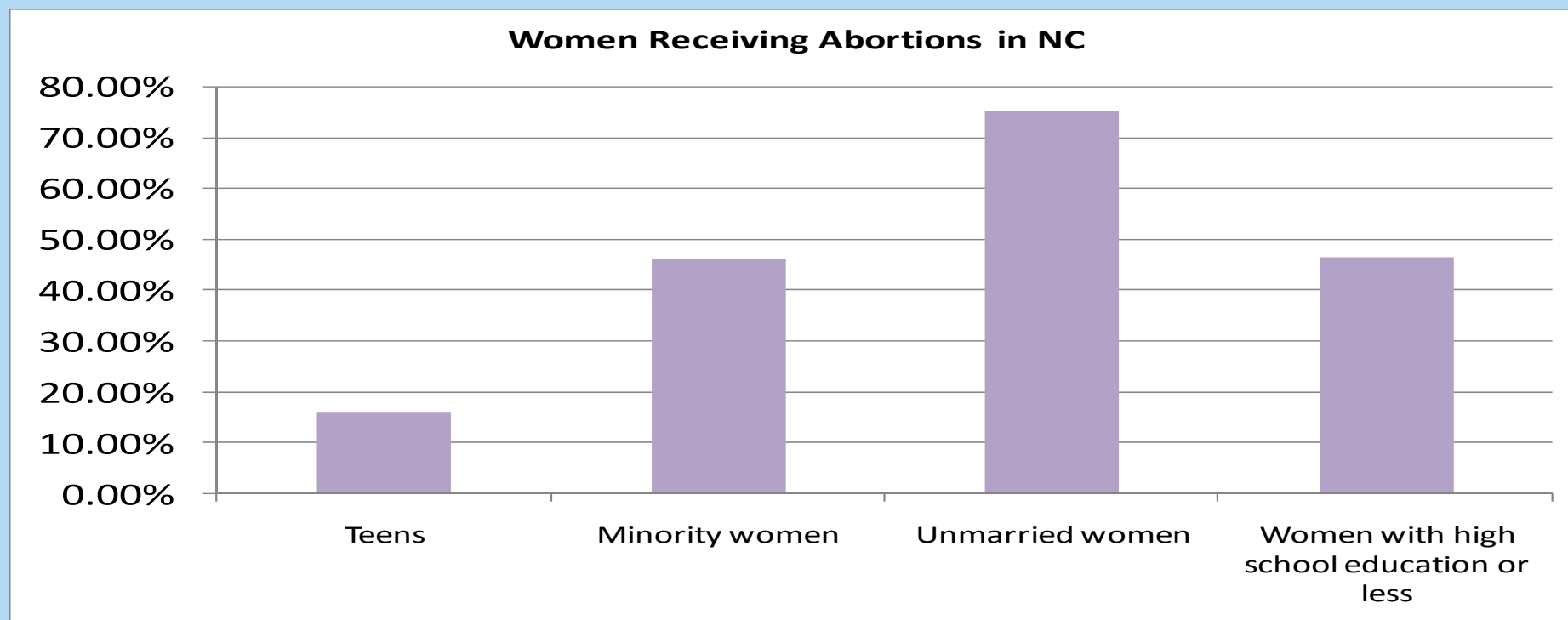
***Weeks gestation
from LMP***

**Most susceptible
time for major
malformation**



Increased Abortion Rate

28,545 abortions to NC residents in 2007



Increased Abortion Rate

North Carolina Data 2007

- Abortion Fraction: 178.1 abortions per 1,000 pregnancies
- NC Total Pregnancies: 160,252
- Abortions to NC Residents: 28,545
- NC Total Births: 130,886

North Carolina abortions accounted for 17% of all reported pregnancies.

Increased Abortion Rate

In the U.S., the most common reasons cited for abortion in 2005 were

- Delaying childbearing
- Financial
- Partner
- Education/career
- Young age

Only 6% reported the reason being risk to maternal or fetal health

Increased Medicaid Costs

- In 2004, more than \$18 billion was spent on neonatal intensive care for premature babies in the U.S.
- Direct employer health care costs for a pre-term baby were estimated at \$41,610 versus \$2,830 for a full term birth
- In N.C. in 2005, the average Medicaid costs for a preterm baby were \$19,781 versus \$3,642 for a full term birth

Possible Medicaid Cost Savings

- Nationally every \$1.00 invested in Title X family planning saves \$3.80 in Medicaid costs for pregnancy and newborn care alone
- NC Family Planning Waiver shows an estimated net savings to the state of \$14.3 million - \$17.1 million in averted births

What is Reproductive Life Planning?

- Thinking about whether or not an individual plans to have children and
- When?
- How many?
- How often?
- And...how they can implement their plan and maintain their health now, their health during pregnancy and their baby's health



What to Consider in Developing a Reproductive Life Plan

- Age
- Educational goals
- Career plans
- Living situation
- Financial situation
- Social support
- Relationship with partner
- Readiness to become a parent
- Current health status
- Hereditary risk factors
- Health behaviors

What is Recommended?

- Healthy Timing and Spacing of Pregnancy to help women and families delay or space their pregnancies, to achieve the healthiest outcomes for women, newborns, infants and children
- Recommended spacing – at least 18 months between prior delivery and next conception

Increased Risks for Short Birth Intervals

When pregnancy occurs 6 months after a live birth:

Increased risk for:

- Induced abortion
- Miscarriage
- Newborn Death
- Maternal Death
- Preterm Birth, Low Birth Weight and Stillborn

Who has contact with women of childbearing age?

- Pediatricians
- Primary Care Providers
- Family Practice Physicians
- OB/GYNs
- Nurses/Nurse Practitioners/Nurse Midwives
- Physician Assistants, Health Educators, Social Workers, Nutritionists
- Community Outreach Workers

5 A's of Reproductive Life Planning

Ask

Advise

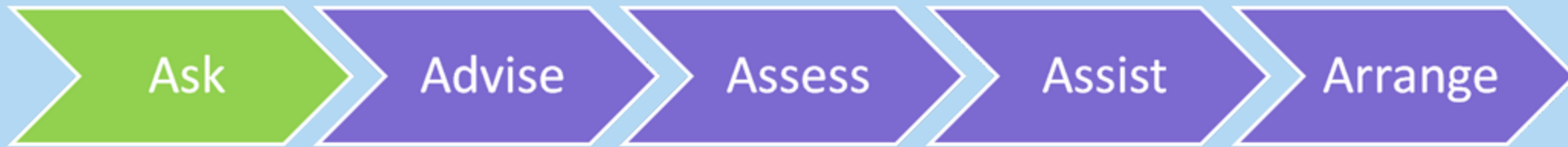
Assess

Assist

Arrange

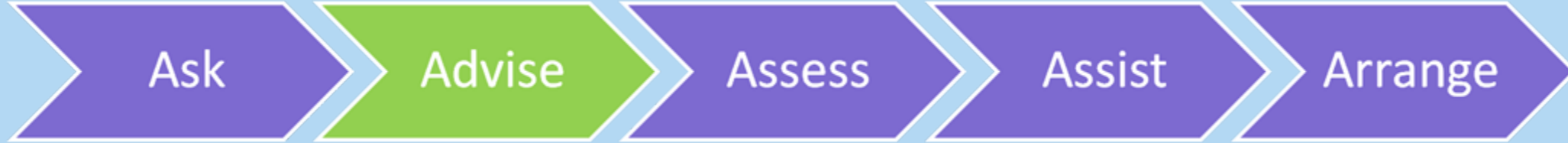


5 A's of Reproductive Life Planning



- Sexual activity
- Intention to have child
- Use of family planning methods
- History of sexual or domestic violence
- Health history
- Current health behaviors

5 A's of Reproductive Life Planning



- Risks of unintended pregnancy
- Adverse outcomes of unintended pregnancies related to risk behaviors, chronic conditions or genetics
- Recommendations for healthy pregnancies, including optimal child spacing

5 A's of Reproductive Life Planning

Ask

Advise

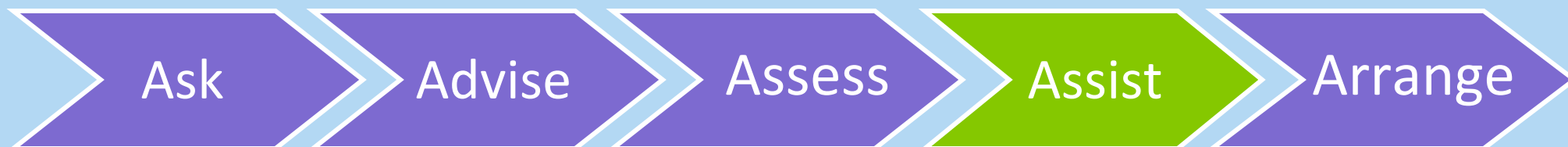
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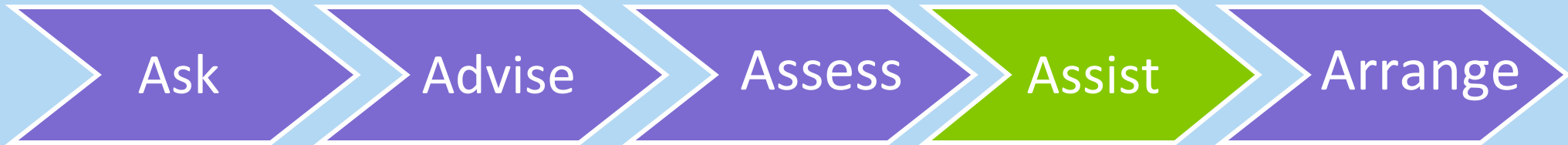
- Patient's understanding of risk for unintended pregnancy or adverse pregnancy outcome
- Readiness to make needed behavior change in terms of family planning use or preparing for a healthy pregnancy

5 A's of Reproductive Life Planning



- Discuss contraception methods and offer prescriptions
- Review correct use and advocate for long-acting reversible contraceptive methods that reduce patient error
- Condom use for STI prevention
- Refer to family planning clinic, primary care provider, obstetrician/gynecologist or hotline for additional counseling and services

5 A's of Reproductive Life Planning

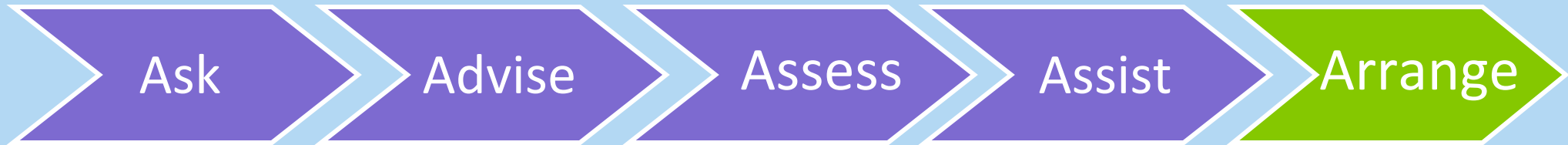


Recommend birth control options appropriate for chronic health conditions

- Obesity
- Hypertension
- Cancer history
- Blood clotting disorders
- Sexually transmitted infections
- Age



5 A's of Reproductive Life Planning



Arrange follow-up appointment or services as needed to promote healthy pregnancy or prevent unintended pregnancy

Advising for Pregnancy Planning

- Pre-pregnancy check-up
- Awareness of STIs, HIV, genetic conditions, medical conditions like diabetes, thyroid disorders, hypertension.
- Awareness of risk of complications (including from prior pregnancy)
- Compliance with prenatal care visits
- Multivitamins with folic acid

Advising for Pregnancy Planning

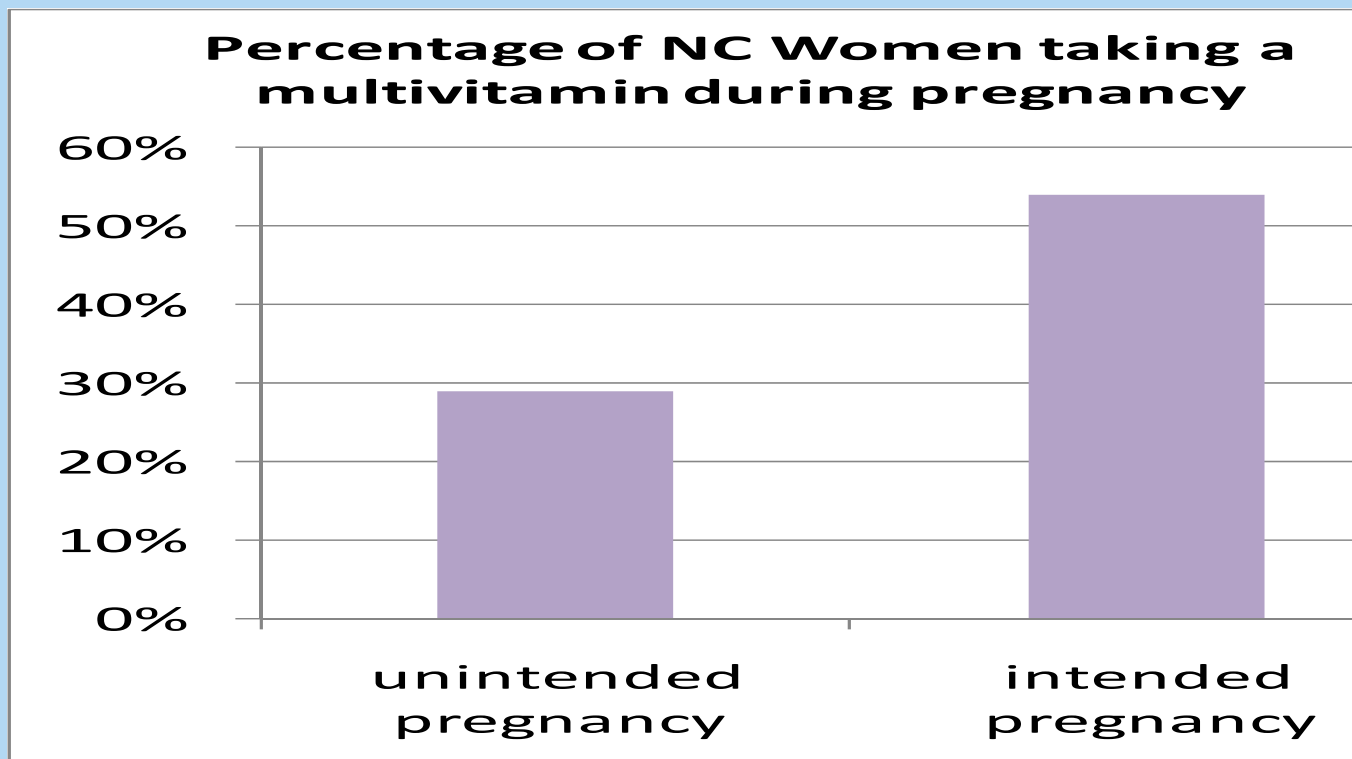
- Encourage no use of tobacco, alcohol, illicit drugs
- Immunization status – rubella, varicella, tetanus, pertussis, flu
- Help parents get ready – crib, living situation, car seat, baby equipment, SIDS reduction education
- Parenting and breastfeeding education

Advising for Pregnancy Planning

- Screen for depression and domestic violence
- Help reinforce social support
- Screen for environmental stressors – no insurance, lack of housing, stressful activities in the home

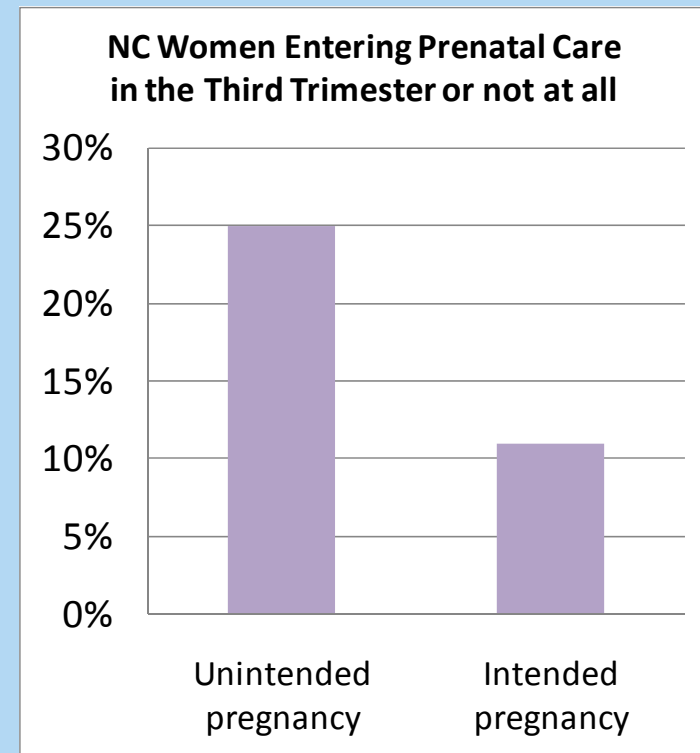
Protective Behaviors

Women with unintended pregnancies are less likely to take a **multivitamin** during pregnancy

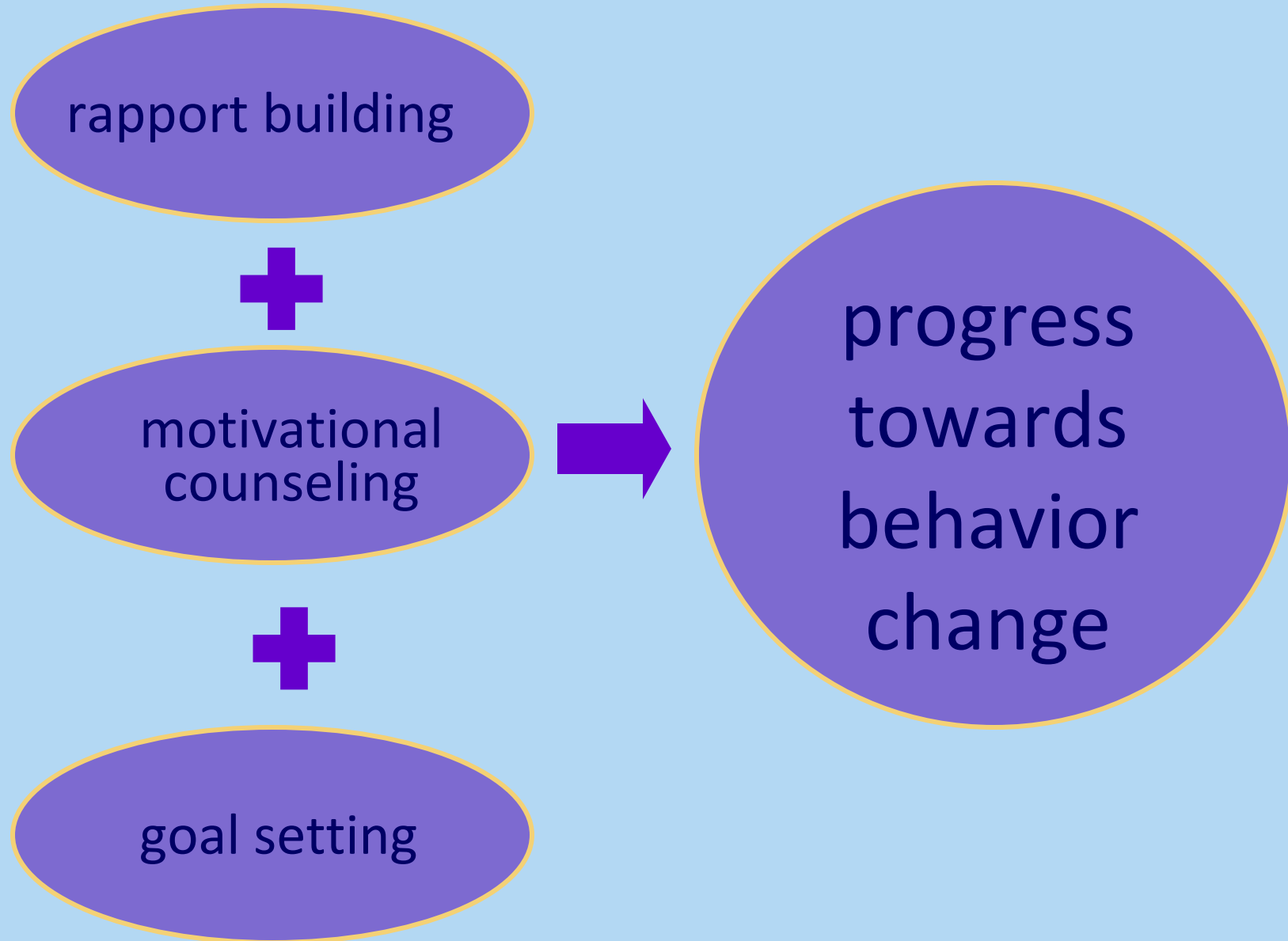


Protective Behaviors

Mothers with unintended pregnancies are more likely to enter into prenatal care late in their pregnancies



Keys to Success



Keys to Success

- Find the individual motivation for current behaviors and desired changes
- Help patients choose goals that they can succeed at making
- Preparation and motivation compensate for lack of confidence or will power

Getting Started

Talk to patient about current behaviors, motivators, and barriers



- What changes would you like to make?
- Why is this important to you?
- What's keeping you from making changes?
- What would make it easier for you to change?
- What do you need in order to make the change?

Next steps

Goal for practitioner:

move patient through stages of change to reach maintenance stage

Goal for patient:

make realistic goals to improve health behaviors

Take home message

- Encourage your patients to **pick one** wellness/preconception health concern and work towards achieving their health and wellness goal.
- Ask **all of your patients** about reproductive life planning! Just one simple question can get the ball rolling and the conversation will naturally follow.

For More Information

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