CONTINUUM OF CARE THROUGHOUT THE POSTPARTUM PERIOD

FLOJAUNE GRIFFIN COFER, PHD, MPH
WOMEN'S HEALTH EPIDEMIOLOGIST

Preconception Health+Health Care Initiative

IN BETWEEN TIME: INTERCONCEPTION HEALTH CARE STARTING WITH THE POSTPARTUM VISIT

PART 1: ROUTINE POSTPARTUM CARE FOR EVERY WOMAN

THE NATIONAL PRECONCEPTION CURRICULUM & RESOURCE GUIDE FOR CLINICIANS

MODULE 4

Preconception Health+Health Care Initiative

AUTHORS AND REVIEWER

Authors

- **Merry-K Moos,** BSN, FNP (inactive), MPH, FAAN Professor of Obstetrics & Gynecology (retired),
- **Flojaune Griffin Cofer**, PhD, MPH, Women's Health Epidemiologist
- **Mary Rosser**, MD, PhD, FACOG, Assistant Professor, Obstetrics & Gynecology and Women's Health

CME Peer Reviewer

- This activity has been reviewed and approved by **Peter S. Bernstein**, MD, MPH
  Professor of Clinical Obstetrics & Gynecology and Women's Health
  Albert Einstein College of Medicine, Bronx, NY

Neither the authors nor reviewer declare any conflict of interest. No off-label or investigational uses of drugs/devices are included in the content of this activity.

Preconception Health+Health Care Initiative

LEARNING OBJECTIVES

- Explain how the postpartum visit introduces and advances interconception care
- Discuss the rationale for interconception care and its potential impact on women's health and on future pregnancy outcomes
- Identify a framework for individualizing care to each woman's health profile
- Describe the significance of interpregnancy intervals on future pregnancy outcomes

Preconception Health+Health Care Initiative

WHEN IS THE "INTERCONCEPTION" PERIOD?

- It is defined as the period between pregnancies
  - It begins at the end of one pregnancy
  - It ends with the conception of the next pregnancy
- It can only be defined retrospectively which presents a conundrum

Preconception Health+Health Care Initiative

THE CONUNDRUM

Which of These Postpartum Women Will Become Pregnant Again—That Is: Which are in the Interconception Phase?

Whether the woman EVER becomes pregnant again, addressing her known risks must be a priority

Preconception Health+Health Care Initiative

AN UNDER-UTILIZED INTERCONCEPTION/PREVENTION OPPORTUNITY:

THE POSTPARTUM VISIT

Preconception Health+Health Care Initiative

AN UNDER-UTILIZED INTERCONCEPTION/PREVENTION OPPORTUNITY

- The postpartum visit is often framed as the end of an episode of care (pregnancy) rather than the beginning of the next stage in a woman's health care needs
- Properly utilized, the postpartum visit offers opportunity to impact:
  - The woman's short and long term health status
  - The woman's and fetus' health in any future pregnancies
  - The health of any future children

Preconception Health+Health Care Initiative

UNFORTUNATELY, THE POSTPARTUM EXAM IS FAR FROM UNIVERSAL

- Commercially insured women: 81% have a postpartum visit 3-8 weeks after giving birth
- Medicaid insured women: 64% have a postpartum visit 3-8 weeks after giving birth
- Self pay: Unknown, likely lower than other groups

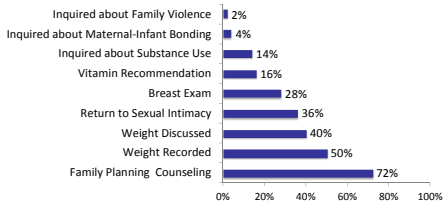
Preconception Health+Health Care Initiative

WHY SUCH POOR ATTENDANCE?

- Possible Reasons:
  - Inconvenient for new mother
  - Competing maternal priorities
  - Not sure of purpose
  - Previous poor experience with the visit
  - Unresolved traumas about birth experience
  - Fear of scolding
  - No connection with the provider the woman will be seeing

Preconception Health+Health Care Initiative

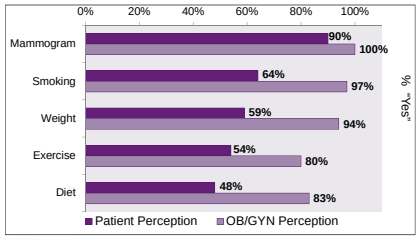
IF THEY COME—WHAT IS OFFERED? CHART REVIEWS OF 400 POSTPARTUM VISITS



Preconception Health+Health Care Initiative

Unpublished data, S. Verbiest Dissertation, 2008

You may think you cover these topics, BUT there is a disconnect between what women and providers believe was addressed during the last visit



Preconception Health+Health Care Initiative

Unpublished data from Rosser, Brusati, 2013

STRATEGIES FOR WORKING SMART

- There are a finite number of minutes for each clinician-client/patient encounter making efficiency essential
  - Review the woman's prenatal and intrapartum record before the encounter so that special needs can be anticipated
  - Actively engage women in preparing for their postpartum encounters by asking them to complete previsit assessments that will facilitate addressing key topics. These can be completed:
    - Online from home computer
    - Online in the practice's waiting room
    - Via paper and pencil strategies mailed to the home
    - By a paper and pencil questionnaire in waiting room

Preconception Health+Health Care Initiative

STRATEGIES FOR WORKING SMART

- Make the previsit assessment short with a focus on gathering critical information to enhance the provision of patient-centered care.
- Examples include:
  - Identification of woman's top three health concerns
  - Completion of Edinburgh Postnatal Depression Scale (EPDS)
  - Desired weight
  - Wishes about future pregnancies and, if desired, expected interpregnancy interval
  - Preferred contraceptive method

Preconception Health+Health Care Initiative

STRATEGIES FOR WORKING SMART

- Have a staff member utilize phone "check-ins" with women in the early postpartum period to assess for breastfeeding problems, assure appointment for the postpartum visit and prepare them for that visit (for instance, if they will need a glucose test, etc.)
- Empower every member of your office team to work to their full capacity and identify someone to be the resource for women who:
  - Desire information/referrals for smoking cessation
  - Screen positive for interpersonal violence
  - Desire strategies/referrals for weight loss
  - Need education about the correct use of their chosen contraceptive method

Preconception Health+Health Care Initiative

STRATEGIES FOR WORKING SMART

- Referring women to appropriately prepared staff members is likely to decrease the fear that assessing difficult topics will derail the clinic schedule for the rest of the day
- Before delegating to other members of your practice, you need assurance that:
  - **THEY** are appropriately prepared to counsel on evidence-based approaches for dealing with the specific issues assigned to them (through professional education, local CE programs or online resources)
  - **YOU** are knowledgeable of the information and strategies they are promoting

Preconception Health+Health Care Initiative

FOCUSING ON "10" CORE CONTENT AREAS: A USEFUL STRATEGY FOR ORGANIZING THE POSTPARTUM VISIT

Preconception Health+Health Care Initiative

THE "BIG 10" FOR EVERY POSTPARTUM WOMAN

1. **Attending the Postpartum Visit**

   At the visit, assess and address:

2. **Weight and Nutrient Intake**
3. **Physical Exercise**
4. **Tobacco Avoidance**
5. **Responsible Alcohol Consumption**
6. **Interpersonal Violence**
7. **Depression and Other Perinatal Mood Disorders**
8. **Immunizations**
9. **Desires about Interpregnancy Interval**
10. **Contraception and Sexually Transmitted Infection (STI) Risks**

Preconception Health+Health Care Initiative

THE PHYSICAL EXAM

- The postpartum exam should include the components of the well woman physical exam with special attention to:
  - Vital signs (especially blood pressure if woman had gestational hypertension)
  - Thyroid
  - Breast exam for indications of infection, etc.
  - Abdomen (diastasis, hernias, cesarean incision healing)
  - Perineum (wound healing, fistulas, pelvic support)and bimanual exam (involution and tenderness)
  - Extremities

Preconception Health+Health Care Initiative

http://www.uptodate.com/contents/overview-of-postpartum-care

CASE STUDY: MJ
ROUTINE POSTPARTUM PATIENT

Preconception Health+Health Care Initiative

MJ'S RECORD INDICATES

- G2P2002
- Had spontaneous vaginal birth at 39.4 weeks GA 6 weeks ago without maternal or infant complications
- Has 15 month old son and newborn daughter
- Height: 63", Weight: 153 (pre-pregnancy 139)
- Rubella immune
- Received Tdap vaccine during 28th week of pregnancy
- Received influenza vaccine at initiation of PNC
- Prenatal vitamins have run out and currently on no supplementation

Preconception Health+Health Care Initiative

MJ'S HISTORY INDICATES

- Currently exclusively breastfeeding daughter
- Does not drink or use recreational drugs
- Former smoker, quit during pregnancy, currently smoking 2-3 cigarettes per day
- MJ describes partner as caring and supportive
- Desires 3rd child "close in age" to current children
- EPDS Score of 5– Link to Tool

Preconception Health+Health Care Initiative

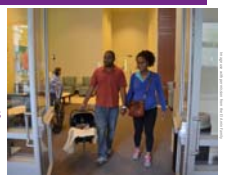
INCREASING POSTPARTUM VISIT ATTENDANCE

- **Know Your Numbers**
  - Do you discuss desire/timing of future pregnancies and postpartum contraception during prenatal care?
  - What percent of the women for whom you provide prenatal care receive a postpartum exam by 6-8 weeks after giving birth?
  - Are these rates the same for the various subpopulations in your practice (first time mothers, women with other children, geographic region, race/ethnicity)?
- **Use Your Numbers to Make a Plan**
  - What specific strategies could you use (within your organization or with providers) to increase contraception counseling and utilization of the postpartum visit?

Preconception Health+Health Care Initiative

INCREASING POSTPARTUM VISIT ATTENDANCE

- Market postpartum visit similar to marketing early and continuous prenatal care
  - Make appointment for the postpartum visit before discharge from hospital
  - Call each new mother 1-2 weeks after delivery to check on status and to remind of visit
  - Engage CHVP (other HV programs), BIH, AFLP, WIC, Text4Baby and other outreach activities
- Provide outreach to all women who do not make an appointment or miss it (engage partners, social/community enablers)



Adapted from the Before and Beyond CE Module "In Between Time: Interconceptional Health Care starting with the Postpartum Visit" http://beforeandbeyond.org/modules

Preconception Health+Health Care Initiative

APPLYING THE "BIG 10" TO MJ

1. Marketing of postpartum visit

- PP appointment made before MJ left hospital
- Office contacted her 12 days after giving birth to assess for any problems (none reported) and to remind her of her scheduled appointment

Preconception Health+Health Care Initiative

WEIGHT AND NUTRIENT INTAKE

- 43% of pregnant women gain more than recommended
- It is unclear whether becoming overweight after pregnancy is most associated with high gestational gain, altered postpartum lifestyle habits or a combination of these and other influences
- The majority of postpartum women desire strategies for weight loss* but many providers are afraid to bring the topic up

Preconception Health+Health Care Initiative

PROVIDERS AVOID THE TOPIC

- "Women don't want to talk about their weights"
- **"When I bring up the topic my clients shut down or become very defensive"**
- "Overweight and obese women already know they are overweight or obese—so what's the point?"
- **"There's nothing I can say that will make a difference so why bother?"**
- "I've got my own weight problems—why is my client going to listen to me?"

Preconception Health+Health Care Initiative

STRATEGIES TO SENSITIVELY ADDRESS WEIGHT

- Normalize the topic and employ patient-centered strategies
- Do NOT counsel around the Body Mass Index (BMI)
- Use language that lacks judgment
  - healthy weight or retained pregnancy weight rather than excess weight, overweight or obese
- Encourage reasonable and achievable goal setting including support and setbacks
- Congratulate on achievements such as amount of weight she has already lost
- Provide specific recommendations and referrals

"One of the things we talk about with every woman we see is weight. Many women don't lose their pregnancy weight after giving birth and some are pretty discouraged when they think about weight loss. What are you thinking about your current weight?"

Preconception Health+Health Care Initiative

APPLYING THE "BIG 10" TO MJ

2. Assess and address weight and nutrient intake

- As shown on next slide, MJ's current BMI has moved her into the **"overweight"** category
  - Ask MJ if she has a weight goal she would like to meet
  - If she is happy with current weight, point out that she has 14 pounds of retained pregnancy weight
    - Explain that her general health and her risks for chronic diseases will be improved by losing the retained weight
    - Help her set a reasonable and achievable goal of 5-10 pound increments (or revisit later)

Preconception Health+Health Care Initiative

APPLYING THE "BIG 10" TO MJ

2. Assess and address: weight and nutrient intake.

- MJ indicates that her diet is varied but that she no longer takes any vitamins
- Specifically recommend that MJ:
  - Continue to ingest a variety of foods, including fruits and vegetables
  - Start an over-the-counter multivitamin for her own health as well as the health of any future children

Preconception Health+Health Care Initiative

EXERCISE NEEDS

- Women's attitudes about physical exercise in the first year postpartum are **strongly influenced** by information they receive at their postpartum visit
- Women should be advised of the national recommendations and that meeting them can occur in a variety of ways:
  - Brisk walking as an individual or group activity
  - Structured exercise programs such as joining formal or informal groups, exercising to DVDs, etc
  - Pushing a stroller
  - Doing bursts of brisk activity for at least 10 minutes several times a day

Preconception Health+Health Care Initiative

APPLYING THE "BIG 10" TO MJ

3. Assess and address exercise

- MJ indicates that she is too busy with two children under 15 months to have a routine exercise regimen
- Acknowledge the demands of her life and explain that short bursts (10 minutes at a time) of strenuous activity have proven to be beneficial
  - Ask her if there are some short bursts (such as pushing the children in their stroller; vacuuming, etc.) that she can add to her busy days

Preconception Health+Health Care Initiative

POSTPARTUM TOBACCO USE

- Postpartum smoking relapse, which is defined as occurring at anytime within one year of giving birth, is reported to be as high as 85%
- Tobacco avoidance and guidance needs to be included in the postpartum exam because women attending this visit may:
  - Currently smoke (or use smokeless tobacco products)
  - Be at risk for resuming tobacco use
  - Be exposed to second hand smoke (which has its own set of health hazards and also contributes to former smokers relapsing)

Preconception Health+Health Care Initiative

TOBACCO USE AND RELAPSE

- Each woman should be assessed at each visit, including the postpartum exam, with a standardized query such as this:
  - In the past year how often have you used tobacco products? (never, once or twice, monthly, weekly, daily or almost daily)
- The "5-A" model has been shown to markedly increase cessation rates compared to no professional engagement around tobacco use. (ACOG Guidelines for Women's Health Care, 4thd ed., 2014)
- Providing encouragement to women who have remained smoke free is likely beneficial
- For those who have resumed tobacco use or who have never stopped, evidence-based interventions have proven successful

Preconception Health+Health Care Initiative

APPLYING THE "BIG 10" TO MJ

4. Assess and address tobacco avoidance

- In response to your "**ASK**" (first of the 5As) MJ indicates she has begun to smoke again—and is now smoking 2-3 cigarettes a day
- **Apply the remaining 5As:** (remember: this strategy takes less than 3 minutes; arranging follow-up can be delegated to a member of your team)
  - Clearly **ADVISE** to quit (e.g. "As your health care provider it is my recommendation that you discontinue your tobacco use for your health and the health of your children. And you know you can do it because you successfully stopped using tobacco during your pregnancy")
  - **ASSESS** willingness to quit, (e.g. "What would you like to do about your smoking? Do you think you could quit smoking in the next week or so?)
  - **ASSIST** with quitting strategies (e.g. "Is there a pattern for when you want a cigarette---we call these smoking triggers; what are some substitute activities to get you past the triggers?")
  - **ARRANGE** follow-up (e.g. "Can I have my nurse call you in two weeks to see how you are doing?")

Preconception Health+Health Care Initiative

ASSESS AND ADDRESS: RESPONSIBLE ALCOHOL CONSUMPTION

- Women who discontinue alcohol use before or during pregnancy are likely to resume use in the postpartum period
- Alcohol-related mortality represents the third leading cause of preventable death for women in the U.S.
- ACOG recommends the TACE tool (with two additional queries as shown in the next slide) to identify at-risk drinking behaviors
  - More likely to provide appropriate sensitivity for women and for minorities than other common tools (such as CAGE)
  - Using a validated tool is more likely to avoid false positives and false negative screening results

Preconception Health+Health Care Initiative

RESPONSIBLE ALCOHOL CONSUMPTION

TACE Screening Tool as Recommended by ACOG

T – **Tolerance**: How many drinks does it take to make you feel high? (More than 2 drinks = 2 points)

A – **Annoyed**: Have people annoyed you by criticizing your drinking? (Yes = 1 point)

C – **Cut down**: Have you ever felt you ought to cut down on your drinking? (Yes = 1 point)

E – **Eye-opener**: Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover? (Yes = 1 point)

A total score of 2 points or more indicates a positive screen for at-risk drinking

Additional Queries Recommended by ACOG:

- In a typical week, how many drinks do you have that contain alcohol? (Positive for at-risk drinking if more than 7 drinks)
- In the past 90 days, how many times have you had more than 3 drinks on any one occasion? (Positive for at-risk drinking if more than one)

If at risk drinking is identified, brief office interventions have proven effective

Some women may require referral to a substance abuse specialist

Preconception Health+Health Care Initiative

RESPONSIBLE ALCOHOL CONSUMPTION

- Apply screening tool to **ALL women equally**
  - Assumptions about who to screen can miss large populations of at-risk women
    - A 2011 study found that the highest prevalence of late pregnancy alcohol use was reported by white women who were non-Hispanic, college-educated and at least 35-years-old
    - It can be assumed that these same women will be using alcohol in the postpartum period
- **Alcohol Use and Breastfeeding**
  - Breastfeeding women who use alcohol despite education/counseling to stop, should be advised to minimize the infant's exposure to alcohol by waiting 3-4 hours after a single drink before breastfeeding
  - No evidence for "pump and dump"

Preconception Health+Health Care Initiative

APPLYING THE "BIG 10" TO MJ

5. Assess and address responsible alcohol consumption

- MJ is not consuming any alcohol at this time

Preconception Health+Health Care Initiative

INTIMATE PARTNER VIOLENCE

- Violence may begin or escalate during pregnancy and the postpartum period
- Introduce the topic by explaining that you regularly ask all women about their safety. ACOG (2012) suggests an introduction such as:
  - "Because violence is so common in many women's lives and because there is help available for women being abused, I now ask every patient about domestic violence."
- Explain that her answers will be held in confidence
  - However, clinicians and offices need to be aware of the laws in their specific state relative to IPV as some states may have mandatory reporting.

Preconception Health+Health Care Initiative

INTIMATE PARTNER VIOLENCE

- **Screening should involve face-to-face interactions with the woman and should use a series of direct questions such as:**
  1. Are you in a relationship with a person who threatens or physically hurts you?
  2. Within the past year have you been hit, slapped, kicked or otherwise physically hurt by someone?
  3. Do you ever feel afraid of your partner?
  4. Has anyone forced you to engage in sexual activities that made you feel uncomfortable?"
  5. Does your partner support your decision about when or if you want to become pregnant?

Preconception Health+Health Care Initiative

INTIMATE PARTNER VIOLENCE

- If the woman answers **"yes"** to any of the **first 4 screening questions**, acknowledge the trauma and your concern for her welfare, provide referrals to local and national resources and encourage the woman to develop a safety plan
  - Consider designating a staff member to assume the role of educating women about safety plans and helping them make contacts with appropriate support services
- If the woman answers **"no" to question 5** (suggesting the risk of reproductive coercion) investigate if this is because of lack of communication about the issue or lack of partner support for her desires
  - If the latter, consider offering contraceptive choices that are difficult for the partner to detect (e.g. Long-Acting Reversible Contraceptive methods)
- Handouts and referrals should be handled in a way that protects women from discovery of disclosure

Preconception Health+Health Care Initiative

APPLYING THE "BIG 10" TO MJ

6. Assess and address interpersonal violence

- MJ denies any interpersonal violence or reproductive coercion

Preconception Health+Health Care Initiative

DEPRESSION AND OTHER PERINATAL MOOD DISORDERS

Scope of Need:

- Depression during pregnancy occurs in up to 11% of pregnant women; likely to continue into the postpartum period
- Postpartum depression and other mood disorders that are diagnosed in postpartum period or within one year of giving birth, are common and include:
  - Postpartum depression (occurs in **at least 10%** of postpartum women)
  - Postpartum anxiety disorders (also occurs in **about 10%** of postpartum women)
  - Post traumatic stress disorders (occurs in **up to 6%** of postpartum women)
  - Postpartum psychosis (extremely **rare and extremely dangerous** for the woman and for her children)

Preconception Health+Health Care Initiative

DEPRESSION AND OTHER PERINATAL MOOD DISORDERS

- **Screening all women for depression is considered a standard of care:**
  - ACOG recommends that all women be screened at least once during the perinatal period using a standardized tool--but does not endorse a specific tool
  - The tool most often used is the Edinburgh Postnatal Depression Scale (EPDS) because of its high specificity and predictive value as well as its validation across populations

Preconception Health+Health Care Initiative

POSTPARTUM DEPRESSION

- **Symptoms:**
  - Sleep and/or appetite disturbances
  - Lack of interest in baby, family, activities
  - Feelings of guilt, shame, hopelessness
  - Thoughts of harming baby or self
- Symptoms last more than two weeks (which differentiates depression from "baby blues" which are common and self-limiting)
- Usually occur in the first 2-3 months after childbirth but may occur at anytime during the first postpartum year

Preconception Health+Health Care Initiative

MJ's Edinburgh Postnatal Depression Scale (EPDS)

As you are pregnant or have recently had a baby, we would like to know how you are feeling. Please check the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today.

Here is an example, already completed.

I have felt happy:
- ☐ Yes, all the time
- ☒ Yes, most of the time — This would mean: "I have felt happy most of the time" during the past week.
- ☐ No, not very often — Please complete the other questions in the same way.
- ☐ No, not at all

In the past 7 days:

1. I have been able to laugh and see the funny side of things
   - ☐ As much as I always could
   - ● Not quite so much now
   - ☐ Definitely not so much now
   - ☐ Not at all
2. I have looked forward with enjoyment to things
   - ● As much as I ever did
   - ☐ Rather less than I used to
   - ☐ Definitely less than I used to
   - ☐ Hardly at all
3. I have blamed myself unnecessarily when things went wrong
   - ☐ Yes, most of the time
   - ☐ Yes, some of the time
   - ☐ Not very often
   - ● No, never
4. I have been anxious or worried for no good reason
   - ☐ No, not at all
   - ● Hardly ever
   - ☐ Yes, sometimes
   - ☐ Yes, very often
5. I have felt scared or panicky for no very good reason
   - ☐ Yes, quite a lot
   - ☐ Yes, sometimes
   - ☐ No, not much
   - ● No, not at all
6. Things have been getting on top of me
   - ☐ Yes, most of the time I haven't been able to cope at all
   - ☐ Yes, sometimes I haven't been coping as well as usual
   - ● No, most of the time I have coped quite well
   - ☐ No, I have been coping as well as ever
7. I have been so unhappy that I have had difficulty sleeping
   - ☐ Yes, most of the time
   - ☐ Yes, sometimes
   - ● Not very often
   - ☐ No, not at all
8. I have felt sad or miserable
   - ☐ Yes, most of the time
   - ☐ Yes, quite often
   - ☐ Not very often
   - ● No, not at all
9. I have been so unhappy that I have been crying
   - ☐ Yes, most of the time
   - ☐ Yes, quite often
   - ● Only occasionally
   - ☐ No, never
10. The thought of harming myself has occurred to me
    - ☐ Yes, quite often
    - ☐ Sometimes
    - ☐ Hardly ever
    - ● Never

Total = 5

Preconcepti... Health+Health Care Initiative

APPLYING THE "BIG 10" TO MJ

7. Assess and address depression and other perinatal mood disorders

- MJ's EPDS score is 5:
  - Suggests low likelihood of current depression
  - Also reassuring:
    - She has no past history of depression or anxiety;
    - Her affect does not suggest depression
  - She reports no intrusive thoughts or insomnia, suggesting that she is not suffering from perinatal anxiety disorder

Preconception Health+Health Care Initiative

IMMUNIZATION STATUS: REVIEW AND PROVIDE AS INDICATED

- Remember to address influenza immunization needs if seasonally indicated
- Also consider initiating or completing the HPV series if the woman is < 26-years-old and not fully immunized
  - Lactation is **not** a contraindication to the HPV vaccine

Vaccine	Before pregnancy	During pregnancy	After pregnancy	Type of Vaccine
Hepatitis A	Yes, if indicated	Yes, if indicated	Yes, if indicated	Inactivated
Hepatitis B	Yes, if indicated	Yes, if indicated	Yes, if indicated	Inactivated
Human Papillomavirus (HPV)	Yes, if indicated, through 26 years of age	No, under study	Yes, if indicated, through 26 years of age	Inactivated
Influenza IIV	Yes	Yes	Yes	Inactivated
Influenza LAIV	Yes, if less than 50 years of age and healthy; avoid conception for 4 weeks	No	Yes, if less than 50 years of age and healthy; avoid conception for 4 weeks	Live
MMR	Yes, if indicated, avoid conception for 4 weeks	No	Yes, if indicated, give immediately postpartum if susceptible to rubella	Live
Meningococcal conjugate	If indicated	If indicated	If indicated	Inactivated
Pneumococcal Polysaccharide	If indicated	If indicated	If indicated	Inactivated
Tdap	Yes, if indicated	Yes, vaccinate during each pregnancy ideally between 27 and 36 weeks of gestation	Yes, immediately postpartum, if not received previously	Toxoid/ Inactivated
Tetanus/Diphtheria Td	Yes, if indicated	Yes, if indicated; Tdap preferred	Yes, if indicated	Toxoid
Varicella	Yes, if indicated, avoid conception for 4 weeks	No	Yes, if indicated, give immediately postpartum if susceptible	Live

For information on all vaccines, including travel vaccines, see this table with www.cdc.gov/vaccines

Preconception Health+Health Care Initiative

APPLYING THE "BIG 10" TO MJ

8. Assess and address immunization status

- MJ has no immunization needs

Preconception Health+Health Care Initiative

DESIRES ABOUT INTERPREGNANCY INTERVALS

- Women with IPIs of less than 18 months are 14-47 percent **more likely** to have premature infants
  - For each month that IPI was shortened below 18 months:
    - PTB: increased 1.9%
    - LBW increased 3.3%
    - SGA increased 1.5
- **One-third** of women, ages 15-44, had an IPI of less than 18 months; 12.4% between 6-11 months and 6.7% less than 6 months
- Rates are higher among Latina women and young women
- Short IPIs are more likely to be reported as **intended** among women who are married, non-Hispanic white, college educated and whose last birth was not paid for through Medicaid

Preconception Health+Health Care Initiative

DESIRES ABOUT INTERPREGNANCY INTERVALS (IPI)

- An approach to assessing desires about IPI is to ask the woman (either face-to-face or using a pre-visit questionnaire):
  - Do you hope to have any more children?
  - If yes, how long would you like to wait until you become pregnant again?
- If the woman indicates that she hopes to become pregnant with an interval of <18 months:
  - Let her know you hear her desires
  - Acknowledge her specific circumstances (advanced maternal age, cultural expectations, previous outcomes, etc)
  - Provide non-directive counseling about the risks of short IPI on prematurity and birthweight including the protective advantages of each additional month between pregnancies up to 18 months

Preconception Health+Health Care Initiative

APPLYING THE "BIG 10" TO MJ

9. Assess and address desires about interpregnancy interval

- MJ expresses desires to become pregnant again in the next 10-12 months
  - Tell MJ that you respect her and her partner's desires about pregnancy planning but that you want her to know that there are some risks in having pregnancies closer together than 18 months
  - Ask if she would like to discuss those risks

Preconception Health+Health Care Initiative

CONTRACEPTION AND STIS

- Provide contraceptive counseling that is consistent with the woman's desires about a future pregnancy
  - Long-acting reversible contraceptives (LARCs) may be ideal for the woman who is clear she does not hope to become pregnant in the near future or ever again
  - If woman indicates she would like to become pregnant again at some time in her future, provide information about decreasing fertility with advancing maternal age so she can make an informed decision about how long to postpone future pregnancies
- Match the specific contraceptive method to the woman's medical profile; if she has a medical diagnosis refer to US Medical Eligibility Criteria (USMEC, 2012) for guidance
- Provide the woman with Plan B or other emergency contraception (EC) information if she chooses no contraception or a method that is user-dependent
- Acknowledge that people's plans often change
  - Encourage the woman to return if she decides to become pregnant before her next routine visit

Preconception Health+Health Care Initiative

CONTRACEPTION AND STIS

- No specific national STI guidelines exist for the postpartum visit; since the postpartum visit should be treated as a well-woman visit, standard screening recommendations from the CDC should be applied
  - **Note:** separate recommendations exist for:
    - Sexually active women under age 25
    - Sexually active women ages 25 and over if at increased risk
      - A new sex partner
      - More than one sex partner
      - A sex partner with concurrent partners
      - A sex partner who has a sexually transmitted infection
      - Been treated for chlamydia or gonorrhea and not retested 3 months later
    - Pregnant women

Preconception Health+Health Care Initiative

APPLYING THE "BIG 10" TO MJ

10. Assess and address contraception needs and STI protection

- MJ and her partner are in a long term monogamous relationship and do not have risk factors for STIs
- MJ tells you she intends to use the Lactational Amenorrhea Method (LAM) for contraception
- You explain to MJ that this method is quite effective provided she:
  - Breastfeeds every 4 hours during the day
  - Breastfeeds every 6 hours at night
  - And recognizes that another method will be necessary once menstruation begins again
- MJ indicates she and her partner will use condoms when her periods resume
  - Encourage her to contact your office if she desires further discussion about birth spacing or contraceptive choices

Preconception Health+Health Care Initiative

REIMAGINE YOUR POSTPARTUM CARE

- What are you currently doing that you will **STOP** doing because it isn't working?
- What haven't you done that you will **START** doing because it may work in your setting?
- What are you already doing that you will **CONTINUE** doing because it works well?

Preconception Health+Health Care Initiative

SUMMARY: ROUTINE POSTPARTUM CARE AS A GATEWAY TO WELL WOMAN CARE

- The postpartum visit should be structured to provide comprehensive preventive care individualized to a specific woman
- As is true for the majority of well woman visits, most postpartum women will have relatively uncomplicated needs
- However, the postpartum visit should be offered with the appreciation that it is the first preventive visit of "the rest of this woman's life" not her last prenatal visit
- Using a 10 point framework, the postpartum visit can be structured to be both meaningful and efficient

Preconception Health+Health Care Initiative

INTERCONCEPTION CARE MODULES

MODULE 4: Routine Postpartum Care for Every Woman
MODULE 5: Interconception Care for Women with Chronic Conditions and Pregnancy Complications (MARCH 2017)
MODULE 6: Interconception Care for Women with Poor Birth Outcomes (LATE 2017)

Educational Modules Available for CME at:

Http://beforeandbeyond.org/modules/

Preconception Health+Health Care Initiative

CONTACT INFORMATION FOR QUESTIONS OR REQUESTS

Flojaune G. Cofer, PhD, MPH
Nickname: Flo
Flo.jaune@gmail.com
(404) 668-0735

Preconception Health+Health Care Initiative