PRE AND INTERCONCEPTION HEALTH, INTENTIONALITY AND BIRTH SPACING: EMERGING ISSUES

Monday, May 21
1:30 PM - 3:00 PM

#prematuritycollab
Pre- and Interconception Health, Intentionality, and Birth Spacing: Emerging Approaches

Prematurity Prevention Summit
Building a Birth Equity Movement
Welcome

• Co-chairing the Prematurity Collaborative Clinical and Public Health Practice Workgroup
  ‣ With Vanessa Lee, MPH (HRSA)

• Great group of people; very dedicated

• Focus on 3 main topics:
  ‣ 17-P
  ‣ LDASA
  ‣ Intentionality and birth spacing
Background

• Approximately half of pregnancies in US are unintended
  › Better in teens, but still unacceptably high

• Intentionality is important
  › Unintended pregnancy associated with adverse maternal and child outcomes
  › Negative impact on physical and mental health
  › Disproportionate impact
    › Higher rates in lower SES and lower levels of achieved education
  › Expensive…
    › 2010 estimate: $21 billion in public expenditure for unintended pregnancy
Background – Birth Spacing

• Based on data suggesting short interpregnancy intervals associated with worse outcomes
  ‣ Including prematurity
  ‣ Others: fetal growth restriction, NICU admission, perinatal death

• Intervals “debated”….
  ‣ < 24 months, especially < 18 months

• “Recommendations” to avoid short intervals
  ‣ Healthy People 2020 objective: 10% reduction in pregnancies within 18 months
  ‣ WHO: minimum birth-to-pregnancy spacing of 2 years
  ‣ ACOG: short intervals mentioned as a risk factor for preterm delivery and adverse neonatal outcomes

• Widespread emphasis
  ‣ Made sense for the Workgroup…
Birth Spacing - Challenges

• 2014 study from Norway – different design
  ‣ More “longitudinal”… “within woman” design
    ‣ Women serves as their own controls
  ‣ Adverse outcomes not directly associated with intervals

• 2014 retrospective cohort study from Australia
  ‣ Women served as their own control
  ‣ Within-mother analysis – much weaker effect of short interval on odds of preterm birth and LBW

• 2017 study – case-crossover analysis, longitudinal
  ‣ Short interval – NO increased risk of preterm birth, SGA, LBW, NICU admission
  ‣ Also considered “conventional design” and able to replicate increased risk
    ‣ Showed that population was representative but design made a difference
Birth Spacing - Challenges

• 2017 prospective cohort study from Sweden
  ‣ Analysis included cousin and sibling comparison
  ‣ Familial confounding explained most of the association between short intervals and adverse outcomes

• Two other studies: case-crossover design
  ‣ Very short intervals (< 6 months) associated with risk
    ‣ But not longer intervals

• Conclusion: if pregnancies uncomplicated and women are in good health, decision regarding timing should be based on personal desires
  ‣ Not an “arbitrary” interval
So What Now???

• A bit of a “curve ball”….  
  ‣ How do we handle spacing???

• After discussion – still fits with goal of reducing preterm birth and adverse outcomes

• Bottom line: more important to focus on the “what” then the “when”…  
  ‣ Focus on optimizing pre/interconception health and not just on an arbitrary time period
So What Now???

- Example: a women with HTN and uncontrolled DM who gets pregnant at 25 months will not have a “magically better” outcome than if she became pregnant at 23 months

- More important to focus on optimizing health
  - Less important to “draw a line in the sand” interval

- The message and effort remain:
  - Important to address intentionality and “spacing” but focus on health optimization
Today’s Panel

• Thank you for attending!!
• Superb panel:
  ‣ Ginny Erlich, D.Ed., MPH, MS: CEO, *Power to Decide*
  ‣ Monica Simpson: Executive Director, *Sister Song*
  ‣ Sarah Verbiest, DrPH, MSW, MPH: Executive Director, UNC Center for Maternal and Infant Health
  ‣ Diana Ramos, MD, MPH: CA Department of Public Health and Keck USA School of Medicine
HOW MIGHT WE...

Build a culture that values and provides a system of support making it possible for every person to achieve reproductive well-being? A culture in which all people—no matter who they are or where they live—to have the power and services necessary to determine if, when, and under what circumstances to have a child and to support a healthy start for the next generation.
OUR COLLECTIVE IDENTITY
• Real Women
Real Stories, Real Women

"Getting pregnant at a young age and even now is not in my plans, and being on birth control was and continues to be my way of taking control of my health, my body and my future."—Romina, California.

"I shouldn't have to decide whether to buy diapers or birth control."—Amy, Indiana.

"No-cost access to BC has significantly changed my life. Beyond pregnancy prevention, it has given me the ability to live."—Kiersten, Maryland.
OUR CHALLENGE

Information

Access

Opportunity
BY AGE 45, MORE THAN HALF OF ALL AMERICAN WOMEN WILL HAVE EXPERIENCED AN UNINTENDED PREGNANCY.
LACK OF KNOWLEDGE

Percentage of people who have heard of various methods of birth control:
- 99% have heard of pills
- 99% have heard of condoms
- 87% have heard of implants
- 77% have heard of IUDs

Percentage of people who say they know little or nothing about various methods of birth control:
- 38% for pills
- 12% for condoms
- 77% for implants
- 68% for IUDs
Contraceptive Deserts
WOMEN’S HEALTH CARE IS SILOED

- Women expect to have to go to 2 different providers for their care
- Health care delivery is separated into primary care and reproductive/sexual health
- Women are approached as pregnant or not pregnant with little effort to integrate care in between.
- Women’s health care is episodic, uncoordinated and fragmented.
Emotional Well-Being

Spiritual Well-Being

Social Well-Being

Physical Well-Being

Reproductive Well-Being
Social Determinants of Health

- Income and social status
- Social support networks
- Employment and working conditions
- Physical environment
- Education
- Healthy child development
- Biology and genetic endowment
- Health Services
- Personal health practice and coping skills

Social
Determinants
of Health
TRANSFORMING WOMEN’S HEALTH

• Build a shared vision for ensuring that women are surrounded by a culture that supports their overall reproductive health and well-being.
• Create a collective shift in the narrative to support a new definition of what a Culture of Health looks like for women.
• A culture in which all sectors recognize and support woman-centered approaches support the health of women – and by extension – the health of families.
INTENTIONALITY MOVEMENT APPROACH

We recognize that no singular organization or sector can achieve our vision on its own. It will take a multi-pronged and multi-sectoral effort to make this all possible. Thus, we will build a collective impact network that supports the culture and systems change necessary, which includes:

• Enculturating a collective narrative that promotes the vision and principles of the movement.
• Working towards and monitoring shared measurements on short-, medium-, and long-term progress.
• Aligning our assets to optimize our efforts to transform the culture and to build a system of support to meet our vision. By aligning our efforts, we will maximize our impact and reduce duplication.
• Ensuring that all of our efforts are developed, implemented, and measured in a culturally-responsive and linguistically-appropriate way.
INTENTIONALITY MOVEMENT APPROACH

• Advocating for and advancing policies, regulations, consensus statements, and national recommendations that support various systems and practices that ensure that all people can determine if, when, and under what circumstances to have a child and to support a healthy start for the next generation.

• Building the capacity of places to establish a broad-based system of support to ensure that people have what they need determine if, when, and under what circumstances to have a child and to support a healthy start for the next generation.

• Leading and building the capacity of our constituents and stakeholders towards adopting this integrated and supportive approach in their practice.

• Establishing a learning community that builds the evidence-base, shares best practices at the national, regional, and local levels, and fosters innovation.
GUIDING PRINCIPLES

• We value first and foremost the overall health, well-being, and self-determination of all people, and in particular, women and girls.

• We recognize that there is not currently equity when it comes to deciding if, when, and under what circumstances to have a child, and thus these issues must be considered from an intersectional and broader social determinants of health lens.

• We recognize and respect that not everyone will, or will be able to, make a decision about if, when, and under what circumstances to have a child. We will work to build a culture in which all individuals will be treated with respect and be cared for without judgment.
GUIDING PRINCIPLES

• We value the voices and lived experience of the people whom we aim to serve. In developing solutions, we will center our work on their lived experience, which will help us ensure that these solutions are culturally-responsive and linguistically-appropriate.

• We recognize the complexity of decision-making and intentions about family formation, and support individuals, couples, families, and communities in seeking reproductive autonomy, health and well-being.

• We will work tirelessly to ensure that everyone has the information, access to services, and other supports necessary to have a child if and when they want to and to support a healthy start for the next generation.

• We will use best available science, evidence, and guidance from the community to develop our solutions.
ASSUMPTION & CONSIDERATIONS

- Not everyone believes they have autonomy or choice.
- Not everyone possesses the same level of decision making power. We want to change this.
- There is a need to acknowledge and respect ambivalence or deliberate decisions to not plan pregnancy.
- It's important to meet our audiences (e.g. women and families) where they are.
- This culture change will require us to address the socioecological factors, not just individual behavior.
- A policy systems approach will be essential, and we cannot assume that current policies will fit neatly into this movement.
- Science and lived experience must be anchors in this work. The work should be evidence based and evidence informed, but grounded in community context and lived experience.
- Adoption of a rights-based framework will be essential.
- We need to eliminate the cultural assumption that every woman is “pre-pregnant”.

BLUEPRINT FOR ACTION

The national Blueprint for Action will outline key steps for collective action among leaders and influencers to transform culture and systems to ones that provide everyone the support they need to achieve reproductive well-being. The Blueprint for Action will include:

- A shared measurement framework with culturally-responsive and linguistically-appropriate benchmarks for short-, medium- and long-term progress
- Key actions to support macro-level leadership and culture change
- Key actions for national, regional, and local partners
- A place-based roadmap for local change
Thank You!

Ginny Ehrlich, D.Ed., MPH, MS
Chief Executive Officer
Power to Decide
gehrlich@powertodecide.org
Clinical and Public Health Practice Session 2
Pre and Interconception Health
May 21, 2018

Sarah Verbiest, DrPH, MSW, MPH
Executive Director, Center for Maternal and Infant Health
Director, Jordan Institute for Families
University of North Carolina at Chapel Hill
Advisor, National Preconception Health and Health Care Initiative
Vision: All women and men of reproductive age will achieve optimal health and wellness, fostering a healthy life course for them and any children they may have.
Preconception Health

• Interventions that aim to identify and modify biomedical, behavioral, and social risks to a person’s health or pregnancy outcome through prevention and management

• Interventions emphasize factors that must be acted on before conception or early in pregnancy to have maximal impact on maternal, fetal, and infant health

• The process of planning for pregnancy opens the door for preconception health intervention
Critical Periods of Development

Weeks gestation

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Why It Matters: Sensitive Period of Development

- Missed Period
- Mean Entry into Prenatal Care

Mean Entry into Prenatal Care:

- Week 4: 4
- Week 5: 5
- Week 6: 6
- Week 7: 7
- Week 8: 8
- Week 9: 9
- Week 10: 10
- Week 11: 11
- Week 12: 12

What is preconception health?
New Evidence from the Netherlands
The Big Picture: Sense of Urgency

1990-2013 Country Comparison
Maternal Mortality (per 100,000 live births)

US rate is RISING!

Reproductive Health Risks of Uncontrolled Chronic Conditions

• Hypertension
  • Maternal mortality
  • 2-fold increase in gestational diabetes
  • Fetal complications: Preterm birth, placental abruption, IUGR, fetal death

• Diabetes
  • 3-fold increase in prevalence of birth defects among infants of women with type 1 and type 2 diabetes
  • Prevalence is substantially reduced through proper management of diabetes

Obesity increases the likelihood of having hypertension & diabetes, and increases the risk of reproductive complications including NTDs, preterm birth, pregnancy-induced hypertension, gestational diabetes, and c-section AND impacts fertility.
Pre / Inter conception Care: Content Areas

- Family Planning / Contraceptives
- Nutrition
- Infectious disease/ immunizations
- Chronic Disease
- Medication exposures
- Substance Use
- Previous Pregnancy Outcomes
- Genetic History
- Mental Health
- Intimate Partner Violence/Abuse
- Age
What We Measure Matters: Clinical Measures for Preconception Wellness

- Intended/planned to become pregnant
- Entered prenatal care in the 1st trimester (proxy for access care)
- Daily folic acid/multivitamin consumption
- Tobacco free
- Not depressed (mentally well / under treatment)
- Healthy BMI
- Free of sexually transmitted infections
- Optimal blood sugar control
- Medications (if any) are not teratogenic

No single measure alone is sufficient to describe “preconception wellness”

But taken in aggregate can be a marker of wellness and receipt of quality preconception care
How can we make **real change**? How do we raise awareness in an authentic, scientifically accurate way that what a person does **before** they become pregnant matters?
Challenges

- The word itself – doesn’t work well for women who don’t want to become pregnant or for adolescents
- MANY messages and risk factors
- Timeframe can be over 3 decades of a woman’s life
- Lack of investment in women’s health and care
- Need to measure preconception health in communities and clinical care in order to benchmark and recognize change
- Messages need to be delivered in culturally relevant, actionable ways in the context of women’s lives
- Misconceptions that PCC is only about birth control & spacing
- Fine line in talking about early fetal development in the context of the divisive pro life / pro choice conflict
Opportunities

• Broaden MCH to focus on the health and well-being of women in particular as well as men
• Address the social determinants of health and equity to impact two generations
• Provide true PRIMARY prevention
• Connect services across traditional “swim lanes”
• Engage on new issues such as infertility prevention, maternal mortality prevention and healthy relationships
• Learn new things and get creative!
Develop, implement, and disseminate a woman-centered, clinician-engaged, community-involved approach to the well woman visit to improve the preconception health status of women of reproductive age, particularly low-income women and women of color.
The Importance of Using 10 Key Preconception Indicators in Understanding the Health of Women of Reproductive Age (Robbins et al)

• Provide an opportunity for leaders to set priorities
• Revise and develop programs and policies
• Implement system changes
• Better allocate resources to support interventions to improve the health of women of reproductive age.
Consumer Connected and Driven
More Preconception Resources

- PCHHC Newsletter - to subscribe, send an email to pchhcnews@gmail.com with “Subscribe” as the subject line

- CDC bi-weekly email listserv – latest research, news happening across the globe in PCH – email ggf9@cdc.gov
Global Significance – Lancet Preconception Highlights

• Identification of people contemplating pregnancy provides a window of opportunity to improve health before conception. (Stephenson et al, Paper 1)

• Population-level initiatives to reduce the determinants of preconception risks, such as obesity and smoking, irrespective of pregnancy planning, are essential to improve outcomes. (Stephenson et al, Paper 1)

• Interventions to improve women's nutritional status and health behaviors should consider social and environmental determinants, to avoid exacerbating health and gender inequalities, and be underpinned by a social movement that touches the whole population.

• Preconception interventions must be supported by political will which requires skillful engagement with powerful commercial interests. (Barker et al., Paper 3)
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Closed LinkedIn Group
Search “PCHHC”

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Implementation & Innovation
Interconception Health

Diana E. Ramos, MD, MPH
Assistant Clinical Professor
Keck USC School of Medicine
Obstetrics & Gynecology
Co-Chair National Preconception Council

May 22, 2018
Interconception Health

OBJECTIVES

❖ Definition
❖ Lifecourse Interplay
❖ Incorporating/Adopting
Poor Birth Outcome in a Prior Pregnancy

Increased Risk Poor Birth Outcome in a Subsequent Pregnancy

- 15 to 30 percent for Preterm Delivery
- 20 to 60 percent for Pre Eclampsia
- 2-12 fold risk for Low Birthweight infants

Global Unintended Pregnancy Rates

World 41% (85 million pregnancies)

U.S. 48%

Latin America 58%

Europe 44%

The Impact of Unintended Pregnancies: Infant & Maternal

- Later prenatal care
- Smoking/drinking/substance use during pregnancy
- Prematurity/Low birth weight
- Reduced breastfeeding
- Low relationship quality
- Increased risk of physical violence during pregnancy

Definition:
Time between pregnancies, including, but not restricted to, the postpartum period

Goal:
Improve the health of the woman & good pregnancy outcome
Recurrence Reduced by \textit{Half}

4 mg of folic acid daily starting at least one month prior to the pregnancy

\textit{CDC}
Interconception preconception care has a positive effect on a range of health outcomes.

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<th>Child mortality</th>
<th>Maternal mortality</th>
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<td>Birth defects</td>
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<td>Type 2 diabetes and cardiovascular disease in later life</td>
<td>Congenital and neonatal infections</td>
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<td>Vertical transmission of HIV/STIs</td>
<td>Underweight and stunting</td>
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<td>Reduced breastfeeding</td>
<td>Diarrhoea</td>
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Interconception Health: Alter Outcome in Maternal Mortality

Racial Disparities in Mortality Ratios

2011–2013

• 12.7 deaths per 100,000 live births for white women

• 43.5 deaths per 100,000 live births for black women

• 14.4 deaths per 100,000 live births for women of other races
Contraception Buys You Time to Plan
Most Effective Contraception Are *Not* the Most Commonly Used

Contraception Buys You Time to Plan

Barriers
Interconception
Health

- No access to care
- No insurance
- No established model
- Clinician no time to address
- Focus is on the infant

Intrauterine environment exerts a *permanent* influence on postnatal metabolism and growth

*Mother’s* fetal life can affect the development of her own offspring

POSTPATUM VISIT

• Medicaid participation is 59.1%

• Private Insurance 79.9%

• Kaiser Permanente participation is 94%

• Assess pregnancy complications

• Plan to minimize future pregnancy adverse events

• Ensuring health across the lifespan

The State of Health Care Quality 2007
Kaiser Permanente 2011
POSTPARTUM VISIT
Paradigm Shift

- Mood and emotional well being
- Infant care and feeding
- Sexuality, contraception and birth spacing
- Sleep and fatigue
- Physical recovery from birth
- Chronic disease management
- Health Maintenance

ACOG COMMITTEE OPINION
Number 736 • May 2016
Presidential Task Force on Redefining the Postpartum Visit
Committees on Obstetrics Practice
Optimizing Postpartum Care

ABSTRACT: The weeks following birth are a critical period for a woman and her infant, setting the stage for long-term health and well-being. To optimize the health of women and infants, postpartum care should become an ongoing process, rather than a single encounter, with examples and support tailored to each woman's individual needs. This report outlines recommendations for optimizing postpartum care providers within the first 2 weeks postpartum. The initial assessment should be followed up with ongoing care as needed, including a comprehensive postpartum visit no later than 12 weeks after birth. The comprehensive postpartum visit should include a full assessment of physical, social and psychological well-being, including the following domains: mental and emotional well-being; infant care and feeding; nutrition; contraception; and sleep and fatigue.

Recommendations and Considerations

- Personal encounters should include the woman’s reproductive health plans, including those for and timing of any future pregnancies. The woman’s future plans and those of her family should be considered in planning for health care.
- Women should be provided with the following initial visit information:
  - A comprehensive postpartum visit should be offered within the first 2 weeks postpartum. This assessment should be followed up with ongoing care as needed.
  - Women should be referred to a provider for the comprehensive postpartum visit no later than 12 weeks after birth.
• Smoking
• Depression
• Folic Acid
• Contraception
Goal:

Produce post-partum care guidelines for obstetric providers that incorporate risk assessment based on the previous pregnancy and develop recommendations for future care.
Implementing Interconception Health

FREE text messages to help improve your health!

To join text LAFAMILIA to 55000

For more information go to: http://bit.ly/joinfamilia
Implementing Interconception Health

ph.lacounty.gov/LAMOMs
“Essential for the prevention and control of non-communicable diseases”

“Starts with maternal health and prenatal nutrition, pregnancy outcomes, …child and adolescent health; reaches children at schools, adults at worksites and other settings, and the elderly”

World Health Assembly
"Planning is bringing the future into the present so that you can do something about it now."

Alan Lakein