



PRECONCEPTION HEALTH

2013–2015 Rhode Island Strategic Plan



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Dear Colleagues,

I am pleased to present you with the 2013–2015 Rhode Island Preconception Health Strategic Plan. This document provides a detailed strategy to maximize healthy pregnancies and pregnancy outcomes in Rhode Island over the next three years.

Preconception care leads to better health and wellness for women, men, and families. It provides the opportunity for family planning, which encourages the development of a reproductive life plan in line with an individual's personal values and life goals. As part of preventive care, preconception care identifies and mitigates health risk behaviors and chronic conditions that may affect a potential pregnancy. Individuals who receive preconception care before and between pregnancies are more likely to have healthy, planned pregnancies and less likely to have negative birth outcomes, such as low birth weight babies and preterm birth.

According to 2009 Pregnancy Risk Assessment Monitoring System data, one in every three pregnancies in Rhode Island is unintended. Unintended pregnancies may result in delayed access to prenatal care and a reduced opportunity for screening and interventions for negative health behaviors, such as tobacco or alcohol use, that can lead to poor birth outcomes. High rates of unintended pregnancy can lead to serious socioeconomic consequences and contribute to significant disparities in reproductive health and pregnancy outcomes, particularly among young, poor, and minority women.

Implementing public health initiatives, comprehensive health policies, healthcare practices and promotion, and consumer awareness to minimize disparities in preconception risk factors can help to reduce social, racial, and economic disparities in health. No single agency, organization, or sector alone can improve preconception health. The Rhode Island Preconception Health Strategic Plan is the result of a collaborative process involving the Rhode Island Department of Health (HEALTH) and a large, diverse group of community partners that together form the Rhode Island Preconception Health Collaborative. This Collaborative is committed to refining and carrying this plan through implementation to ultimately improve the health of all Rhode Islanders.

We welcome your input to this statewide effort. To get involved, contact Tricia Washburn at Tricia.Washburn@health.ri.gov

Sincerely,

A handwritten signature in black ink that reads "Michael Fine".

Michael Fine, MD
Director of Health, Rhode Island Department of Health

Background

Introduction

Optimizing health and wellness before and between pregnancies benefits individuals and their families by improving health and pregnancy outcomes. Preconception health, the health of an individual during prepregnancy periods, encompasses a variety of strategies implemented across a range of health and social service settings to maximize healthy pregnancies. Many of the medical conditions, personal behaviors, psychosocial risks, and environmental exposures linked to negative pregnancy outcomes (e.g., birth defects, low birth weight births, and preterm births) can be identified and modified before conception through preventive interventions.^{1,2} Although interventions tend to focus on women, these preconception

health opportunities are important to both women and men across the life course, regardless of reproductive age or pregnancy intention.

The life course perspective model is an important component of preconception health. Providing a continuum of care and preventive interventions across the life course ensures that health is addressed at different life stages as well as during critical and sensitive periods, such as adolescence and the perinatal (around childbirth) and postpartum periods. This approach improves not only the future well-being of the individual but also the health of future generations. Although genetics contributes both protective and risk factors for disease, health reflects more



Effective preconception health interventions must incorporate a broad spectrum of strategies to address the range of influences on health outcomes. These strategies can include clinical, public health, and public policy solutions, all of which minimize disparities in preconception risk factors and reduce broader social, racial, and economic inequalities in health.

than genetics and personal choice. The life course perspective model takes into account cumulative protective and risk factors in several health domains—physical, mental, environmental, economic, and spiritual—in understanding patterns in health and disease.

Numerous intrapersonal, social, cultural, policy, and environmental factors influence an individual's health throughout life.³ Effective preconception health interventions must therefore incorporate a broad spectrum of strategies across the continuum of care to address the range of influences on health outcomes. These strategies can include clinical, public health, and public policy solutions, all of which minimize disparities in preconception risk factors (listed on page 13) and reduce broader social, racial, and economic inequalities in health.

Health Disparities

Women in high-risk and low-income groups in particular face barriers that prevent them from engaging in healthy behaviors before pregnancy. These barriers may include a lack of health insurance or education, the inability to take time off work to visit a healthcare provider, or a lack of access to healthy and affordable foods.² Racial differences in the preconception health status of women are also increasingly implicated as an important source of racial disparities in reproductive health outcomes.⁴ All of these obstacles are compounded by the fact that in the United States, the quality of primary care for numerous women of childbearing age is inadequate, many uninsured women do not receive care, and providers do not typically address reproductive risks during primary care visits.^{4,5} According to

2009–2010 Rhode Island Pregnancy Risk Assessment Monitoring System (PRAMS) data, 16% of women reported being uninsured the month before they became pregnant.⁵

Adolescents often encounter additional barriers that contribute to their high risk for unintended pregnancy and negative health behaviors before pregnancy. Many teens do not regularly access preventive care. In 2010 in the United States, the aggregate percent of adolescents enrolled in Medicaid and private health plans who received a preventive care visit was 64%.⁶ Increasing adolescent access to preventive care, including preconception care, is important to encourage healthy behaviors and address sexual health early in life.

In Rhode Island, the lack of an explicit law defining minor consent and confidentiality parameters limits adolescent access to reproductive health services, including contraception.⁷ In 2009 among Rhode Island high school students reporting that they ever had sexual intercourse, 12% did not use any contraceptive method the last time they had sex.⁸ From 2005 through 2009, Rhode Island's teen pregnancy rate for ages 15–19 was nearly 1 in 20, placing added pressure on these adolescents, their families, and society.⁹ Adverse outcomes associated with teen births include health risks for mother and child, individual and familial poverty, and reduced educational attainment. Public sector costs associated with teen childbearing in Rhode Island were estimated at nearly \$49 million in 2008.¹⁰ Additional socioeconomic and health pressures result from repeat births among teens; Rhode Island's repeat birth rate for teens ages 15–19 was 17.6% from 2006 through 2010.¹¹

Clinical Interventions

In the clinical setting, preconception care can be routinely integrated not only into visits related to reproductive health but into all healthcare visits before conception, regardless of pregnancy intention. Every primary care encounter offers an opportunity for clinicians to address preconception health and engage in relevant risk screening, referral, and education. Discussing preconception health creates an opening for dialogue about a patient's readiness for pregnancy, his or her health status, and the impact of social, environmental, occupational, behavioral, and genetic factors on a future pregnancy. It also offers an opportunity to identify individuals at risk for adverse

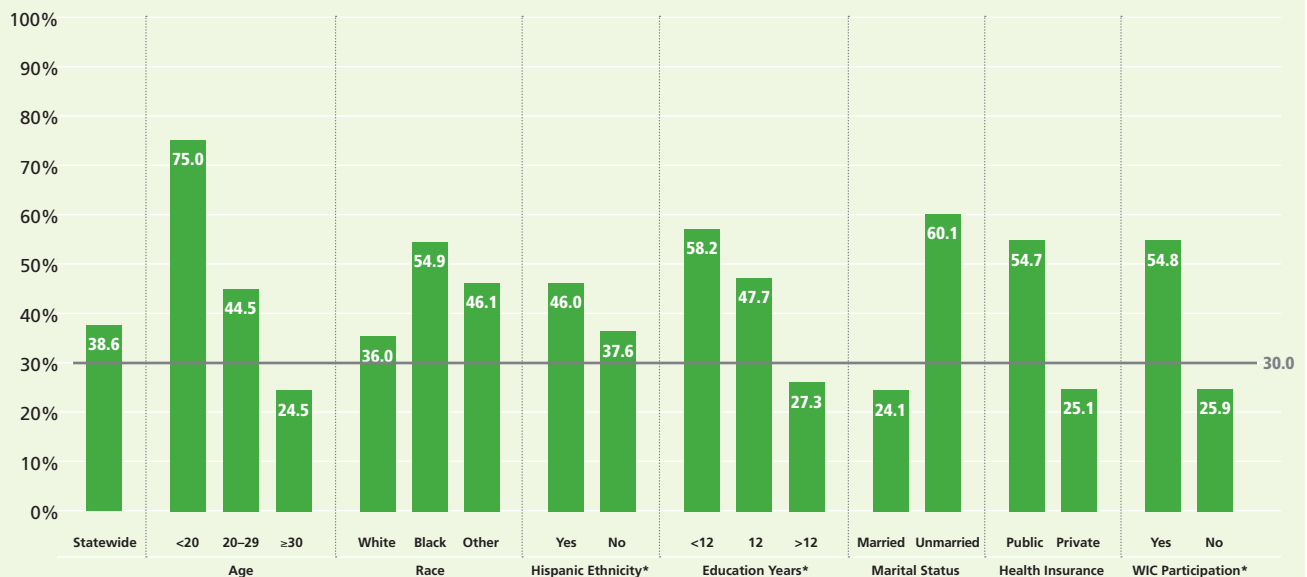
pregnancy outcomes and to provide contraceptive counseling to those not intending to become pregnant.

Development of a reproductive life plan between a provider and patient in the clinical setting encourages family planning, including consideration of healthy birth spacing of at least 18 months between a previous birth and conception of a subsequent birth.¹⁴ A reproductive life plan outlines an individual's pregnancy intention and preferred number, spacing, and timing of children while taking into account his or her personal values, life goals, and reproductive age. It can help an individual decide on next steps to either prevent or plan for a pregnancy.

FIGURE 1

Unintended Pregnancy: Demographic Characteristics, Rhode Island, 2004–2008

Source: Rhode Island Department of Health. Rhode Island Pregnancy Risk Assessment Monitoring System 2012 Data Book.



* Statistically significant difference at p-value < 0.001 — Healthy People 2010 goal

Women with an unintended pregnancy are more likely to engage in negative health behaviors, including delaying prenatal care, using tobacco and alcohol during pregnancy, and not breastfeeding their infants, all of which can cause adverse effects for both mothers and infants.¹² As shown in Figure 1, some Rhode Island women are more likely to have an unintended pregnancy than others. From 2004 through 2008, mothers who were younger than 20 years old (75.0%), black (54.9%), Hispanic (46.0%), had less than 12 years of education (58.2%), were unmarried (60.1%), had public health insurance (54.7%), and/or participated in the WIC program (54.8%) had a higher prevalence of unintended pregnancy than other women.

Reproductive life plans are ongoing and should be re-evaluated throughout the life course as an individual's goals evolve.¹⁵

Impact of Unintended Pregnancy

A planned pregnancy provides an opportunity for women to improve their health by addressing risk factors and behaviors before conception. Women who plan their pregnancies are less likely to have clinical complications during pregnancy and more likely to have better birth outcomes. Yet in 2009, approximately 37.3% of pregnancies in Rhode Island were unintended (mistimed or unwanted).⁹ From 2006 through 2010, 18% of Rhode

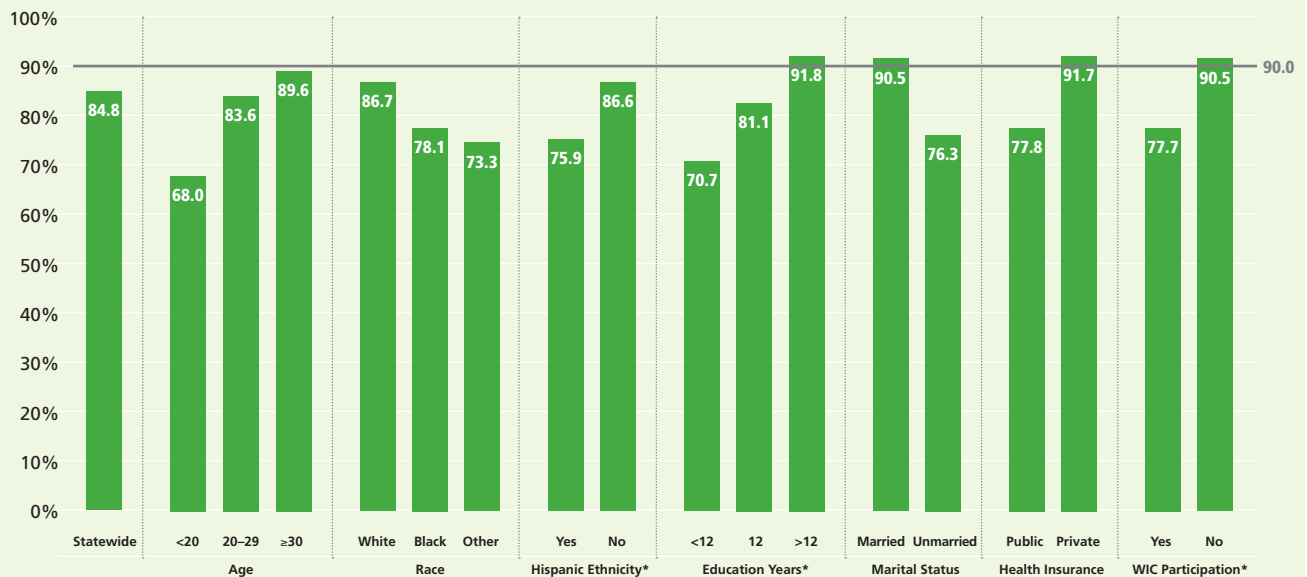
Island births were conceived 12 months or less from a previous live birth, which increases the risk for maternal morbidity and mortality, preterm birth, low birth weight, and small-for-gestational-age infants.¹¹

Data from the national and Rhode Island PRAMS surveys confirm that many women do not engage in healthy behaviors before becoming pregnant.^{4,16} Among Rhode Island mothers from 2004 through 2008, 20.4% were obese prior to pregnancy and 65.3% did not take a daily multivitamin prior to pregnancy (Figure 3). Among Rhode Island women who did not want to become pregnant, 53.6% did not use birth control at the time of pregnancy.⁵ Figure 4 illustrates that Rhode Island mothers who had an

FIGURE 2

Prenatal Care in First Trimester: Demographic Characteristics, Rhode Island, 2004–2008

Source: Rhode Island Department of Health. Rhode Island Pregnancy Risk Assessment Monitoring System 2012 Data Book.



* Statistically significant difference at p-value < 0.001 — Healthy People 2010 goal

Early prenatal care provides opportunities for detection, treatment, and management of medical and obstetric conditions, as well as the opportunity to encourage healthy behaviors by educating women during pregnancy.¹³ As shown in Figure 2, Rhode Island mothers who were age 30 or older (89.6%), white (86.7%), non-Hispanic (86.6%), had more than 12 years of education (91.8%), were married (90.5%), had private health insurance (91.7%), and/or did not participate in the WIC program (90.5%) had a higher prevalence of initiating prenatal care in the first trimester than other women.

unintended pregnancy were also significantly more likely than women with a planned pregnancy to report that they:

- Did not take multivitamins daily prior to pregnancy (80.6% vs. 55.5%).
- Experienced intimate partner violence during the 12 months before or during pregnancy (9.0% vs. 3.6%).
- Had delayed or no prenatal care (24.5% vs. 9.3%).
- Smoked during pregnancy (17.1% vs. 8.6%).
- Had a low birth weight baby (7.5% vs. 7.0%).
- Never breastfed their baby (31.6% vs. 23.6%).⁵

These data emphasize the need for the routine provision of preconception care to all individuals of reproductive age, regardless of pregnancy intention.^{15,17,18}

Coordinated Care

To ensure comprehensive, effective, and sustainable promotion of preconception health, greater cooperation and coordination is needed across health and social service specialties and sectors. Linking different service delivery systems and integrating preconception health promotion and care elements within them will improve and streamline access to preconception services. It will also help reduce potential gaps or missed opportunities to provide these services.^{2,4} Pregnancy testing, for instance, is often an initial point of access to the healthcare system. These visits can serve as an opportunity to address preconception health or to link women to early prenatal care, insurance, and social services. For some individuals, access to medical care is challenging because of financial constraints, lack of insurance, transportation issues, time limitations, or other competing priorities. For these individuals, it is important to identify additional opportunities and settings to address preconception health, such as through social and educational services.²

FIGURE 3
Select Pregnancy Risks,
Rhode Island, 2004–2008

Source: Rhode Island Department of Health. Rhode Island Pregnancy Risk Assessment Monitoring System 2012 Data Book.

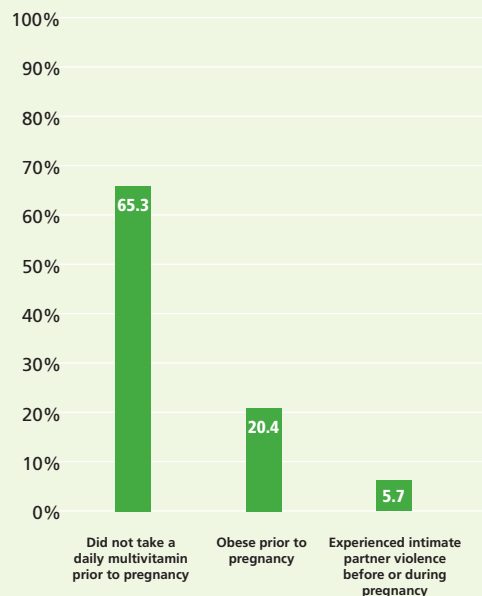
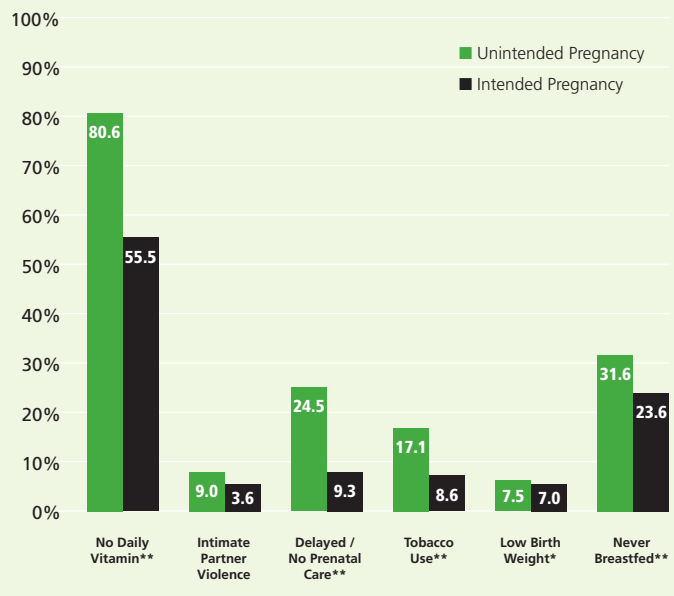


FIGURE 4
Pregnancy Risks and Outcomes by Pregnancy
Intention, Rhode Island, 2004–2008

Source: Rhode Island Department of Health. Rhode Island Pregnancy Risk Assessment Monitoring System 2012 Data Book.



* Statistically significant difference at p-value < 0.05

** Statistically significant difference at p-value < 0.001

To ensure comprehensive, effective, and sustainable promotion of preconception health, greater cooperation and coordination is needed across health and social service specialties and sectors.

National Response

In 2006, the United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC) responded to the growing body of evidence connecting preconception interventions to improved health and pregnancy outcomes by releasing its *Recommendations to Improve Preconception Health and Health Care*. These recommendations seek to improve the health of women and couples both before and between pregnancies by improving preconception health and healthcare.^{1,17}

The 10 CDC recommendations center on individual responsibility across the life course, consumer awareness, preventive visits, interventions for identified risks, interconception care, prepregnancy checkups, health insurance coverage for women with low incomes, public health programs and strategies, research, and monitoring improvements.

The CDC identifies four goals to improve preconception health:

- Improve the knowledge, attitudes, and behaviors of men and women related to preconception health.
- Assure that all women of childbearing age receive preconception care services that will enable them to enter pregnancy in optimal health.
- Reduce risks associated with a previous poor birth outcome.
- Reduce disparities in adverse pregnancy outcomes.

A number of other national initiatives and guidelines complement the CDC recommendations. *Healthy People 2020* reinforces the importance of preconception health by consolidating several of its health indicators under the category “Preconception Health and Behaviors”.¹⁹ The Institute of Medicine (IOM) recommends providing preconception care during well-woman preventive visits,

including evidence-based tests, procedures, and screenings for nonpregnant women to prevent and treat their chronic conditions and enhance their reproductive outcomes. The provision of appropriate education and counseling during preventive care visits is also recommended to decrease unintended pregnancy and promote healthy birth spacing. The IOM further advises that clinicians offer women a full range of Food and Drug Administration-approved contraceptive methods and sterilization procedures.²⁰ The Patient Protection and Affordable Care Act promises to increase access to these clinical preventive services by reducing cost as a barrier.¹⁷ Other states have also developed initiatives and implemented strategies to address preconception health through capacity building, resource development, and optimization of partnerships.^{21–25}



FORMATIVE RESEARCH SUMMARY

The Rhode Island Department of Health conducted formative research with key informants and consumers to assess the current provision of reproductive health services in Rhode Island and identify relevant resource and referral needs. Many questions focused on provider training and strategies to discuss pregnancy intention, preconception care, and pregnancy prevention. The resulting research report summarized gaps and opportunities in perceptions, practices, and resources related to preconception health in Rhode Island. An excerpt of the key findings follows.

Perceptions

Most providers were unfamiliar with discussing sexual and reproductive health in terms of pregnancy intention and preconception care and had not been taught to formally or routinely address these topics with patients. Instead, when these topics are addressed, provider discussion is generally focused on pregnancy prevention and contraception. Most providers consistently address a number of the preconception health domains (see page 13) with patients and focus group participants find these conversations helpful. Provider training to discuss these topics, however, is not typically framed in terms of preconception care. Nearly all key informants agreed that it is important to consistently discuss pregnancy intention, preconception care, and pregnancy prevention with patients and to consistently train students and residents to address these topics.

Practice

Almost all providers said that they feel comfortable discussing pregnancy intention, preconception care, and pregnancy prevention with patients, but only a handful reported having these conversations at all points of contact. Most providers have these conversations primarily during annual and reproductive health visits and primarily with female patients. Providers are also more likely to have a conversation about preconception care or pregnancy prevention than about pregnancy intention.

Effective strategies that providers reported for talking about pregnancy intention, preconception care, and pregnancy prevention focused on direct, nonjudgmental, and routine conversation to normalize discussion and make the patient comfortable. Providers emphasized the importance of both creating an opening for patients to start the conversation and framing discussion in terms of patient life plans and goals. Those providers who do discuss pregnancy intention, preconception care, and pregnancy prevention broach these topics using a variety of approaches. Many of them lead with a question about pregnancy and spin the question in a way that helps patients clarify their feelings. (See “Sample Pregnancy Intention Questions” on the following page.)

Many providers mentioned patient ambivalence as a major barrier to effectively discussing these topics with a variety of patients. Key informants and focus group participants also identified age, gender, culture, language, sexual orientation, and socioeconomic status as barriers that may prevent providers from effectively connecting with patients about pregnancy intention, preconception care, and pregnancy prevention. Quite a few providers expressed concerns about confidentiality in discussing and providing services on these topics with patients, particularly with teens, and many providers identified confidentiality as an important

Sample Pregnancy Intention Questions

Many providers who discuss pregnancy intention, preconception care, and pregnancy prevention lead with a question that helps patients clarify their feelings about becoming pregnant.

Do you intend to become pregnant over the next year?²⁶

Are you planning on becoming pregnant?

If you did get pregnant right now, how would you feel?

Have you thought about another baby being part of your life?



training topic and resource need. Many informants further acknowledged that a provider bias against teen pregnancy interferes with discussing pregnancy intention with teens, even when those discussions should take place. Although a number of providers reported that having a parent in the room poses a barrier to discussing reproductive health with teens, others feel comfortable either having parents present for the discussion or asking them to step out.

Most focus group participants reported having good relationships with and feeling comfortable talking to their primary care providers. Many suggested that they would be comfortable talking to their providers about sensitive topics such as emergency contraception, unsafe relationships, and reproductive coercion, although few reported that their providers address these topics. Conversely, participants reported that they were not comfortable talking about unplanned pregnancy with their providers, although providers did address this topic with them. Most participants reported that their providers did not talk to them about reproductive health, sexual health, or family planning when they were teens and that they did not feel comfortable having those conversations with their providers as teens, but they acknowledged the importance of these conversations taking place.

Resources

A number of providers suggested that they would benefit from additional training on pregnancy intention, preconception care, and pregnancy prevention. Many had received relevant training only informally and in the clinical setting. Providers suggested that the lack of a formal curriculum highlights the need for a more structured approach to addressing these topics with students and residents. They emphasized the importance of learning specific strategies to talk to patients about these topics and found experiential learning, primarily through clinical exposure, to be a particularly effective teaching strategy. A number of providers were also receptive to framing the discussion of pregnancy intention, preconception care, and pregnancy prevention in alternate ways.

Key informants brought up a number of policies that influence the ability of providers to effectively address pregnancy intention, preconception care, and pregnancy prevention with patients. These include policies around insurance reimbursement, confidentiality, and other practice guidelines and protocols. Many key informants also mentioned needing more time, funding, staff, and other specific resources to more effectively address the three key topics with patients.

The full research report is posted at www.health.ri.gov/publications/reports/2012PreconceptionHealthFormativeResearch.pdf

Strategic Plan Development & Framework

Strategic Plan Development

Building on national opportunities, resources, and previous Department initiatives to address women's health, the Rhode Island Department of Health (HEALTH) embarked on developing a strategic plan to identify and prioritize the preconception health needs of Rhode Island. Through funding made possible by the federal Title V Maternal and Child Health Block Grant, HEALTH's Division of Community, Family Health, and Equity coordinated this statewide effort. As HEALTH has no specific program dedicated to preconception health, staff working in related programs facilitated the process with the support of an external health and human services consultant.

To initially inform strategic plan development, HEALTH conducted formative research with Rhode Island healthcare

professionals and consumers. HEALTH first interviewed 50 key informants in the primary care, medical education, and health insurance communities to assess the current provision of reproductive health services and identify relevant resource and referral needs. HEALTH then conducted focus groups with English- and Spanish-speaking women to learn about consumer attitudes toward, access to, and use of reproductive health services. Focus group participation was extremely limited, but participant input reinforced and supplemented key informant interview findings.

The resulting research report summarized gaps and opportunities in perceptions, practices, and resources related to preconception health in Rhode Island (see "Formative Research Summary" on pages 8 and 9). HEALTH used these findings, along with relevant national resources



The Rhode Island Preconception Health Strategic Plan, resulting from a collaborative effort with community partners, lays out a broad and inclusive conceptual Framework rooted in targeted and achievable Recommendations and Strategies.

and preconception health plans and approaches from other states, to draft a preliminary framework and recommendations for a preconception health strategic plan. This draft provided a well-defined starting point to further identify and refine statewide preconception health priorities.

Building on existing community partnerships, HEALTH invited a wide range of stakeholders to collaborate in the statewide strategic planning process to both ensure the development of a comprehensive strategic plan and build coordinated systems of care. In addition to inviting the key informant participants, HEALTH elicited partnership suggestions from an internal team whose work addresses maternal and child health. Criteria for professional stakeholder suggestions included partners in relevant disciplines with a potential interest in preconception health who could also contribute their expertise to strategic plan development and implementation. HEALTH also invited consumer input through a variety of partner organizations.

After vetting the preliminary framework and recommendations with internal stakeholders, HEALTH sent the research report, the draft, and an invitation to participate in a series of statewide strategic planning sessions to all prospective partners. During these well-attended sessions, a facilitator consultant elicited feedback on the draft content and language and encouraged participants to identify additional plan gaps and opportunities. During each session, participants discussed and refined edits from the previous session to ensure the accurate integration of stakeholder input. HEALTH initially scheduled two two-hour strategic planning sessions but later added a third session to ensure that adequate time was available to discuss the entire draft. After the last session and prior to finalizing the document, HEALTH vetted the revised framework and recommendations by email with partners who were either present at or unable to attend the strategic planning sessions.

Strategic Plan Framework

The Rhode Island Preconception Health Strategic Plan resulting from this collaborative effort lays out a broad and inclusive conceptual Framework rooted in targeted and achievable Recommendations and Strategies. The Framework recognizes that all individuals across the life course—younger than and beyond their reproductive years, not yet pregnant and between pregnancies, of various sexual orientations—are touched by preconception health. The Strategic Plan Recommendations and Strategies, on the other hand, focus on individuals of reproductive age.

The Preconception Health Strategic Plan Framework, which includes a vision and mission, performance measures, key definitions, and guiding principles, is summarized on pages 12 and 13. The three-year strategic plan timeframe, from 2013 through 2015, allows for stakeholders to revisit the plan and address emerging needs after full implementation of the federal Patient Protection and Affordable Care Act in early 2014.

The Strategic Plan Recommendations fall into four topic areas: Public Health, Policy and Finance, Healthcare and Health Promotion, and Consumers. These Recommendations and the Strategies to achieve them are outlined in detail in the next section. A few Strategies will be led by a community coalition or collaborative actively focused on that issue. Some Strategies also include Sample Activities to clarify their purpose. These Sample Activities and additional action steps will be further developed during the Strategic Plan implementation phase described at the end of this document.

STRATEGIC PLAN FRAMEWORK

Timeframe: 2013–2015

Vision: Enhance the health of all Rhode Islanders to maximize healthy pregnancies and pregnancy outcomes.

Mission: Preconception health will be systematically addressed through implementation of public health initiatives, comprehensive health policies, healthcare practices and promotion, and consumer awareness in Rhode Island.

Performance Measures

The preconception health indicators listed below are state-level markers of preconception health measurable by HEALTH through existing internal data sources. A list of preconception health domains that may be assessed during a provider visit and that will be monitored in partnership with other HEALTH programs and community partners is included on the following page.

1. Increase the proportion of individuals who receive preconception care services.

Measured through the Rhode Island Pregnancy Risk Assessment Monitoring System (PRAMS)

2. Decrease the proportion of unintended pregnancy.

Measured through the Rhode Island Pregnancy Risk Assessment Monitoring System (PRAMS)

3. Reduce the proportion of pregnancies conceived within 18 months of a previous live birth.

Measured through the Rhode Island Department of Health Maternal and Child Health Database

Definitions

Preconception Health: The health and wellness of all individuals across the life course that results in optimal pregnancy outcomes.

Preconception Care: Health prevention and management interventions that aim to identify and modify individual biomedical, behavioral, and social risks affecting pregnancy outcomes. Preconception care encompasses the discussion of pregnancy intention, pregnancy prevention, and reproductive life planning.

Guiding Principles

The following concepts cut across all strategic plan Recommendations and Strategies:

- Relevant to both females and males across the life course
- Routinely implemented across the life course
- Includes physical, mental, behavioral, and environmental risk factors that impact health
- Incorporates comprehensive, continuous, and coordinated care
- Respects diversity within the context of individual, family, community, and cultural values
- Promotes health equity, and addresses social and environmental determinants of health and health disparities
- Promotes reproductive justice, which exists when all individuals have economic and social power and resources to make healthy decisions about their bodies, sexuality, and reproduction
- Values the voice of the community and consumers

Preconception Health Domains and Risk/Protective Factors

General Health Status and Life Satisfaction

- » Self-rated health

Social Determinants of Health

- » Education
- » Poverty
- » Housing

Healthcare

- » Access to and use of healthcare
- » Access to dental care
- » Access to reproductive healthcare
- » Content and quality of care
- » Immunizations

Reproductive Health and Family Planning

- » Previous preterm birth
- » Previous fetal death, miscarriage, or stillbirth
- » Interpregnancy interval/birth spacing
- » Pregnancy intention
- » Contraception (access, availability, and use)
- » Use of assisted reproductive technology

Tobacco, Alcohol, and Substance Abuse

- » Smoking
- » Alcohol consumption
- » Secondhand smoke exposure
- » Prescription medications
- » Illicit/street drugs

Environmental Exposure

- » Household chemicals
- » Lead
- » Other environmental and/or occupational exposures

Nutrition and Physical Activity

- » Fruit and vegetable consumption
- » Appropriate weight gain
- » Overweight and obesity
- » Folic acid supplementation
- » Breastfeeding
- » Exercise/physical activity

Mental Health

- » General mental distress
- » Anxiety and depression
- » Postpartum anxiety and depression
- » Emotional and social support
- » Intimate partner violence (physical and mental)
- » Adequacy of support

Chronic Conditions

- » Diabetes
- » Hypertension
- » Asthma
- » Other chronic conditions

Infections

- » HIV
- » HPV
- » Other sexually transmitted infections
- » Other infections

Genetics and Epigenetics

- » Family history
- » Genetic screenings

Adapted from Broussard DL, Sappenfield WB, Fussman C, Kroelinger CD, Grigorescu V. Centers for Disease Control and Prevention/Council of State and Territorial Epidemiologists, Atlanta, GA. *Maternal Child Health J.* February 2011; 15(2):158–168.

Strategic Plan Recommendations

PUBLIC HEALTH

Recommendation 1: Integrate components of preconception health into relevant public health and community programs.

PARTNERSHIPS

Strategy

Community Partnerships: Establish and maintain partnerships to facilitate the integration of preconception health into existing public health and community programs.

RESOURCES

Strategy

State Contract Modification: Modify state contracts to integrate components of preconception health.

Sample Activities

- » Assess contracted agencies' provision of preconception care services.
- » Promote core competencies of contracted agency staff to include preconception health.

PUBLIC HEALTH

Recommendation 2: Maximize data collection and sharing to monitor and evaluate preconception health-related activities and outcomes.

RESOURCES

Strategy

Public Health Data: Use data to inform preconception health program and policy decision making.

Sample Activities

- » Define data needs related to preconception health.
- » Identify available preconception health data sources.
- » Identify new preconception health data sources.
- » Identify opportunities to coordinate and share preconception health data.

QUALITY IMPROVEMENT

Strategy

Quality Improvement Data: Encourage providers, insurers, state agencies, and the health insurance exchange to integrate preconception health measures into their service delivery systems as part of quality improvement initiatives.

Sample Activities

- » Identify current preconception health quality improvement measures implemented in service delivery systems.
- » Evaluate these preconception health quality improvement measures in terms of outcomes.
- » Provide information/education about how to capture and measure data for quality improvement.
- » Promote educational opportunities for data mining.

POLICY & FINANCE

Recommendation: Expand the affordability of and access to preconception care for all individuals of reproductive age.

LEGISLATIVE ADVOCACY

Strategies

Patient Confidentiality Laws: Explore the feasibility of advocating for changes in Rhode Island adolescent patient confidentiality laws.

Minor Consent to Care Laws: Explore the feasibility of advocating for changes in Rhode Island minor consent to care laws.

Medicaid Family Planning Expansion: Advocate for the expansion of Medicaid coverage for family planning benefits to serve all income-eligible individuals.

HEALTHCARE REFORM ADVOCACY

Strategies

Health Insurance Exchange Contraception

Integration: Advocate for contraception to be included in the state's health insurance exchange as a covered preventive service.

Health Insurance Exchange Preconception Care

Integration: Advocate for preconception care to be included in the state's health insurance exchange as a covered preventive service.

Postpartum Visit Guidelines: Advocate for changing postpartum visit guidelines from 6 weeks to 3–4 weeks.

Source: Rhode Island Task Force on Premature Birth, Recommendation 1: Increase Inter-Pregnancy Interval.

INSURANCE ADVOCACY

Strategies

Postpartum Contraception Reimbursement: Advocate for adequate and appropriate reimbursement of contraceptive methods during the postpartum period.

Healthcare Site Contraception Dispensation: Explore the feasibility of advocating for insurers to reimburse healthcare sites for dispensing contraceptives.

Medicaid Extended Family Planning Benefits

Promotion: Advocate for enhanced consumer and provider outreach communication about Medicaid extended family planning benefits to define eligibility, covered services, and access to care.

Sample Activities

- » Identify the agencies that develop and distribute outreach materials.
- » Ensure that materials are compliant with national standards for Culturally and Linguistically Appropriate Services (CLAS).
- » Ensure that outreach communication materials are distributed widely to anyone working with families.
- » Develop additional communication strategies to address literacy issues.
- » Explore having healthcare providers who serve children and adolescents inform parents of benefits.

Preconception Care Codes: Advocate for providers and insurers to use universal preconception care codes for adequate reimbursement.

Sample Activities

- » Identify preconception care coding reimbursement practices among insurers.
- » Identify current provider practices around coding for preconception care services.
- » Develop universal preconception care codes for providers.
- » Educate providers on using reimbursable preconception care codes.
- » Implement continuous quality improvement for preconception care code use at the state and practice levels.

HEALTHCARE & HEALTH PROMOTION

Recommendation: Promote and support the discussion of preconception health by healthcare providers and allied professionals for all individuals of reproductive age.

ADVOCACY

Strategies

Professional Guidelines: Advocate for the revision and/or expansion of existing healthcare professional and allied professional guidelines to incorporate recommendations specific to preconception health.

Sample Activities

- » Research existing guidelines.
- » Compile evidence-based recommendations.
- » Partner with local chapters of professional organizations to advocate for revision and/or expansion of national guidelines.

Educational Curricula Integration: Advocate for colleges and universities to incorporate preconception health into undergraduate, graduate, and postgraduate curricula for healthcare providers and allied professionals.

Patient Confidentiality Policies: Encourage clinical providers and practices to develop guiding principles and/or policies that address the need for adolescent patient confidentiality.

EMR Triggers: Advocate for the integration of preconception health triggers into Electronic Medical Record (EMR) systems.

Sample Activities

- » Identify relevant existing EMR templates.
- » Develop model EMR templates.
- » Promote adoption of model EMR templates.
- » Research funding opportunities for EMR development and implementation.

School-Based Education: Advocate for strengthening school-based comprehensive sexuality and family life education in schools. *Source: The Rhode Island Alliance, Changing the Lens: A Reframed Approach to Preventing Teen Pregnancy, January 2012, Objective 5: Strengthen School-Based Sexuality and Family Life Education.*

RESOURCES

Strategies

Interdisciplinary Research: Foster interdisciplinary research related to preconception health.

Professional Toolkit: Compile and promote a healthcare provider and allied professional toolkit.

Sample Toolkit Contents

- » Tools and strategies to accurately and openly discuss preconception health, including sexual activity, pregnancy intention, pregnancy prevention, reproductive life planning, and health risk screening and intervention (e.g., One Key Question, CDC Reproductive Life Planning Tool, health risk screening tool, health risk screening framing guidelines, discussion timing guidelines)
- » Tools and strategies for discussing preconception health with specific populations (e.g., adolescents)
- » Professional guidelines specific to preconception health
- » Guidelines on integrating basic family planning and birth spacing counseling into prenatal care
- » Federal and state confidentiality resources
- » State referral resources for contraceptive services for adolescents
- » State referral resources linking patients to proven interventions
- » EMR template with preconception health triggers

Sample Activities

- » Identify and/or develop toolkit materials.
- » Collaborate with community groups that provide referrals.
- » Research existing models that are successfully working with providers.
- » Explore inclusion of environmental indicators in health risk screening tool.
- » Develop a comprehensive website that serves as a clearinghouse for preconception health information and a networking source for healthcare providers and allied professionals.

EDUCATION

Strategies

Professional Education Development: Develop professional education opportunities for healthcare providers and allied professionals on key topics related to preconception health.

Sample Activities

- » Partner with academic institutions and professional organizations.
- » Coordinate training and technical assistance for healthcare providers and allied professionals who provide direct services, especially home visits.

Professional Education Promotion: Promote professional education opportunities to healthcare providers and allied professionals on key topics related to preconception health.

Sample Activities

- » Partner with academic institutions and professional organizations.

CONSUMERS

Recommendation: Increase consumer and community awareness about preconception health across the life course.

OUTREACH

Strategy

Consumer Outreach: Promote preconception health knowledge, attitudes, and behaviors directly to consumers.

Sample Activities

- » Research existing social marketing campaigns.
- » Research financial resources to support a campaign.
- » Identify resources to research and develop a social marketing campaign targeting Rhode Island consumers.
- » Identify additional avenues and opportunities for directly targeting consumers.
- » Ensure information and tools are appropriate across various ages; literacies, including health literacy; and cultural/linguistic contexts.

RESOURCES

Strategy

Consumer Resources: Engage community partners to integrate health and wellness messages related to preconception health into existing and new consumer outreach activities, resources, and campaigns.

Sample Activities

- » Research existing resources to educate consumers about preconception health.
- » Compile relevant resources to educate consumers about preconception health.
- » Develop resources to educate target populations (e.g., adolescents, parents) about preconception health.
- » Develop a comprehensive website that serves as a clearinghouse for preconception health information for Rhode Island consumers.
- » Train and pay community health workers to deliver preconception health information to consumers.

Strategic Plan Implementation

The strategic planning process led by the Rhode Island Department of Health laid the foundation for and launched the Rhode Island Preconception Health Collaborative. The Collaborative is composed of a diverse group of healthcare providers, allied professionals, and consumers with relevant skills and interests who have a stake and/or interest in the successful implementation of the Rhode Island Preconception Health Strategic Plan.

Collaborative members will serve on workgroups focused on each Strategic Plan Recommendation: Public Health, Policy

and Finance, Healthcare and Health Promotion, and Consumers. After initial plan distribution and promotion, workgroups will meet to collectively prioritize and delegate responsibility for the implementation of each Strategy based on their skills, interests, and capacity to achieve desired outcomes. Workgroups will also develop the activities, timelines, and outcome measures necessary to accomplish each Strategy. Through this process, some Strategies may be deferred until additional partners and resources are available to effectively pursue and achieve them. Other Strategies may be added based on emerging needs.

Conclusion

Prioritizing the health and wellness of all individuals not only before and between pregnancies but throughout the life course has the potential to dramatically improve individual health, pregnancy outcomes, and the health of future generations. By coordinating preconception health risk screening, education, and interventions across a range

of health and social services and systematically addressing preconception health through clinical, public health, and policy solutions, the 2013–2015 Rhode Island Preconception Health Strategic Plan will ultimately enhance the health of all Rhode Islanders to maximize healthy pregnancies and pregnancy outcomes.



Glossary

CDC Centers for Disease Control and Prevention.

EMR Electronic Medical Record.

Gestational Age The pregnancy time period measured from the first day of the woman's last menstrual period.

HEALTH Rhode Island Department of Health.

Health Disparities Preventable inequalities in health status, disease incidence, disease prevalence, morbidity, or mortality rates between populations as impacted by access to services, quality of services, health behaviors, and environmental exposures.

Health Equity When all people have the opportunity to attain their full health potential regardless of the socioeconomic circumstances in their lives. Health equity requires focused and ongoing societal efforts to prevent avoidable inequities, address historical and contemporary injustices, and eliminate health and healthcare disparities.

Interconception Care Interventions that occur between pregnancies to maximize women's health or pregnancy. Interconception care includes discussion of birth spacing. *Source: Centers for Disease Control and Prevention.*

IOM Institute of Medicine.

Life Course Perspective Model Promotes optimal health and healthy development across the lifespan, as well as across generations, and promotes equity in health across communities and populations. Core concepts of the life course approach include timeline, timing, environment, equity, interactive processes, and lifelong development/lifelong intervention. *Source: United States Health Resources and Services Administration.*

Low Birth Weight Infant An infant born weighing less than 5 pounds, 8 ounces (2,500 grams).

PRAMS Pregnancy Risk Assessment Monitoring System.

Preconception Care Health prevention and management interventions that aim to identify and modify individual biomedical, behavioral, and social risks affecting pregnancy outcomes. Preconception care encompasses the discussion of pregnancy intention, pregnancy prevention, and reproductive life planning.

Preconception Health The health and wellness of all individuals across the life course that results in optimal pregnancy outcomes.

Preterm Birth A birth that occurs before 37 weeks gestation.

Reproductive Justice When all individuals have the economic and social power and resources to make healthy decisions about their bodies, sexuality, and reproduction. *Source: National Organization for Women.*

Reproductive Life Plan A set of personal goals (e.g., health and wellness, educational, career, relationships) and decisions about if and when to have children. A reproductive life plan also states how to achieve those goals (e.g., pregnancy prevention and pregnancy intention). Reproductive life planning is based on individual values, goals, and resources. *Source: Preconception Health Council of California.*

Social Determinants of Health Conditions in which individuals are born, grow, live, work, play, and age. For health equity, these conditions include adequate income, secure employment and good working conditions, quality education, safe neighborhoods and housing, food security, the presence of social support networks, healthcare services, and freedom from racism and other forms of discrimination, all of which support health. *Source: National Association of Chronic Disease Directors.*

WIC Special Supplemental Nutrition Program for Women, Infants, and Children.

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