

## Preconception care and family planning: Exploring the potential for integration


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## Introduction

California Family Health Council

- Distributes federal Title X family planning funds to 76 community agencies (321 clinic sites) throughout California serving over 1 million clients annually
- Performs advanced research in reproductive health and contraception
- Conducts education, training, and community outreach
- Implements and monitors effective community health programs



## Why preconception care in family planning?


<p>Family planning clients:</p> <ul style="list-style-type: none"><li>· In reproductive years</li><li>· Seeking health care services</li></ul> <p>Title X clients:</p> <ul style="list-style-type: none"><li>· Low income</li><li>· High rates of poor birth outcomes</li></ul>	<ul style="list-style-type: none"><li>· Approximately 70% of the activities cited in the CDC MMWR on preconception care are provided in family planning settings</li></ul>
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## Preconception Care and Intention for Pregnancy

In U.S. 49% of all pregnancies and 82% of teen pregnancies are unplanned (Finer & Henshaw, 2006)


Preconception care messages have potential to:

- Improve women's health and birth outcomes regardless of intention for pregnancy
- Improve women's health regardless of eventual pregnancy




## Project Description

1. Orientation of clinic site staff
  - Review of health history form and client chart
  - Four screening questions:
    - Do you want to get pregnant?  
If so, when?
    - Are you sexually active (at risk for pregnancy)?  
If so, are you trying to prevent pregnancy (and how)?



## Project Description


2. Providers were asked to integrate core preconception messages in family planning visits:
  - Folic acid intake
  - Diabetes
  - Obesity
  - Substance use
  - Rubella



## Preconception Integration Pilot Clinic Sites


**Clinic sites**

- 2 LA sites, 1 San Francisco site
- Interest in preconception integration
- Sufficient family planning visits




## Evaluation Questions

- Clients' intentions for health behavior changes related to core preconception messages
- Clients' attitudes about receiving preconception care messages in family planning visits
- Providers' experiences integrating preconception care messages into family planning visits




## Data Sources

- Client post-visit survey
  - Completed after family planning visit
- Intervention log
  - Providers recorded types of preconception messages, method of intervention, and time spent
- Post project interview/survey
  - Providers experience with process and continued integration



## Providers and Participants

- Providers
  - 10 clinicians, 1 health educator
- Participants
  - Female
  - Family planning visit
  - Ages 13 – 45
  - n = 555




## Sample Population

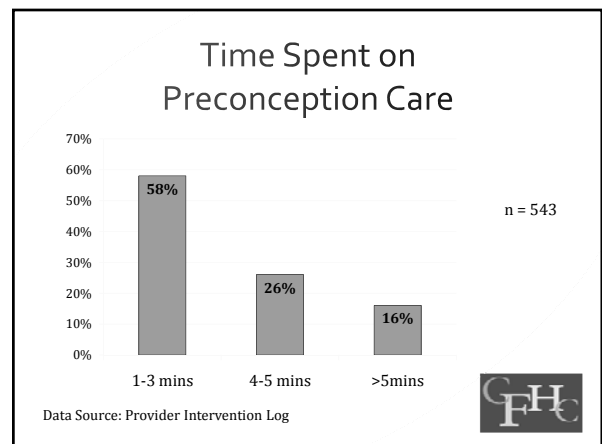
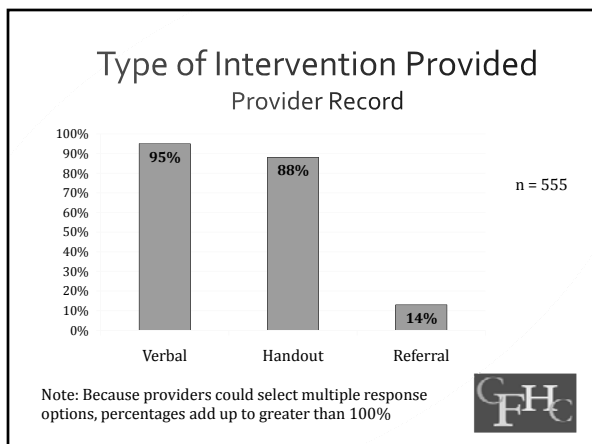
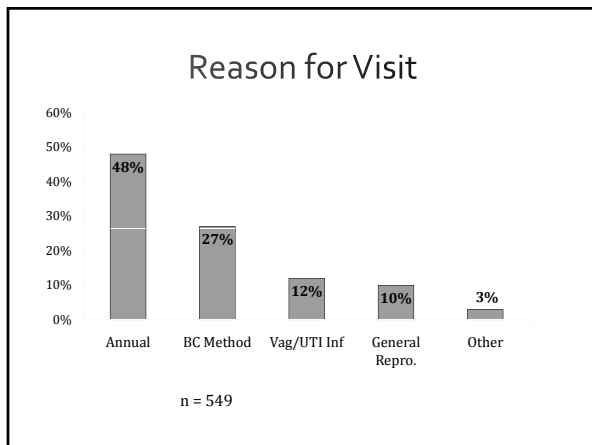
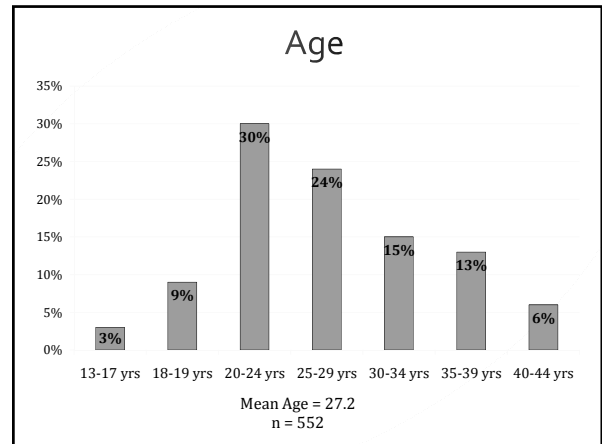
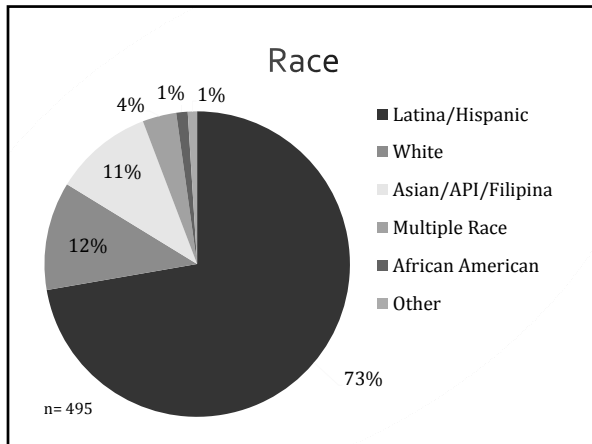


## Survey Language

	Surveys Completed	Percent
English	330	59%
Spanish	225	41%

n = 555





### Desire for Pregnancy

Desire Pregnancy	Frequency	Percent
Yes	440	82%
No	92	17%
Don't Know	8	1%

n = 540

### Timeframe for Desired Pregnancy

	Frequency	Percent
< 1yr	94	22%
2-4 yrs	146	33%
> 5 yrs	114	26%
DK	84	19%

n = 438

### Timeframe for Pregnancy by Race

Race	< 1 yr	< 4yrs*	> 5yrs
Latina	31%	71%	29%
Asian/API /Filipina	23%	52%	48%
White	7%	48%	52%

p = .0023  
n = 300

\* Cumulative

### Intention to Make Health Behavior Changes

- 86% of respondents stated that they were interested in making at least one change (n=524)
- 70% of respondents thought they would make changes within 3 months (n=503)

### Barriers to Change

- 70% of respondents not planning to make changes identified at least one barrier to making changes (don't need to, no time, previous failed attempt)

n=43

### Change and Preconception Issues


Preconception Health Issue	Percent of Clients Desire Change*
Folic acid	61%
Healthy foods	55%
Exercise	52%
Weight	42%
Smoking	8%
Alcohol	7%

\* Among those intending at least one change      n = 451

### Desire for Change by Intent for Pregnancy

	Desire Change	No Change
Intend Pregnancy	88%	12%
No Intention for Pregnancy	76%	24%


p < .0051  
n = 502



### Desire for Change by Timeframe for Pregnancy

	Desire change	No Change
< 1 year	99%	1%
2-4 years	90%	10%
> 5 years	82%	18%

p = .0004  
n = 346




### Client Acceptance of Preconception Messages

97% “strongly agreed” or “agreed” that **information about how women can prepare for healthy pregnancies should be offered** to women during their family planning visits (n=527, mean 4.7)

94% “strongly agreed” or “agreed” that they were **interested in the information they received during their visit** about how they can have a healthy pregnancy (n=486, mean 4.5)

Likert scale 1-5




### Provider Experience

Provider themes

- Supportive of preconception integration
- Perception that clients welcome preconception messages
- Concern about additional burden of integration
- Increased ease with preconception care implementation over time
- Identified need for more appropriate materials


n = 8




### Continued Integration

- Preconception care activities continue in clinic
- Increase in preconception care activities and topics included in services
- Perception that fellow clinicians are “very interested” or “interested” in continuing preconception care

n = 16



“It raised awareness among the clinicians, who are now more likely to discuss with patients their plan for pregnancy, now or for the future, and how to make sure the patient has optimal care before conceiving.”



## Conclusions

- Family planning clients were receptive to preconception messages
- Family planning clients were interested in making health behavior changes after hearing preconception messages
- Interest in making changes is associated with desire for pregnancy and timeframe of desired pregnancy

Continued...



## Conclusions

- Identifying and providing relevant intervention can be done in 1-3 minute discussions with clients
- Providers are supportive of preconception integration but have concerns about time and burden



## Recommendations

- Develop preconception interventions that address intention and timeframe of pregnancy
- Develop protocols and guidelines for family planning providers
- Provide training for family planning providers and clinic administrators
- Add screening questions including intention for pregnancy and timeframe in health history forms and EHR (Electronic Health Record) systems



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