Pre-and Interpregnancy Care: What our Patients are Not Getting

Allison S. Bryant, MD, MPH
Antepartum and Intrapartum Management
June 7, 2008

Prenatal Care: The Old Paradigm?

- Formal prenatal care dates back to 1900s
  - Initial efforts to reduce maternal mortality
- Focus shifted to improvement of neonatal outcomes
- Medicaid expansions of 1980s

Current Policies: Medicaid

- Sixth Omnibus Budget Reconciliation Act (SOBRA), 1986

Kaiser Family Foundation State Health Facts Online

Current Policies: Medicaid

- Medicaid Income Eligibility for Working Parents, 2001

Kaiser Family Foundation/National Women’s Law Center
Prenatal Care: The Old Paradigm?

- Formal prenatal care dates back to 1900s
  - Initial efforts to reduce maternal mortality
- Focus shifted to improvement of neonatal outcomes
- Medicaid expansions of 1980s
- Despite improved uptake of prenatal care, few benefits in outcomes demonstrated

Infant Mortality, United States, 1980-2000

Maternal Mortality, United States, 1913-2003

Prenatal Care

- Little good-quality observational evidence to suggest benefit of prenatal care on birth outcomes
- Randomized trials of enhanced care (↑ visit number, home visits, social support, etc.) have not shown improvement in birth outcomes

Fiscella, Obstet Gynecol 1995
What proportion of pregnancies in your practice are unintended?

1. <25%
2. 25 - 50%
3. 50 - 75%
4. >75%

What proportion of pregnancies in the U.S. are unintended?

1. 17%
2. 25%
3. 50%
4. 62%

Prenatal Care: Too Little Too Late?

- Significant proportion (1/2) of pregnancies in the U.S. are unintended
- Unintended pregnancies associated with later entry into prenatal care, worse outcomes
- Nationally, only 83% of women receive prenatal care in first trimester (state range 67-91%, NHQR)
Prenatal Care: Too Little Too Late?

- Developmental vulnerability in first few post-conception weeks
- Pathways leading to adverse birth outcomes likely have onset at start of pregnancy, or before
- Little hope of reversing medical or social risks in limited period of gestation

Pre-/Interconception Care

- Definition
  - A prevention-based strategy to improve pregnancy outcomes by identifying and modifying a woman's biomedical, behavioral and social risks prior to pregnancy
  - Universal vs. Targeted

Opportunities to Provide Pre-pregnancy Care

- Primary Care Visits
  - Internists, Family Medicine Specialists, Pediatricians, Adolescent Health Providers, CNMs, NPs, Obstetrician/Gynecologists
- Urgent Care/ Emergency Visits
  - Pregnancy testing services
- Specialty Visits
  - Cardiologists, Nephrologists, Endocrinologists

Example

- 20 year old G1P0, presented for first prenatal visit at 30 weeks gestation
- PMH notable for idiopathic dilated cardiomyopathy, obesity
- Meds: lisinopril, atenolol, digoxin, NSAIDs
- Unplanned pregnancy, unaware until second trimester
- Depressed EF to 20%
- U/S: oligohydramnios, skull abnormalities, renal dysgenesis
Example, cont.

- In year prior to pregnancy, seen by
  - Pediatric cardiologist
  - Adult heart failure sub-specialist
  - Urgent care physician for URI
  - ED for minor trauma
- Who’s responsible for preconception care?

What percent of women with a live birth report having had pre-pregnancy counseling in the U.S.?

1. 12%
2. 30%
3. 45%
4. 61%
5. 80%

Needs Assessment

- Preconception maternal behaviors/ needs
  - 23.2% Tobacco use
  - 50.1% Alcohol use
  - 35.1% Multivitamin use
  - 53.1% NON-use of contraception among those NOT trying to become pregnant
  - 77.8% Dental visit
  - 30.3% Receipt of pre-pregnancy counseling

Needs Assessment

- Preconception maternal behaviors/ needs
  - 3.6% Physical abuse
  - 18.5% ≥ 4 stressors
  - 13.2% Underweight
  - 13.1% Overweight
  - 21.9% Obese
  - 1.8% Diabetes
  - 2.2% Hypertension
### Goals of Preconception Care

- **Maternal Assessment and Screening**
  - Physical exam, health behaviors, medical and family history, HIV/STI screens
- **Health Promotion, Education and Counseling**
  - Folic acid, weight/nutrition management, intimate partner violence
- **Intervention**
  - Diabetes management, smoking and alcohol cessation, discontinuation of teratogenic medications

### Interconception vs. Preconception

- Interconception care as a subset of preconception care
- Preconception care programs difficult to implement
- Easier to locate mother/baby pairs after birth
- More operationally feasible?
- Recognizes impact of pregnancy on women’s health
- Addresses continuity of risk from one pregnancy to the next

### Risk Assessment (FINDS)

- **Family Violence**
- **Infection/Immunization**
- **Nutrition**
  - Anthropometric
  - Biochemical
  - Clinical
  - Dietary
- **Depression**
- **Stress**

### Health Promotion (BBEEFF)

- **Breastfeeding**
- **Back-to-Sleep**
- **Exercise**
- **Exposures**
- **Family Planning**
- **Folic Acid**

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Lu, *MCH Journal* 2006

Kotelchuck, 2006
Short Interpregnancy Interval

Interventions
- Clinical
  - Height, weight, blood pressure, breast exam, Pap smear
- Psychosocial
- Suggested schedule for interconception visits:
  - 2 weeks, 6 weeks and 6 months postpartum, then annually

Lu, MCH Journal 2006

What Do Patients Think?
- “...the doctors were like ‘Who’s your regular doctor?’ ... And it was like, I haven’t had time to go get one yet. But they kept pushing... You’re so busy afterwards, you don’t even think about it. And you probably won’t think about it until something feels like it’s wrong. And then you’re like, ‘Maybe I should see a doctor’”

Focus group participant

What Do Patients Think?
- “…I didn’t get the [IUD]... I was supposed to get it, but the lady was busy with the next visit... They said to call [to make another appointment] but now I don’t have Medi-Cal, so what’s the point to call if I don’t have Medi-Cal? So I’m not happy.”

Focus group participant
What Do Patients Think?

- "...I think preventative medicine is really important. And I would not have made it a priority actually... if I hadn't had serious postpartum issues.... So I had to make that a priority, and actually it's been really positive. Because I've taken time to take care of myself after a really draining experience... But I think that preventative medicine [is good] just to rebuild your health after the incredibly draining experience of pregnancy and childbirth...”

Focus group participant

Reproductive Life Plan

- Do you plan to have any (more) children?
- How many children do you hope to have?
- How long do you plan to wait until you (next) become pregnant?
- How much space do you plan to have between your future pregnancies?
- What do you plan to do to avoid pregnancy until you are ready to become pregnant?
- What can I do today to help you achieve your plan?

Moos, M. WHD, 2006
CDC Goals to Improve Preconception Health

- **Goal 1.** Improve the knowledge and attitudes and behaviors of men and women related to preconception health.
- **Goal 2.** Assure that all women of childbearing age in the United States receive preconception care services (i.e., evidence-based risk screening, health promotion, and interventions) that will enable them to enter pregnancy in optimal health.
- **Goal 3.** Reduce risks indicated by a previous adverse pregnancy outcome through interventions during the interconception period, which can prevent or minimize health problems for a mother and her future children.
- **Goal 4.** Reduce the disparities in adverse pregnancy outcomes.

Specific Risk Conditions: Evidence Base

- Isotretinoin
- Alcohol misuse
- Anti-epileptic drugs
- Diabetes
- Folic acid deficiency
- Hepatitis B
- HIV/AIDS
- Hypothyroidism
- Maternal PKU
- Rubella seronegativity
- Obesity
- Oral anticoagulant
- Sexually transmitted infection
- Smoking
- Prior preterm birth?

Prior Adverse Birth Outcome

- **Risk Assessment**
  - OB history review
  - Medical record, placental path review
  - Review of psychosocial stressors
  - Plans for future childbearing
- **Health Promotion**
  - Smoking cessation
  - Nutrition
  - Family planning

Prior Adverse Birth Outcome

- **Clinical Interventions**
- Psychosocial Interventions
- Service Coordination/ Case Management
- Community/ Public Health Interventions
- Individualized schedule of visits

Lu, MCH Journal 2006
A Word about the Postpartum Visit

- Traditional 6 week visit as part of “interconception package”
  - 80% of those with commercial insurance, 55% of those with Medicaid compliant with 6 week visit (NCQA, 2003)
- Compliance with visit dependent upon perceived need, socioeconomic factors, enabling factors (Bryant et al, *MCH Journal* 2006)
- 6 weeks may be too late for breast feeding, depression, family planning discussions

Conclusions

- No RCTs to prove efficacy as yet
  - Recommendations based on established best practices for preventive health care
- Life-course perspective
- Potential role in reduction of disparities
- Current means of providing care is fragmented

Conclusions

- Unresolved issues
  - Universal vs. targeted?
  - Correct interval of visits?
  - Who should provide care?
  - Who should pay?

Conclusions

- Preconception and interconception health care are *women’s* health care
Thank You

bryanta@obgyn.ucsf.edu