



Interconception Care

March 6, 2019

Conflict of Interest & Commercial Relationship Disclosures

- The planners do not have any financial arrangements or affiliations with any commercial entities whose products, research or services may be discussed in this activity.
- No commercial funding has been accepted for this activity.

Accreditation Statement

The School of Public Health, University at Albany is accredited by the Medical Society of the State of New York (MSSNY) to provide continuing medical education for physicians.

The School of Public Health, University at Albany designates this live activity for a maximum of 2.0 **AMA PRA Category 1 Credits™**. Physicians should claim only the credit commensurate with the extent of their participation in the activity

Routine Well Woman Care

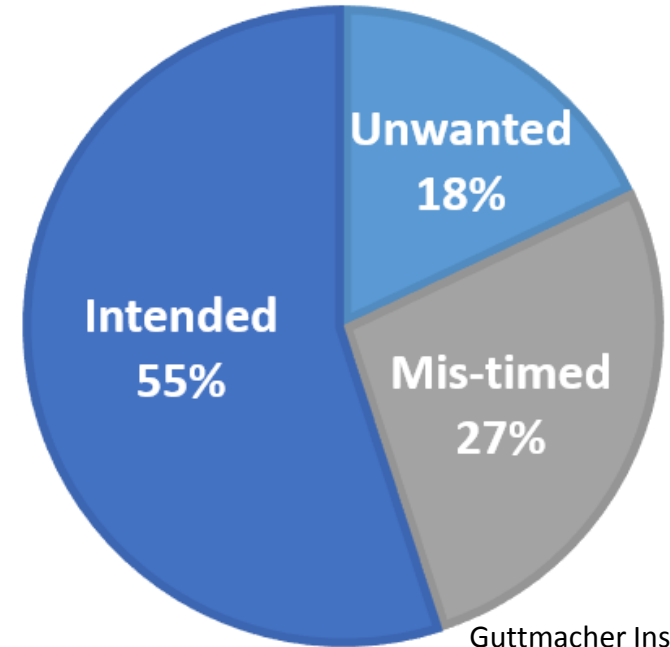
- **Review medical, family and medication history**
- **Counsel on healthy diet and exercise**
- **Review reproductive plans**
- **Screen for mental health**
- **Screen for STDs, cervical cancer**
- **Manage chronic disease**

Modifiable pre-pregnancy risks that determine birth outcomes

- **Pregnancy intendedness**
- **Inter-pregnancy interval (<18 months or >59 months)**
- **Maternal age**
- **Exposure to teratogenic medications**
- **Exposure to substances (alcohol, tobacco, drugs)**
- **Chronic disease control**
 - **Diabetes, obesity, cardiovascular disease, mental health, hypothyroidism, etc**
- **Congenital anomalies**
 - **Neural tube defects related to folic acid**
- **Intimate partner violence**

Traditional Preconception Health Visit Approach *Doesn't Work*

- Almost half of pregnancies are unintended
- Only 18.4% have had a pre-conception health visit
- Only 1 in 5 women take folic acid prior to diagnosed pregnancy
- 1 in 4 women of reproductive age have no insurance (until pregnancy)
- Many women miss their postpartum visit
- US women of reproductive age have increasingly more risks...



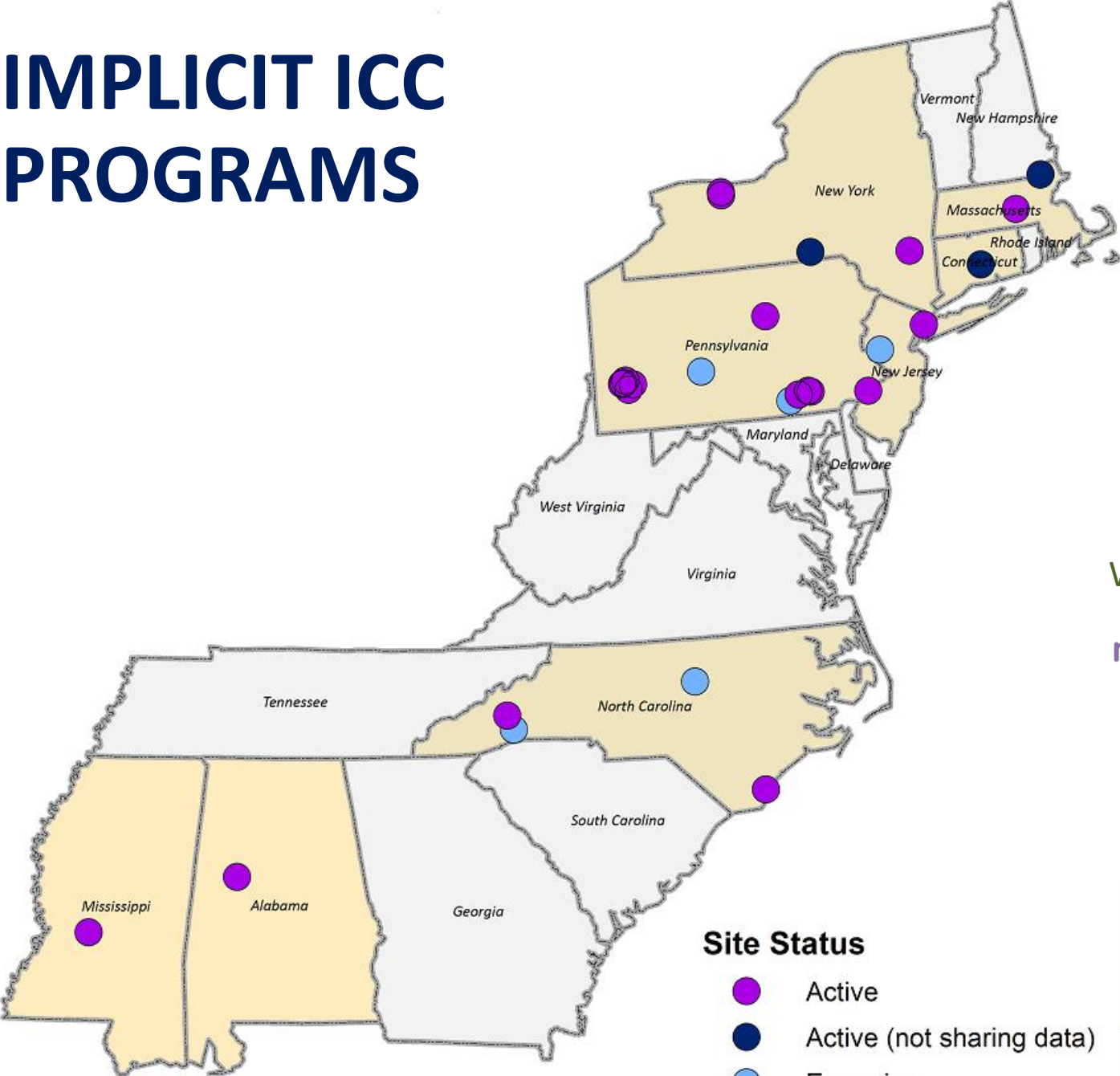
Guttmacher Institute
2011

IMPLICIT Model: What is it?

IMPLICIT (Interventions to Minimize Preterm and Low birth weight Infants through Continuous Improvement Techniques) is a family medicine maternal child health learning collaborative focused on improving birth outcomes and the health of women, infants, and families through faculty, resident, and student development with innovative models of care and quality improvement.



IMPLICIT ICC PROGRAMS



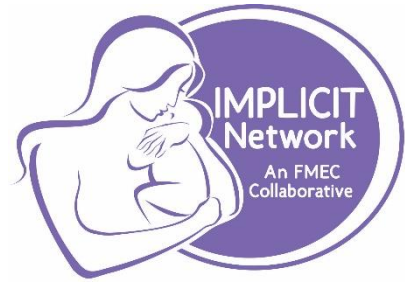
Lancaster General Health
Research Institute



With support from
march of dimes

Site Status

- Active
- Active (not sharing data)
- Emerging

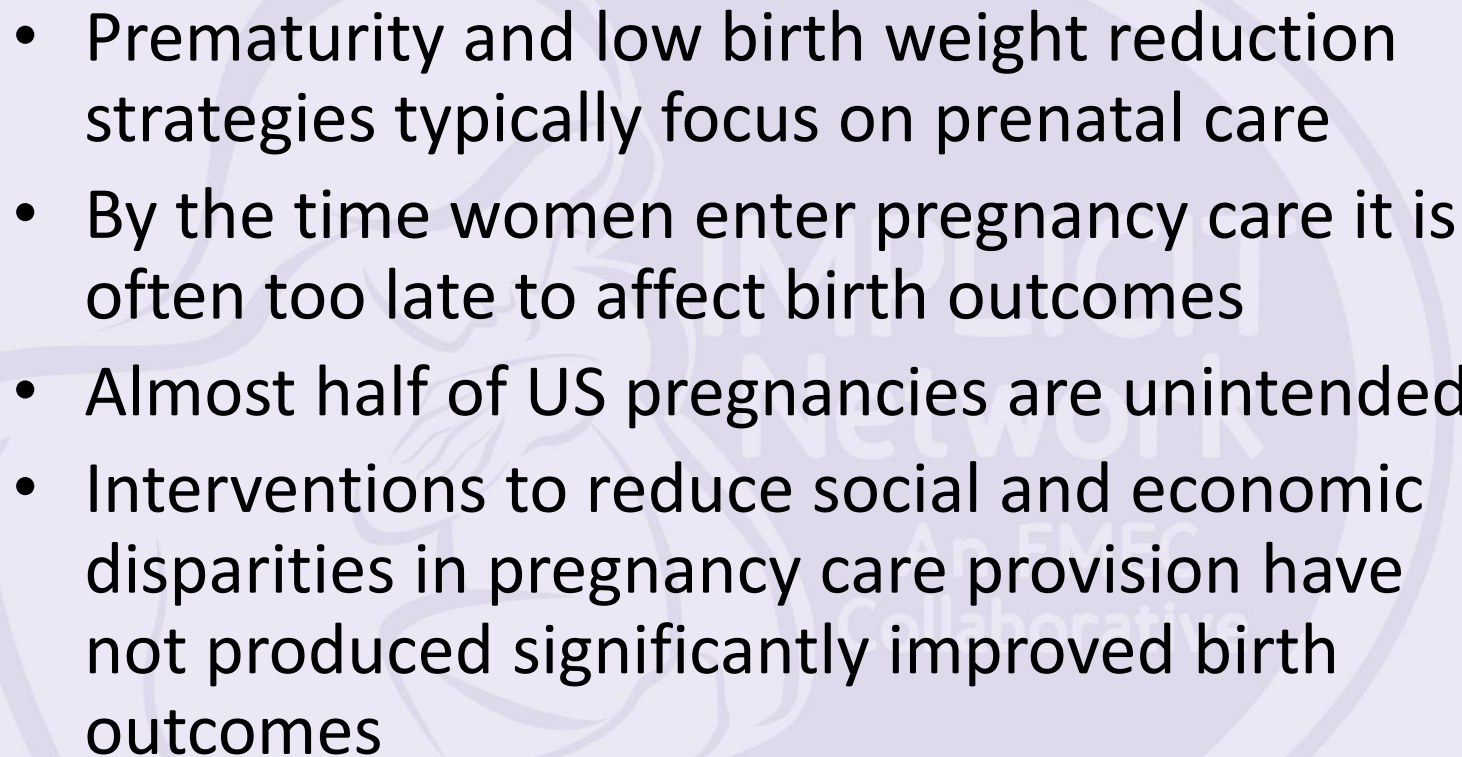


IMPLICIT ICC

Goal: to improve the mother's health and modify risk factors to promote subsequent healthy pregnancies and families



Unique Model: Inter-conception care at the Well Child Visit

- 
- Prematurity and low birth weight reduction strategies typically focus on prenatal care
 - By the time women enter pregnancy care it is often too late to affect birth outcomes
 - Almost half of US pregnancies are unintended
 - Interventions to reduce social and economic disparities in pregnancy care provision have not produced significantly improved birth outcomes

4 behavioral
risks affecting
future birth
outcomes

The diagram consists of two overlapping circles on a purple background. The left circle is dark blue and contains the text '4 behavioral risks affecting future birth outcomes'. The right circle is light green and contains a list of four behavioral risks: 'Smoking', 'Depression', 'Family planning & birth spacing', and 'Multivitamin with folic acid use'. The text in the green circle is white, while the text in the blue circle is white.

Smoking

Depression

Family planning &
birth spacing

Multivitamin with
folic acid use

IMPLICIT ICC Model

Smoking Cessation

- 20% of smokers quit during pregnancy
- 70% who quit will relapse within 6 months post-partum
- *Assess maternal smoking status*
- *Recommend cessation BEFORE the next pregnancy using 5 As:*
 - **Ask**
 - **Advise to quit**
 - **Assess willingness to quit within 30 days**
 - **Assist with ways to quit**
 - **Arrange follow-up**

Depression Screening

- Symptoms occur in 20-40% of women during pregnancy or postpartum
- Depression has a peripartum recurrence of 40%
- Screen women for depression with PHQ-2 → PHQ-9 if positive, or EPDS
- If positive for Depression:
 - Assess for safety and severity of symptoms
 - Refer immediately if any suicidality or homicidality is present
 - Arrange for follow-up and services

Family Planning

- Unintended pregnancies and short inter-pregnancy interval are associated with risk of low birth rate and prematurity
- Antenatal counseling doesn't improve use
- Assess women for contraception use
- Educate about benefits of longer inter-pregnancy interval
- Offer contraception or arrange appointment or referral

Multivitamin with Folic Acid

- Routine folic acid supplementation reduces the rate of neural tube defects by 66%, MVI even more
- MVI w/folic acid associated with 50% - 70% lower rates of preterm birth
- Only 24% of US women take; Only 1 in 5 know it can prevent defects
- Assess MVI w/folic acid use
- Prescribe MVI w/ folic acid to all women

IMPLICIT ICC Strategy

- Utilize contact with mothers at WCV to assess current risks at each one from 0-27 months
- Reinforce desired behaviors
- Connect with primary providers or community resources to address risks

- Collect and analyze data and develop strategies to improve care delivery

- Share best practices to improve quality of care and patient outcomes throughout the Network

Results

Since 2015, 15,885 mothers were screened at 60,412 well child visits

| | Screened positive | Intervention rate | Screened negative at subsequent visit |
|---------------|-------------------|-------------------|---------------------------------------|
| Smoking | 22% | 79% | 34% |
| Depression | 10% | 93% | 60% |
| Contraception | 58% | 77% | 57% |
| MVI with FA | 75% | 64% | 44% |



Interested in learning more?

- Contact the network
 - Implicitinfo@FMEC.net
 - asmith@institute.org
- Download the free toolkit from the March of Dimes
 - <https://www.prematurityprevention.org/Home>



13,149 Registered members

Home Prematurity Campaign Toolkits & Reports Programs & Interventions Research & Education Communities

IMPLICIT Interconception Care Toolkit

[learn more](#)

IMPLICIT Interconception Care Toolkit

The IMPLICIT (Interventions to Minimize Preterm and Low birth weight Infants using Continuous Improvement Techniques) Network is a family medicine maternal-child health learning collaborative focused on improving care for women, infants and families through faculty, resident, and student development and quality improvement. The Network develops, implements, evaluates and optimizes new and existing models of care, including IMPLICIT ICC, focused on improving birth outcomes and the health of women, infants and families. The [IMPLICIT Interconception care toolkit](#) provides the necessary background, evidence and resources to successfully implement the IMPLICIT ICC model in the context of well-child visits.

What's trending

- [IMPLICIT interconception care toolkit](#)
- [Healthy Babies are Worth the Wait® community education toolkit](#)
- [Toolkits & Reports](#)
- [Prematurity prevention](#)

