

It Takes a Village: Integrating Preconception Wellness into Routine Services *“Meeting Women Where They Are”*

Lower Hudson Valley Perinatal Network

NYSPA Workshop Presentation

June 9, 2017

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Objectives

- * Explain Preconception Wellness
- * Discuss the importance of working with non-medical to reach the pre/interconception population
- * Discuss Rationale for Incorporating Preconception Wellness into Routine Services
- * Describe experience with local Head Start Program
- * Discuss Lessons Learned

Lower Hudson Valley Perinatal Network

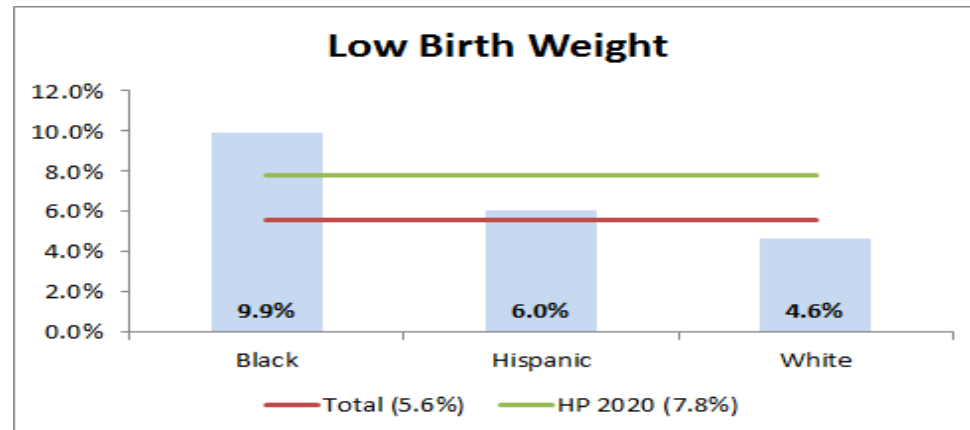
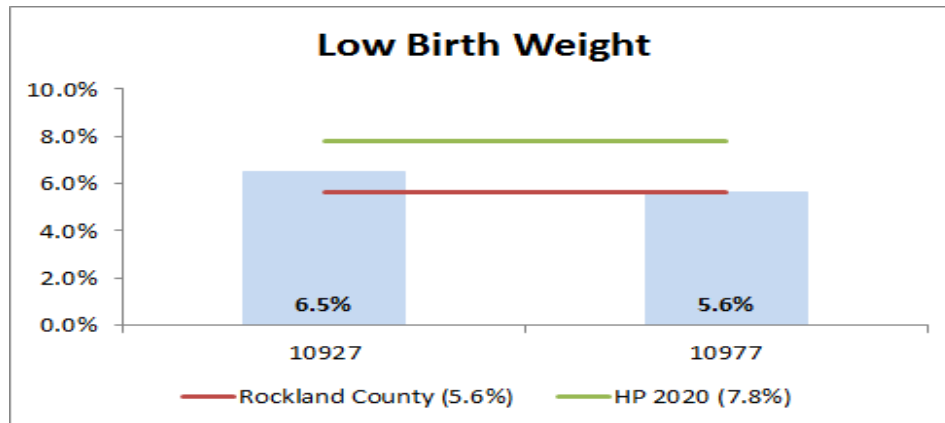
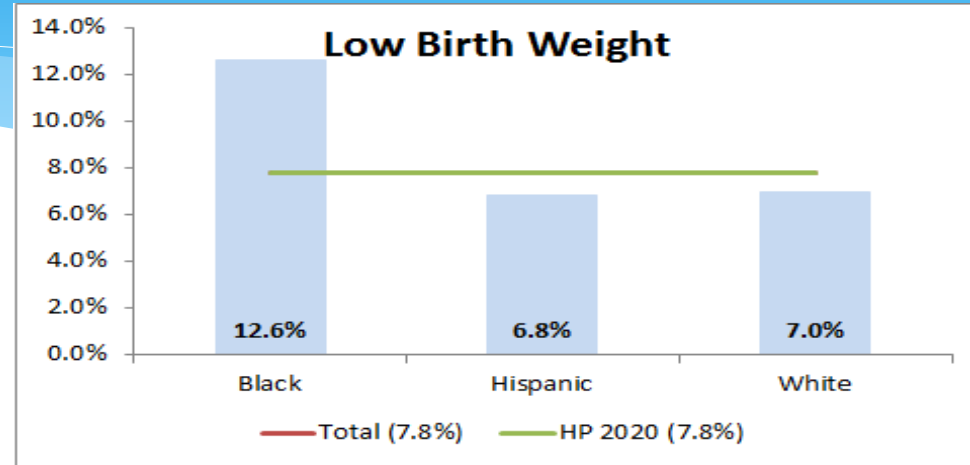
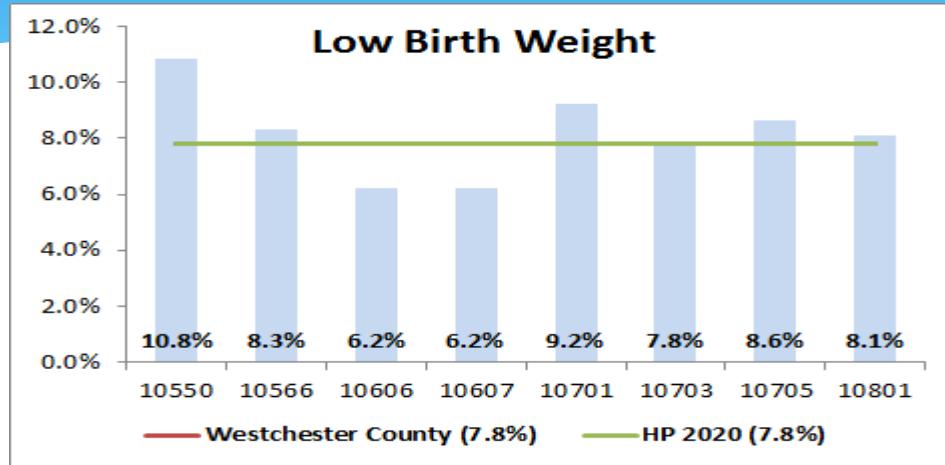
The goal of the LHVPN (a program of Children's Health & Research Foundation, Inc.) is to make sure all babies are born healthy. At the neighborhood level with we work to advocate for and educate consumers and professionals about maternal, child and family health.

We aim to improve maternal and infant health outcomes for high-need women and to reduce racial, ethnic and economic disparities in those outcomes.

CHILDREN'S HEALTH & RESEARCH
FOUNDATION, INC



Low Birth Weight Rates 2012 - 2014 Westchester & Rockland Counties

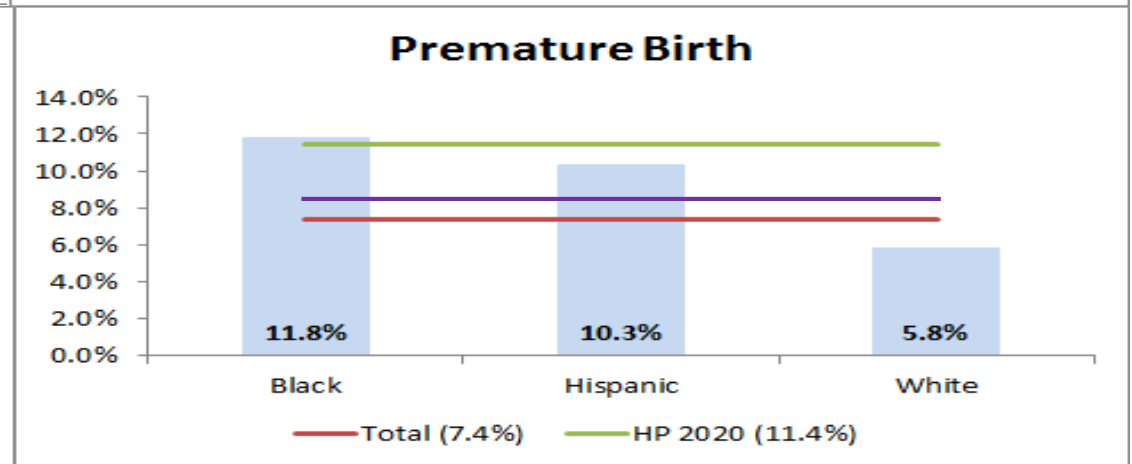
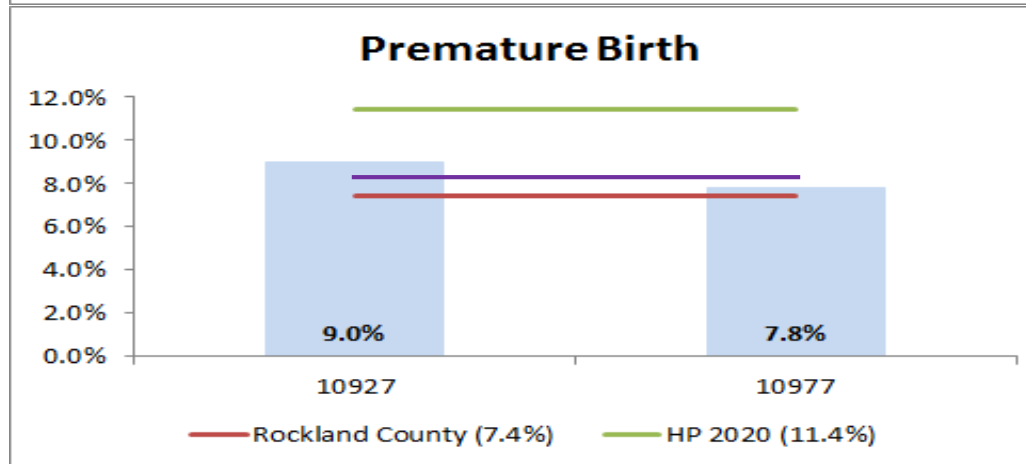
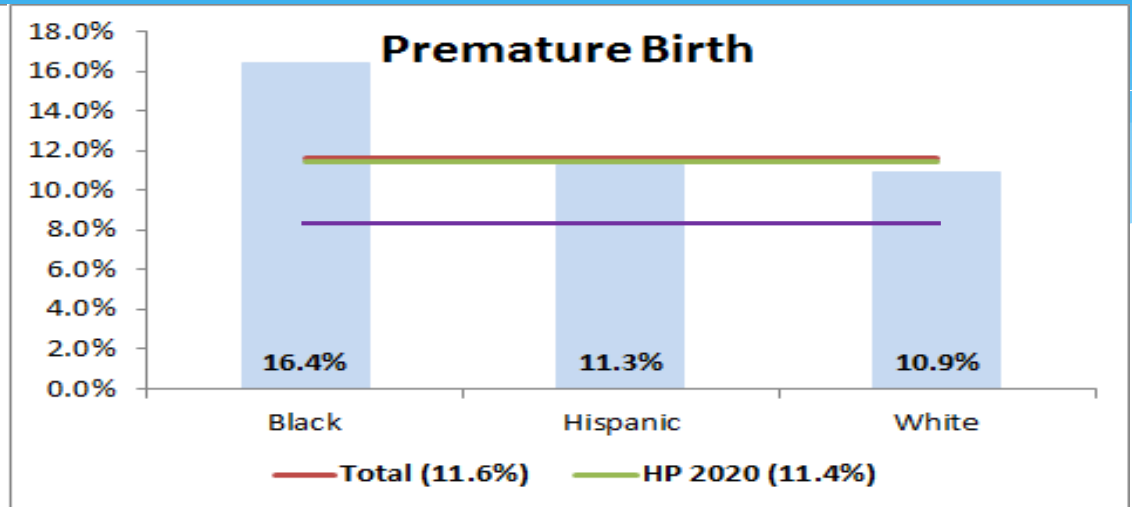
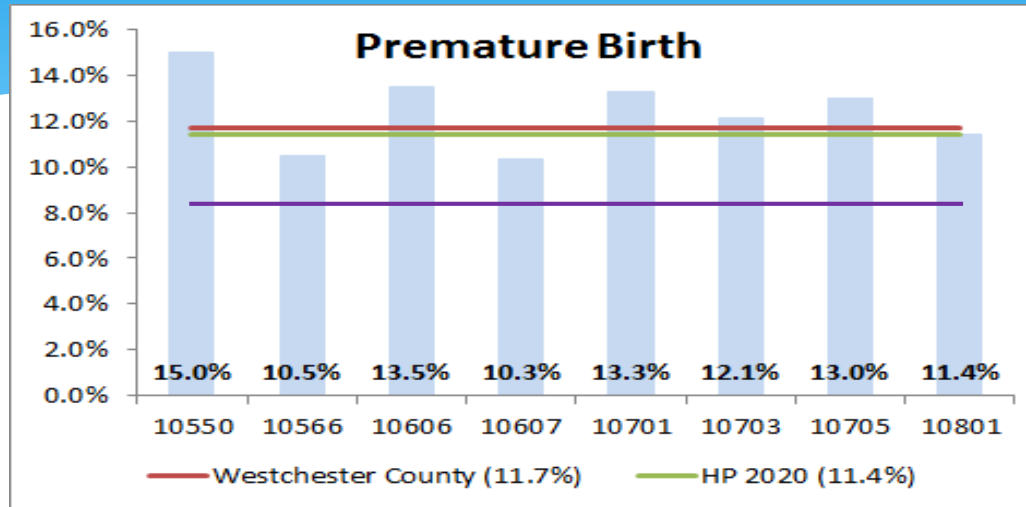


• **Healthy People 2020 goal - Low Birth Weight = 7.8%**



Prematurity Rates 2012 - 2014

Westchester & Rockland Counties



- **Healthy People 2020 goal – Premature Births = 11.4%**
- **March of Dimes 2020 goal – 8.1%**



Almost **50%** of pregnancies in the US
are unintended
(mistimed or unwanted)



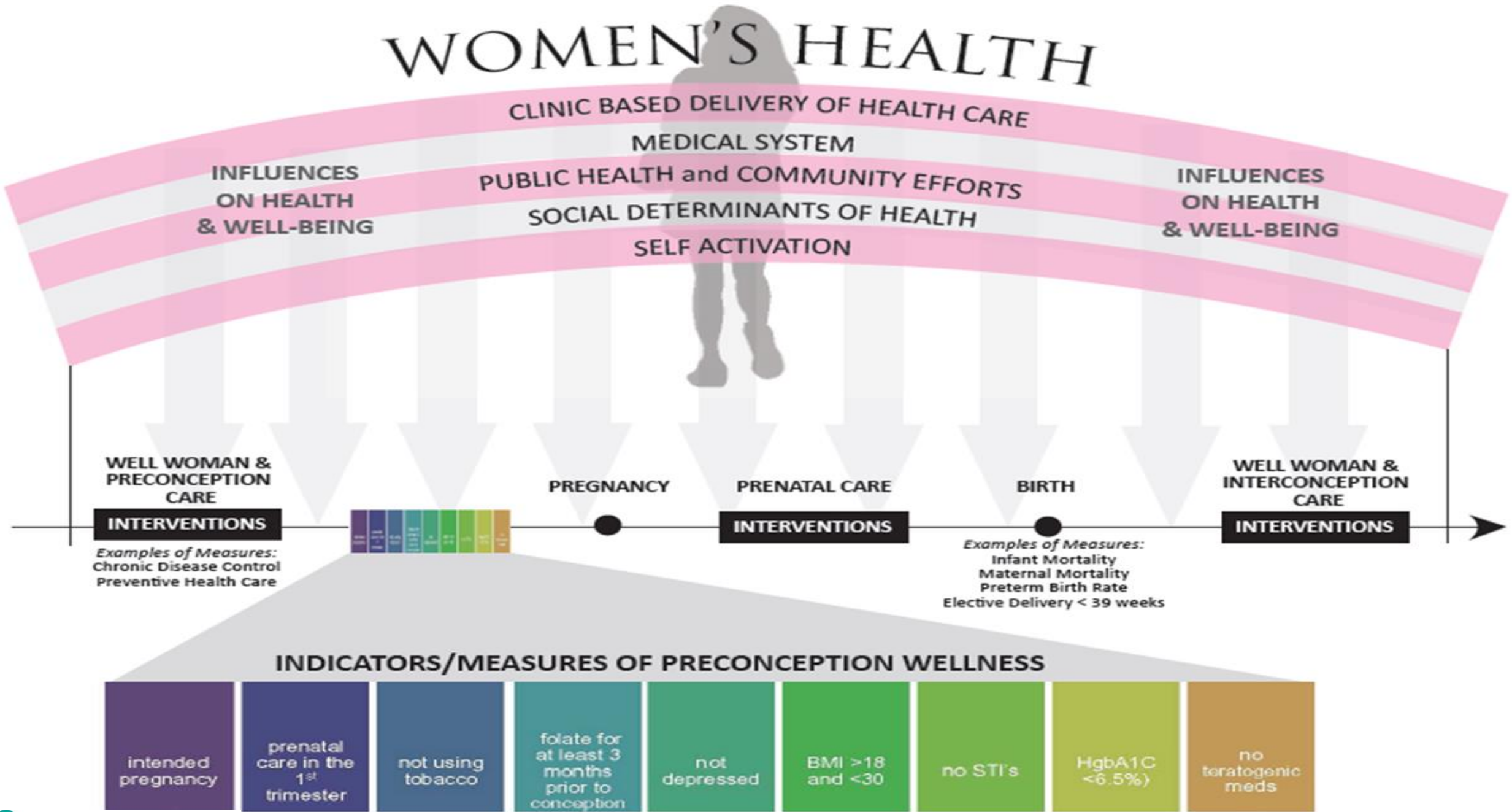
Preconception Care vs Preconception Wellness

- * **Preconception care** is provision of health promotion, screening, and interventions for women of reproductive age to reduce risk factors that might affect future pregnancies*
- * **Preconception care** is the care provided to promote and achieve preconception wellness
- * **Preconception wellness** is the state of a woman's health at the time of conception

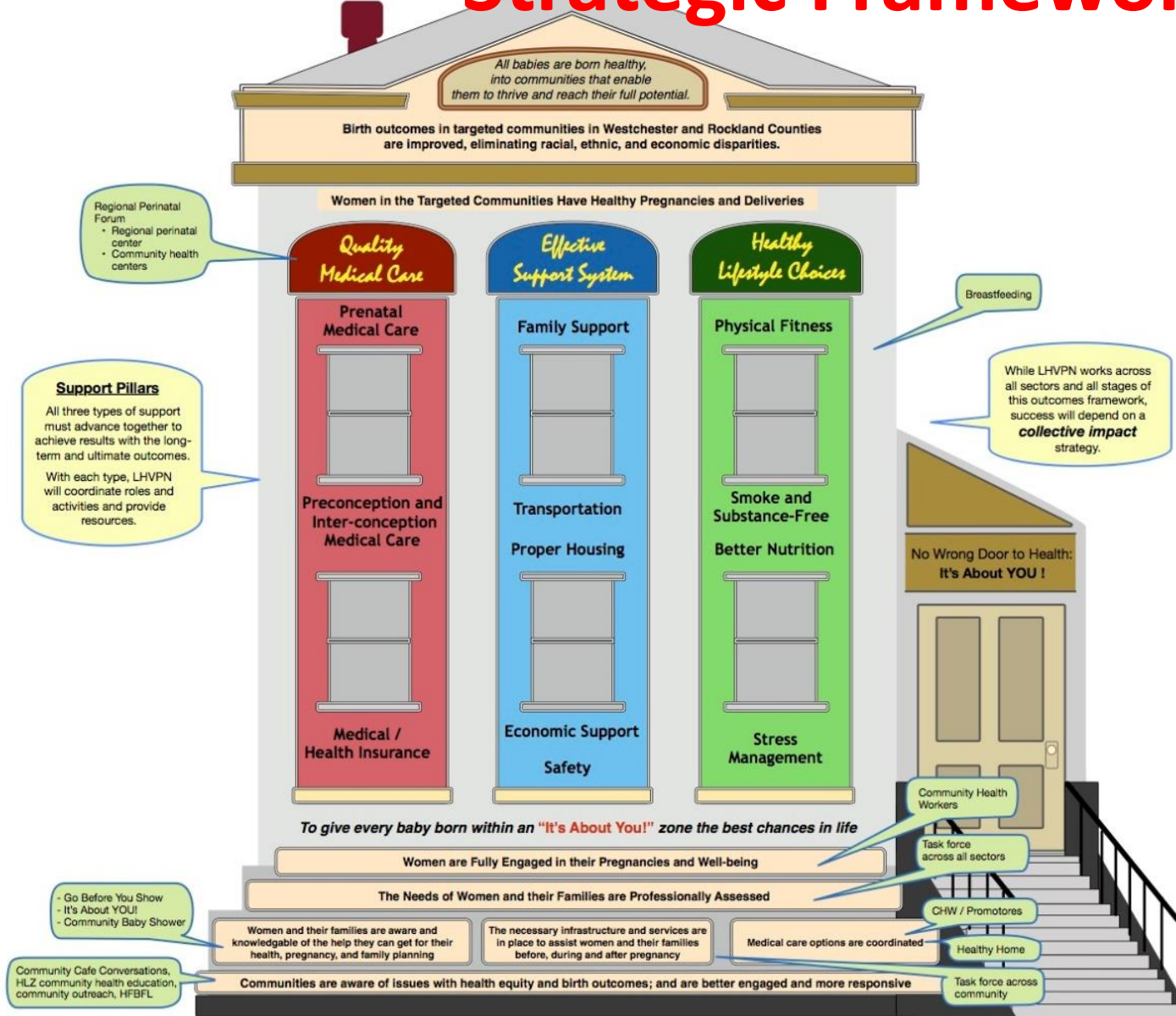
Accountability for Change

- * Women are not achieving a high level of Preconception Wellness
- * An intermediate measure of a woman’s “preconception wellness” **upon entering pregnancy** would serve as a surrogate marker of the state of preconception care in the community – this could drive decisions on processes, programs, and quality improvement

WOMEN'S HEALTH



LHVPN Theory of Change Strategic Framework



LHVPN's Theory of Change Focus

- * Integrating preconception and interconception care into routine services* for all women** of reproductive age
 - * outpatient care, human services, etc.
 - * Assessing & addressing pregnancy planning and prevention (**men of reproductive age will also be a focus)
- * Focus on women who have serious chronic conditions/risk factors, including but not limited to:
 - * Diabetes (pre, gestational, Type 2)
 - * Hypertension
 - * Heart disease
 - * Obesity
 - * Tobacco, Alcohol, Drug use
 - * Prior preterm birth
 - * Domestic Violence
 - * Depression
 - * Poverty/Economic Insecurity
- * Instituting systems and protocols for early identification and management of high-risk women, including when pregnant.



Risk factors for preterm birth and low birth weight

- **High Blood Pressure**
- **Alcohol Use**
- **Drug Use**
- **Obesity**
- **Underweight**



- **Violence / Abuse**
- **Stress**
- **Diabetes**
- **Financial Instability**
- **Smoking**

How does Interconception care correlate to Head Start programs?

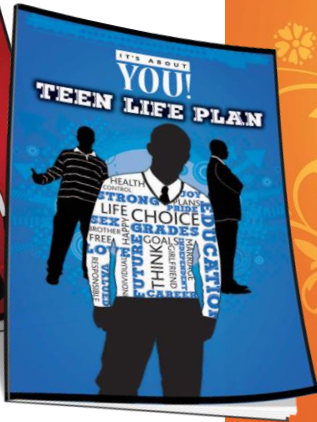
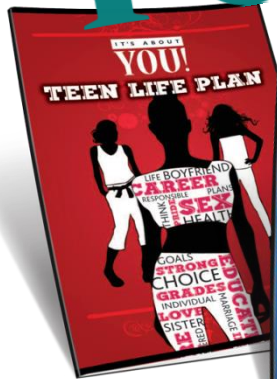


Steps taken to get Buy-In

- * Raised Issue at Health Services Advisory Committee
 - * Commented on Head Start data presented
- * Follow-up meeting with Administration and Nursing Staff
- * Presented at Policy Council meeting
 - * Parents must approve

What can we do together?

IT'S ABOUT YOU!



GOAL SETTING



Carry this
booklet
with you!
Remember that
It's About YOU!

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A program of the Children's Health
and Research Foundation
Produced with funding from the New York State
Department of Health, Division of Family Health

QUICK TIPS FOR EATING ON THE GO!



HOW TO READ FOOD LABELS

Nutrition Facts	
Serving Size: 1 cup (228g)	
Servings Per Container: about 2	
Amount Per Serving	Calories from Fat 110
Calories 250	% Daily Value*
Total Fat 12g	18%
Saturated Fat 3g	6%
Trans Fat 3g	10%
Cholesterol 30mg	20%
Sodium 470mg	10%
Total Carbohydrate 31g	6%
Dietary Fiber 9g	18%
Sugars 5g	
Protein 5g	10%
Vitamin A	2%
	20%

IT'S ABOUT YOU! WELLNESS Rx (because not all habits are bad!)

Name _____ Date _____

BP _____ BMI _____

Next Pap smear due _____ Next mammography due _____

- Be Smoke Free
 - Help to Quit 1-866-NY-QUIT (1-866-697-8487)
- 30 - 60 minutes of exercise daily
- 5-9 servings fruits and vegetables daily
- Multivitamin with 400mcg Folic Acid and 1200 mg calcium daily, or other _____
- Self breast exam monthly
- Recommended immunizations
- Screening for STIs
- Annual Doctors' visit
- Moderate alcohol consumption
 - Help to Quit 1-877-HOPENY (1-877-846-7369)
 - No consumption pregnant/underage

Signature _____

www.lhvpn.net/itsaboutYOU



Head Start Child Health Record



PREGNANCY AND BIRTH HISTORY (EMBARAZO E HISTORIA DE NACIMIENTO)

1. Did the mother have any health problems during this pregnancy or delivery?(¿Durante el embarazo ó al tiempo de dar aluz, tuvo la madre problemas? Yes (Sí) No. If "Yes", please explain. (Si responde si, por favor explique.)_____

2. Did mother receive pre-natal care? Yes (Sí) No.
If yes, month started. (Recibió la madre cuidado pre-natal?Si responde "Sí", ¿en qué mes empezó el cuidado?_____

- 1st trimester (1 - 12 weeks) 2nd trimester (13 - 28 weeks) 3rd trimester (29 - 40 weeks)
 1^{er} trimestre (1 - 12 semanas) 2^{do} trimestre (13 - 28 semanas) 3^{er} trimestre (29 -40 semanas)

3. Type of delivery (Clase de Parto)_____

4. Was your child born more than 2 weeks early or more than 2 weeks late? What was your child's weight? (¿Nació el niño/a más de 2 semanas antes ó más de 2 semanas después de lo esperado?

¿Cuánto pesó el niño al nacer?) Yes (Sí) No. Birth weight (peso)_____. If your child was born 2 weeks or more early, how early?_____

- 28 - 31 weeks 32 - 34 weeks 35 - 36 weeks 37 - 38 weeks
 28 - 31 semanas 32 - 34 semanas 35 - 36 semanas 37 - 38 semanas

Si su hijo/a nació 2 semanas antes or más temprano, qué tan temprano?

5. Any problems with your child at birth or in the nursery? (Convulsions, jaundice, breathing problems, infections). [¿Tuvo el niño/a algún problema cuando nació ó mientras estuvo en el cuidado de niños del hospital? [(Convulsiones, piel amarilla, problemas con la respiración infecciones)] Yes (Sí)

No If "Yes", please explain. (Si responde "Sí", por favor, explique.

6. Did the mother experience feelings of depression at any time following the birth of the baby?(¿Sintió la madre depresión en cualquier momento después del nacimiento del niño/a?)

Yes (Sí) No

7. Did mother use any of the following during pregnancy: (¿Durante el embarazo, usó la madre algo de lo siguiente? Alcohol Tobacco Other Drugs_____

8. Is mother currently pregnant? (¿Está embarazada ahora?) Yes (Sí) No If "Yes", is mom receiving prenatal care? (Si responde "Sí", ¿Está recibiendo cuidado prenatal?) Yes (Sí) No If No,

Would you like to become pregnant in the next year. Yes No Maybe

9. Where does mother receive health care? (Give name) Dónde recibe cuidado de salud la madre? (Nombre del lugar)

Doctor (Doctor): _____ # _____

Dentist (Dentista): _____ # _____



**POTENTIAL HEALTH PROBLEMS
(POSIBLES PROBLEMAS DE SALUD)**

21. Please put a check mark (✓) to indicate which family members have the following/ Por favor ponga una marca de verificación(✓) para indicar que miembros de la familia padecen de lo siguiente:

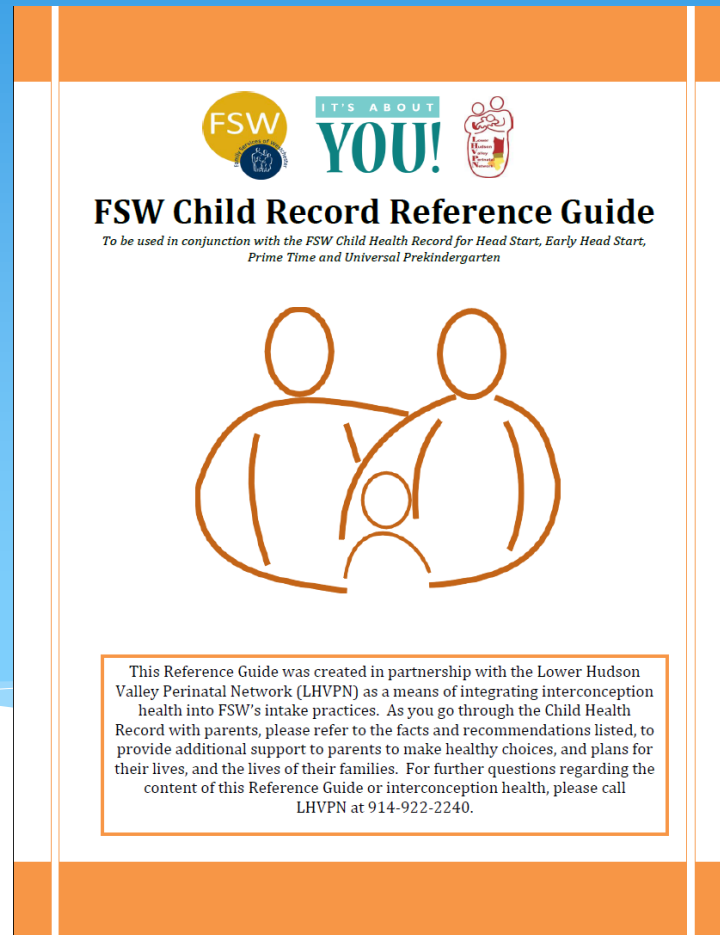
MOM	FATHER	OTHER
<input type="checkbox"/> Allergies/Asthma (Alérgias/Asma)	<input type="checkbox"/> Allergies/Asthma (Alérgias/Asma)	<input type="checkbox"/> Allergies/Asthma (Alérgias/Asma)
<input type="checkbox"/> Diabetes (Diabetes)	<input type="checkbox"/> Diabetes (Diabetes)	<input type="checkbox"/> Diabetes (Diabetes)
<input type="checkbox"/> Sickle Cell (anemia falciforme)	<input type="checkbox"/> Sickle Cell (anemia falciforme)	<input type="checkbox"/> Sickle Cell (anemia falciforme)
<input type="checkbox"/> TB (Tuberculosis)	<input type="checkbox"/> TB (Tuberculosis)	<input type="checkbox"/> TB (Tuberculosis)
<input type="checkbox"/> Obesity (Obesidad)	<input type="checkbox"/> Obesity (Obesidad)	<input type="checkbox"/> Obesity (Obesidad)
<input type="checkbox"/> Seizures (Convulsiones)	<input type="checkbox"/> Seizures (Convulsiones)	<input type="checkbox"/> Seizures (Convulsiones)
<input type="checkbox"/> Mental Health Problems (Problemas de Salud Mental)	<input type="checkbox"/> Mental Health Problems (Problemas de Salud Mental)	<input type="checkbox"/> Mental Health Problems (Problemas de Salud Mental)
<input type="checkbox"/> Learning disabilities (Problemas de Aprendizaje)	<input type="checkbox"/> Learning disabilities (Problemas de Aprendizaje)	<input type="checkbox"/> Learning disabilities (Problemas de Aprendizaje)
<input type="checkbox"/> Other (Otro)	<input type="checkbox"/> Other (Otro)	<input type="checkbox"/> Other (Otro)

**MOTHER NUTRITION ASSESSMENT
(EVALUACION DE NUTRICION DE LA MADRE)**

How many times a week do you eat the following foods? Cuántas veces a la semana come usted de los siguientes alimentos? Put a check mark (✓)/ponga una marca de verificación (✓).

FOOD ITEMS(ALIMENTOS)	NEVER OR HARDLY EVER (LESS THAN ONCE A WEEK) (NUNCA O CASI NUNCA; MENOS DE UNA VEZ A LA SEMANA)	SOMETIMES (NOT DAILY; BUT AT LEAST ONCE A WEEK.) (ALGUNAS VECES; NO TODOS LOS DIAS. POR LO MENOS UNA VEZ A LA SEMANA.)	EVERY DAY OR NEARLY EVERYDAY (TODOS LOS DIAS, O CASI TODOS LOS DIAS.)
Milk, ice cream, cheese, pudding, yogurt (leche, helado, queso, pudding, yogur)			
Meat, fish, poultry, eggs, dried beans, peas, peanut butter (carne, pescado, pollo/pavo-carne que no esroja, huevos, frijoles guisantes, peanut butter.)			
Muffins, cracker, pancakes, bread, rice, grits, pasta, soup, cereals, tortillas, biscuits (panecillos, galletas, panqué, pan arroz farina pasta sopa-cereales, tortillas, biscuits-panecillos)			
Fruits, vegetables (frutas, vegetales)			
Butter, margarine, oil (mantequilla, margarina, aceite)			
Cakes, cookies, candy, ices, snack foods (ie. potatochips, pretzels) [bizcocho/pasteles, galletas, dulce, helados/sorbetes, comidas de meriendas (ejemplos: papitas, pretzels)]			
Beverages: Fruit juice, soda, Kool-aid, water, tea (Bebidas: jugos de frutas, soda, Kool aid, agua, té)			

Child health record



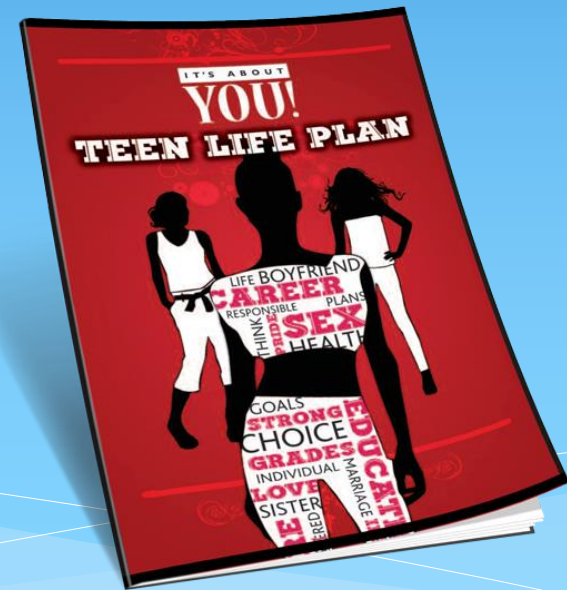
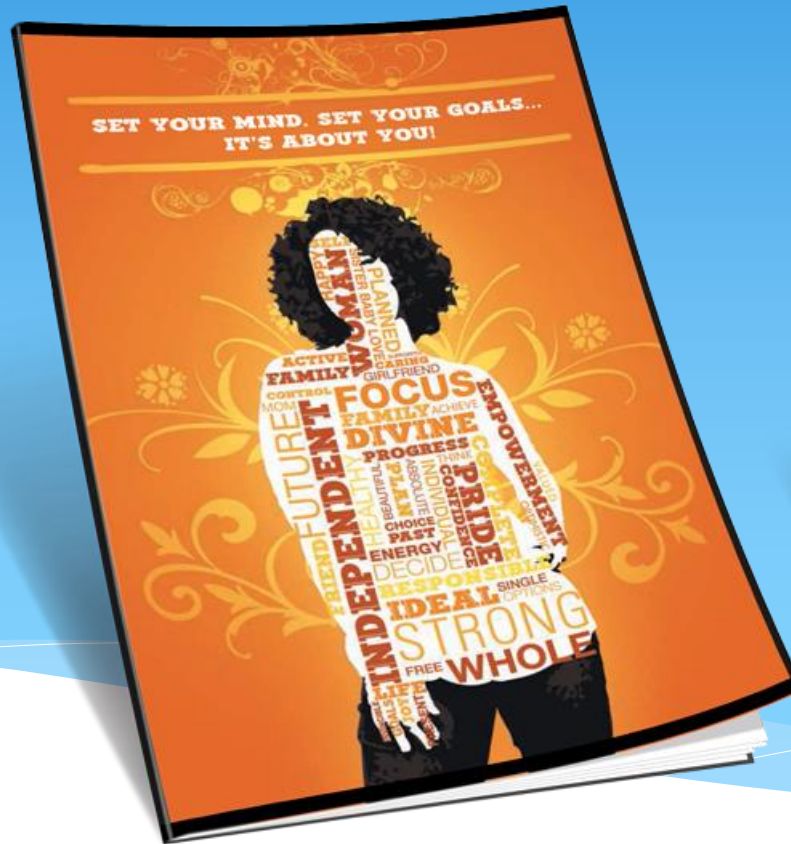
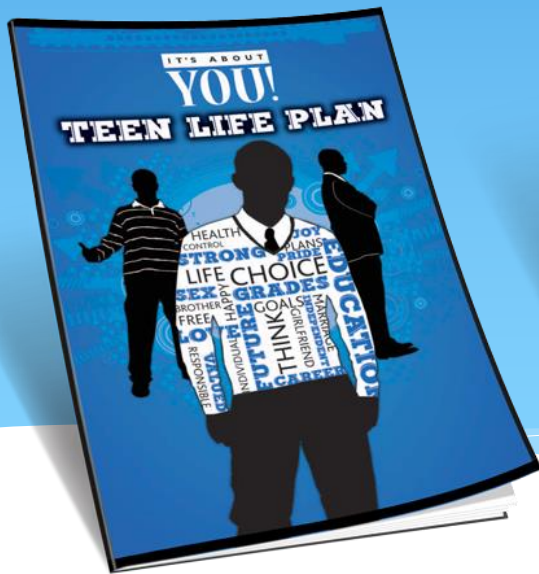
Reference Guide - Example

4. Was your child born more than 2 weeks early or more than 2 weeks late? What was your child's weight? (¿Nació el niño/a más de 2 semanas antes ó más de 2 semanas después de lo esperado? ¿Cuánto pesó el niño al nacer?) Yes (Sí) No. Birth weight (peso) _____. If your child was born 2 weeks or more early, how early? _____
- 28 - 31 weeks 32 - 34 weeks 35 - 36 weeks 37 - 38 weeks
- 28 - 31 semanas 32 - 34 semanas 35 - 36 semanas 37 - 38 semanas



Question Number	Facts	Recommendations
4	<p>Gestational Age & Birth Weight</p> <ul style="list-style-type: none"> • 37-38 weeks is considered "late pre-term" • 36 weeks or less is considered "premature" <ul style="list-style-type: none"> ➢ Having a premature baby is the greatest risk factor for having a premature baby in the future. • Less than 5 lbs, 8 oz (2500 grams) is considered "low birth weight" • Less than 3 lbs, 5 oz (1500 grams) is considered "very low birthweight" • Having a premature or low birth weight baby is the greatest risk factor for having another premature or low birth weight baby in the future. 	<p>Gestational Age & Birth Weight</p> <ul style="list-style-type: none"> • Interconception care is vital for women who have experienced a premature or low birth weight birth. Regular doctor's visits, eating healthy foods and being physically active for at least 30 minutes a day can be helpful for putting her on the right track. • Women who smoked before or during pregnancy should make an effort to quit smoking and maintain cessation during and between pregnancies, which may help lower risk. • Chronic diseases should be addressed and treated regularly – diabetes, high blood pressure, etc., both during and between pregnancies, which may help lower risk. • Women who have had a premature or low birth weight baby should talk to their doctors when considering getting pregnant again to discuss what can be done to minimize the risk of having another premature baby or low birth weight.

Life Planning



Clinical Measures for Preconception Wellness*

1. Intended/planned to become pregnant
2. Entered prenatal care in the 1st trimester
3. Daily folic acid/multivitamin consumption
4. Tobacco free
5. Not depressed (mentally well/under treatment)
6. Healthy BMI
7. Free of sexually transmitted infections
8. Optimal blood sugar control
9. 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

Clinical Measures for Preconception Wellness

Table 1. Preconception Wellness Measures at Completion of First Prenatal Assessment

Measure	Description or Intent	Reported Data	Target	Clinical Quality Measure Crosswalk
PCW 1: pregnancy intention	Reduction in unintended pregnancies, improvement in optimal birth spacing	Was this pregnancy planned? Yes or no (no=unintended but mistimed or unintended or undesired)	Yes	No known quality metrics for assessing intendedness; there are proposed developmental measures (pending NQF endorsement) for contraceptive use; WWTF recommendation
PCW 2: access to care	Registered for prenatal care in first trimester	Gestational age at first prenatal visit	Less than 12 wk EGA	UDS, HEDIS 2008
PCW 3: preconception folic acid use	Use of a daily multivitamin with folic acid for at least 3 mo before conception	Presence in medication list; patient-reported start date compared with LMP	Use greater than 3 mo before LMP	No exact measure but correlates with medication documentation including OTC medications: CMS 68v1, NQF 0419, PQRS 130; medication reconciliation: PQRS 46, ACO #12; meaningful use core objective 5
PCW 4: tobacco avoidance	Prepregnancy smoking cessation	Tobacco use: current, former, never	Former or never smoker	CMS 138v1, NQF 0028, ACO 17, UDS, meaningful use core objective 9, PQRS 226, WWTF recommendation
PCW 5: absence of uncontrolled depression	Evidence-based depression screening method (eg, PHQ-2, PHQ-9)	PHQ-2 or PHQ-9 result	Negative screen (PHQ-2 negative or PHQ-9 less than 10)	CMS 68v1, NQF 0419, PQRS 134, ACO 18, UDS, WWTF recommendation
PCW 6: healthy weight	Healthy prepregnancy BMI with preconception nutritional counseling	BMI (kg/m ²)	BMI greater than 18 and less than 30	Adults: CMS 69v1, NQF 0421, PQRS 128, UDS, ACO 16, HEDIS 2015, WWTF; adolescents: CMS 155v1, NQF 0024, UDS, WWTF; meaningful use core objective 8D

Clinical Measures for Preconception Wellness

		Form	Pg. #	Data Report/ Section	Head Start Performance Standard	Interconception health marker	Was the question completed?	Was a referral initiated?	Was the referral completed?	Was an intervention performed?	Can this be tracked over time?	Notes
#	Previous Pregnancies											
1	Complications with previous pregnancies	Expectant Mother Medical Intake	1	COPA/ Mother Wellness Summary	N/A	1 (Pregnancy intention)		Primary care provider, OB provider, specialist, FQHC, MICHC CHW		Discuss with parent		
	Current Pregnancy											
2	Did mother receive prenatal care (if yes, month started)?	Pregnancy and Birth History	2	COPA/ Mother Wellness Summary	1302.81 Prenatal and postpartum information, education, and services.	2 (Access to care)		OB Provider, Text4Baby, WIC, MICHC CHW		Text4Baby is 100% free; encourage folic acid intake		Reference Guide p. 6
3	Did mother use any of the following during pregnancy? (Alcohol/tobacco/ other drugs)	Pregnancy and Birth History	2	COPA	1302.81 Prenatal and postpartum information, education, and services.	4 (Tobacco Avoidance)		OB Provider, NYS Quitline		Encourage smoking cessation; discuss detrimental effects of any substance use		Reference Guide p. 4
	Mother's Health											



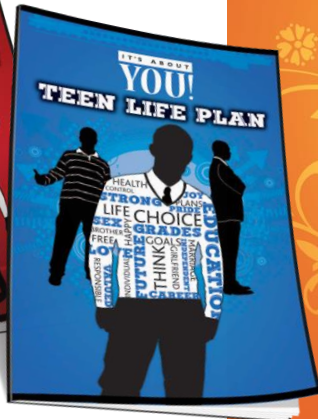
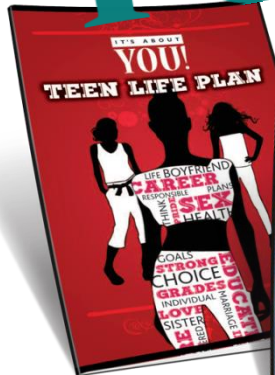
Measurable Data Points

- How many staff members have been trained?
 - Advocates
 - Prime Time Staff
 - Head Start / Early Head Start Staff
- How many clients/parents have been reached?
 - Early Head Start (White Plains Public Library)
 - Prime Time (Wilson House)
 - Head Start (Rochambeau School)
- How many clients/parents are served overall (potential reach)?
- How many referrals were made for parents as a result of incorporating interconception care questions/resources?



Parent Interconception Presentation

IT'S ABOUT
YOU!



**GOAL
SETTING**



Carry this
booklet
with you!
Remember that
It's About YOU!

Lower Hudson Valley
Perinatal Network
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3rd Floor, Mailbox 19
Hawthorne, NY 10532
(914) 922-2240 • www.lhvpn.net

A program of the Children's Health
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**QUICK
TIPS FOR
EATING ON
THE GO!**



**HOW TO READ
FOOD
LABELS**

Nutrition Facts	
Serving Size: 1 cup (226g)	
Servings Per Container: about 2	
Amount Per Serving	Calories from Fat 110
Calories 250	% Daily Value*
Total Fat 12g	18%
Saturated Fat 3g	15%
Trans Fat 3g	10%
Cholesterol 30mg	20%
Sodium 470mg	10%
Total Carbohydrate 31g	0%
Dietary Fiber 6g	
Sugars 5g	
Proteins 5g	4%
Vitamin A	2%
	20%

**IT'S ABOUT
YOU!
WELLNESS Rx**
(because not all habits are bad!)

Name _____ Date _____
BP _____ BMI _____
Next Pap smear due _____ Next mammography due _____

Be Smoke Free
 Help to Quit 1-866-NY-QUITS (1-866-697-8487)

30 - 60 minutes of exercise daily
 5-9 servings fruits and vegetables daily
 Multivitamin with 400mcg Folic Acid and 1200 mg calcium daily, or other _____

Self breast exam monthly
 Recommended immunizations
 Screening for STIs
 Annual Doctors' visit

Moderate alcohol consumption
 Help to Quit 1-877-HOPENY (1-877-846-7369)
 No consumption pregnant/underage

Signature _____

www.lhvpn.net/itsaboutYOU



It Takes a Village!



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For more information, please feel free to contact:

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