

## Guidance for Clinicians on Integrating Preconception Services

Integrating preconception care information into practice does not need to be additional work to the clinician. Many of the activities described are activities already being done in practice. **The emphasis is more on how existing activities can be modified to incorporate assessment, service delivery, and education that address evidence-based risks and interventions for poor pregnancy outcomes.** Table 1 details the recommendations for integrating preconception healthcare into current practice and the corresponding toolkit items to support the practice.

### Practice Recommendations for Care of Women

**Table 1**

Practice	Frequency	Tools Available in Toolkit
Offer women of reproductive age screening for their risk of unintended pregnancy and STI's, their reproductive plans, and their satisfaction with or need for a contraceptive method.	At every healthcare encounter	<ul style="list-style-type: none"> <li>• Your reproductive plan*</li> <li>• Making your reproductive plan*</li> <li>• Billing guidance</li> </ul>
Offer screening to all women of reproductive age for risks for poor pregnancy outcomes (maternal and infant outcomes).	At least annually	<ul style="list-style-type: none"> <li>• Preconception health risk screen (various samples)*</li> <li>• PSAP screen (substance abuse and domestic violence instrument)*</li> <li>• Billing guidance</li> </ul>
Deliver preconception health promotion strategies to all women of reproductive age, regardless of reproductive plans.	At least annually	<ul style="list-style-type: none"> <li>• Customizable patient handouts (general health promotion handout)</li> <li>• Billing guidance</li> </ul>
Deliver indicated preconception strategies to women of reproductive age based upon risk assessment and reproductive plans.	At every healthcare encounter, as appropriate	<ul style="list-style-type: none"> <li>• Customizable patient handouts</li> <li>• Billing guidance</li> </ul>

\* Use as-is or incorporate into existing screening mechanisms

There are opportunities for all provider types to incorporate some or all of these materials into practice. Some women, due to lack of resources, time, or intent, may only have contact with a health care provider only when they go to their child's pediatrician. Other women seek out care only through their gynecologist. Still others, those with a chronic health condition, may only see their specialist.

**All providers have an opportunity to improve birth outcomes through emphasis on well-woman care, recognition of each woman's individual risks, and correlation of these risks to future pregnancy outcomes.** Table 2 offers examples of integration among provider types.

## Examples of Integration Among Various Provider Types

**Table 2**

Provider	Examples
Pediatrician	<ul style="list-style-type: none"> <li>• Recommend that the mother of a child born with a neural tube defect (NTD) take four milligrams (therapeutic dose) of folic acid to lower risk of subsequent NTD-affected pregnancy.</li> <li>• Screen for maternal depression.</li> <li>• Discuss the mother's reproductive health plan and baby spacing.</li> <li>• Provide contraception to adolescent patients who may not be able to access contraception through a gynecological provider (due to transportation or other limitations).</li> </ul>
Endocrinologist	<ul style="list-style-type: none"> <li>• Discuss reproductive health plan, provide education on impact of thyroid disease and diabetes on pregnancy, and the importance of managing these conditions to reduce risks in pregnancy.</li> <li>• Assess nutritional and weight status, and develop a plan for weight control.</li> <li>• Provide counsel to diabetic patients on the importance of taking folic acid and controlling their blood sugars to lower the risk of birth defects.</li> </ul>
Primary care provider	<ul style="list-style-type: none"> <li>• Review family health history, and screen for chronic health conditions.</li> <li>• Administer screen for depression, domestic violence, substance abuse and stress.</li> <li>• Screen for STIs.</li> <li>• Discuss medications and herbal supplements. Encourage supplementation of vitamins and folic acid.</li> <li>• Develop and/or update the woman's reproductive health plan.</li> <li>• Assess nutritional and weight status; counsel and refer as needed.</li> </ul>
Gynecologist	<ul style="list-style-type: none"> <li>• Administer screen for depression, domestic violence, substance abuse, stress.</li> <li>• Review family and personal medical history for chronic health conditions and genetic disease.</li> <li>• Encourage further evaluations for women who have had a miscarriage or stillbirth.</li> <li>• Develop and update the woman's reproductive health plan.</li> <li>• Assess nutritional and weight status; counsel and refer as needed.</li> </ul>
<b>All</b>	<ul style="list-style-type: none"> <li>• <b>Emphasize that health choices made now affect future children.</b></li> </ul>

**Tips for efficiency:**

- Use the waiting room for self-administered screening, showing educational movies, and marketing of health messages through posters, brochures or educational kiosks.
- Collaborate with other community resources to enable provision of comprehensive services.