

PRECONCEPTION CARE INTEGRATION WITHIN FAMILY PLANNING SERVICES: EXPLORING THE CLIENT AND PROVIDER EXPERIENCE

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INTRODUCTION

California Family Health Council

- Distributes federal Title X family planning funds to 80 community agencies (over 300 clinic sites) throughout California serving over 1.2 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?

- Family planning clients:
 - In reproductive years
 - Seeking health care services
- Title X clients:
 - Low income
 - High rates of poor birth outcomes
- Approximately 70% of the activities cited in the CDC MMWR on preconception care are provided in family planning settings



PRECONCEPTION CARE AND INTENTION FOR PREGNANCY

- In the U.S. 49% of all pregnancies and 82% of teen pregnancies are unplanned (Finer & Henshaw, 2006)
- In the U.S. 48% of unintended pregnancies occur among women who were using a contraceptive method at the time they conceived (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



PRECONCEPTION INTEGRATION CLINIC SITES

- Clinic sites
 - 2 Los Angeles sites, 1 San Francisco site
 - Interest in preconception integration
 - Sufficient family planning visits for recruitment



EVALUATION QUESTIONS

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



DATA SOURCES

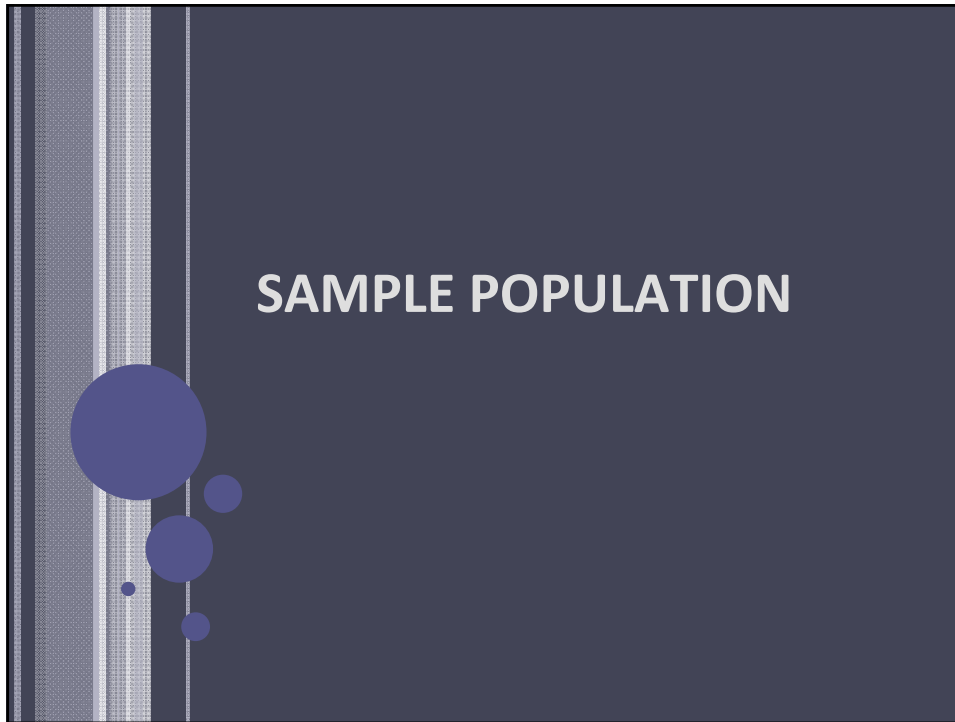
- Client post-visit survey
 - Completed after family planning visit
- Intervention log
 - Providers recorded types of preconception messages, method of intervention, and time spent
- Post project interview/survey
 - Providers experience with process and continued integration



PROVIDERS AND PARTICIPANTS

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






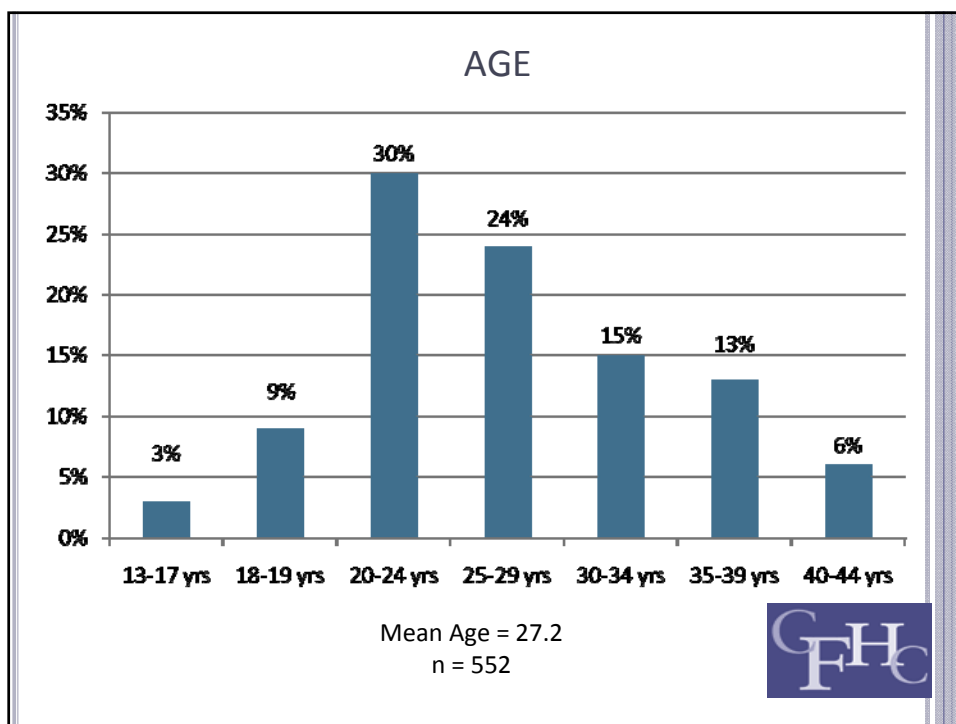
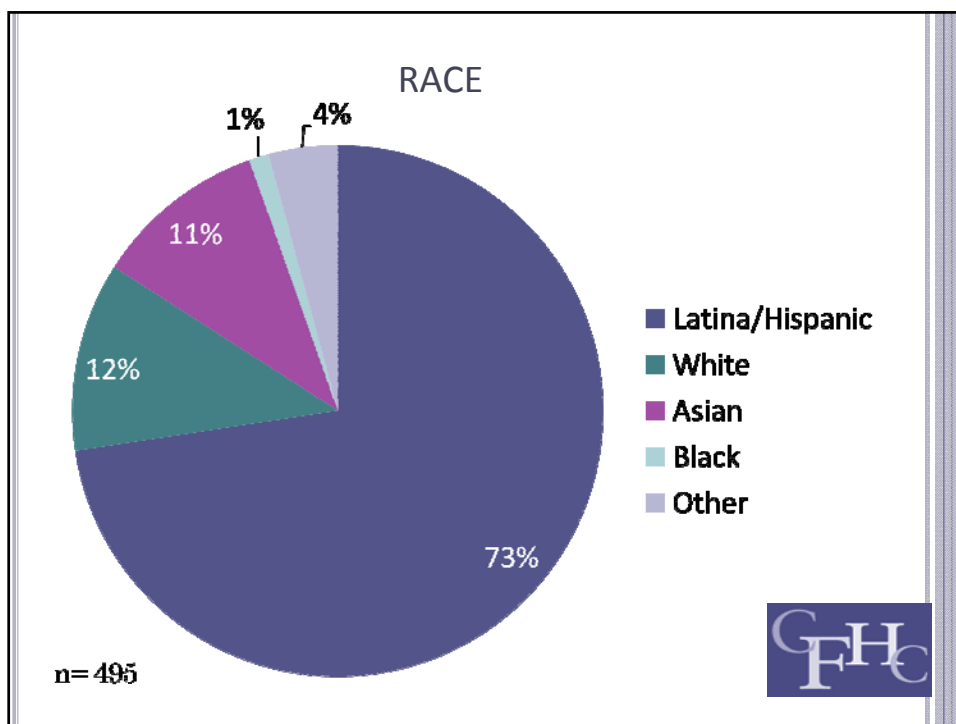
SAMPLE POPULATION

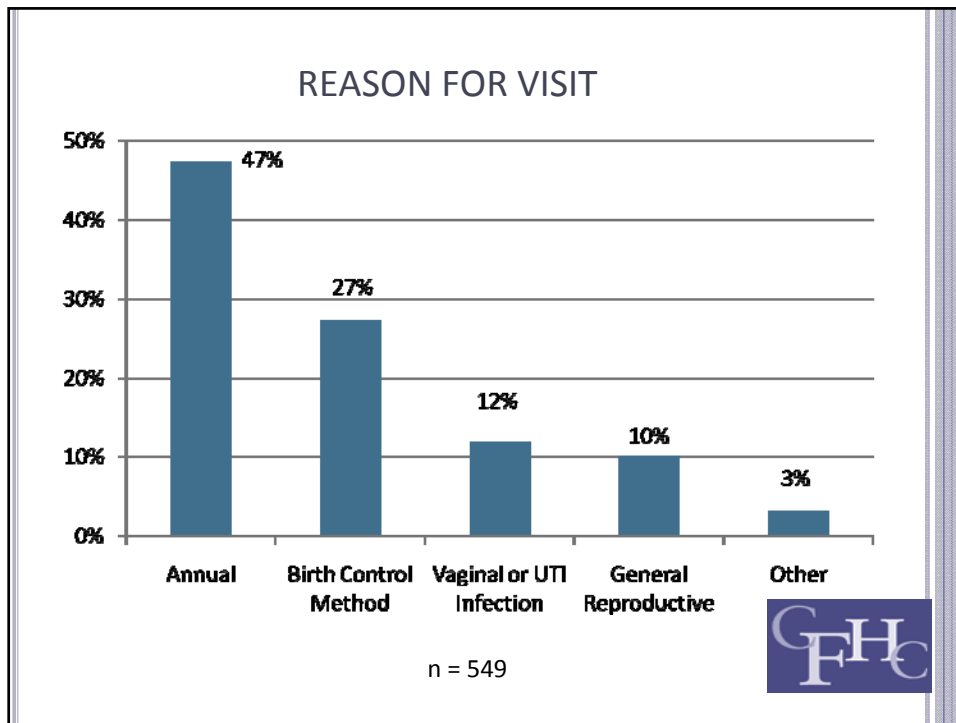
SURVEY LANGUAGE

	Surveys Completed	Percent
English	330	59%
Spanish	225	41%

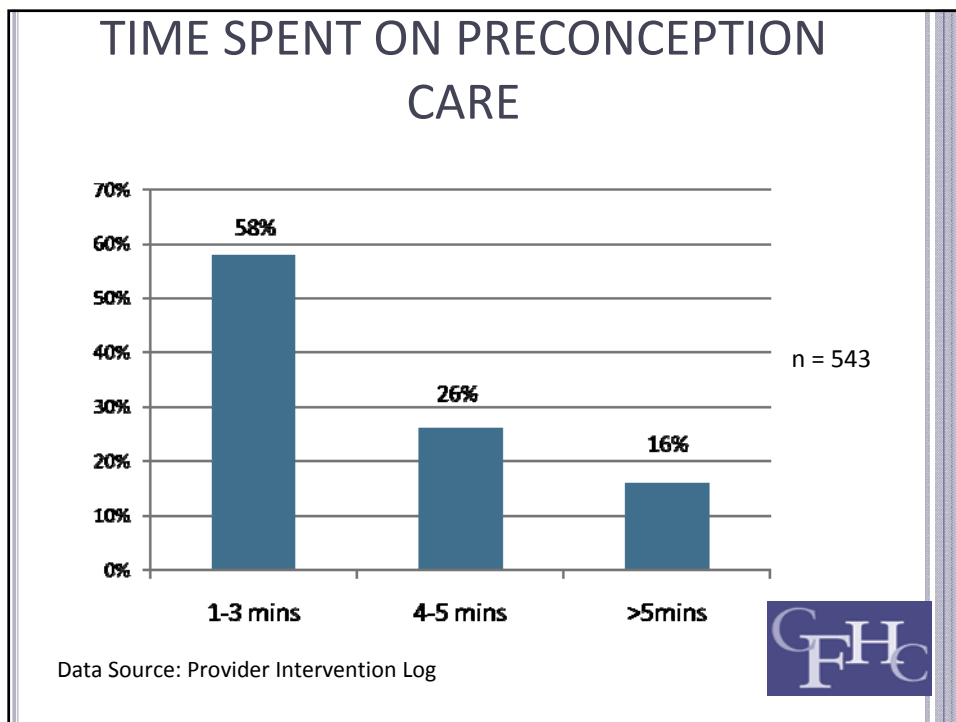
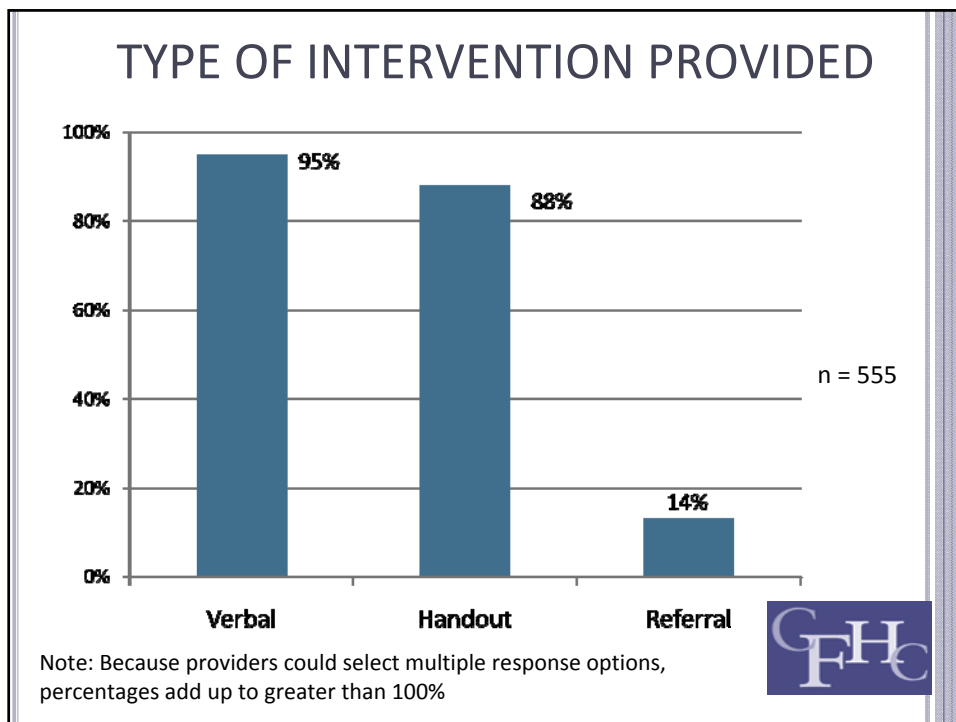
n = 555







RESULTS



INTENTION FOR PREGNANCY

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

n = 540



TIMEFRAME FOR INTENDED PREGNANCY

Timeframe	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	2-4yrs	> 5yrs
Latina	31%	40%	29%
Asian	23%	29%	48%
White	7%	41%	52%

p = .0023
n = 300

* Cumulative



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



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)



DESIRE FOR CHANGE BY INTENT FOR PREGNANCY

	Desire Change	No Change
Intend Pregnancy	88%	12%
Do Not Intend Pregnancy	76%	24%

p < .0051
n = 502



DESIRE FOR CHANGE BY TIMEFRAME FOR PREGNANCY

	Desire change	Do Not Desire Change
< 1 year	99%	1%
2-4 years	90%	10%
> 5 years	82%	18%

p = .0004
n = 346



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



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 was associated with desire for pregnancy and timeframe of desired pregnancy

Continued...



CONCLUSIONS

- Providers estimated that identification and provision of most interventions took an estimated 1-3 minutes
- Providers were supportive of preconception integration but had 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
- Conduct additional, larger scale preconception intervention studies



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- Title X Family Planning Clients
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