

The Case for Reproductive Life Planning

North Carolina's First Time Motherhood/New Parent Initiative

**EDGECOMBE - HALIFAX – HERTFORD –
GATES - NASH - NORTHAMPTON**

What is Reproductive Life Planning?

- Men and women setting life goals in term of childbearing
- **Planning the timing and spacing of pregnancies**
- **Identifying and modifying** medical, behavioral, and social factors negatively affecting pregnancy outcomes
- **Managing** pre-existing conditions and behaviors before, between and beyond pregnancies

CDC Goals for Preconception Health

1. Improve the knowledge, attitudes, and behaviors of men and women related to preconception health.
2. Assure that all women of childbearing age in the United States receive preconception-care services that will enable them to enter pregnancy in optimal health.
3. Improve interventions following an adverse pregnancy outcome in order to reduce risk during subsequent pregnancies.
4. Reduce disparities in adverse pregnancy outcomes.

CDC Recommendations

1. Encourage men and women to have a reproductive life plan.
2. Increase public awareness about preconception health.
3. Provide risk assessment and counseling during primary-care visits.
4. Increase the number of women who receive interventions after risk screening.
5. Use the time between pregnancies to provide intensive interventions to women who have had a pregnancy that resulted in infant death, low birth weight, or premature birth.
6. Offer one pre-pregnancy visit.
7. Increase health insurance coverage among low-income women.
8. Integrate preconception health objectives into public health programs
9. Augment research.
10. Maximize public health surveillance.

Why is Reproductive Life Planning Important?

- **Lack of planning** for pregnancy and pregnancy spacing, management of health conditions affecting pregnancy outcomes, environmental risk factors, and negative health behaviors affecting pregnancy outcomes **leads to:**



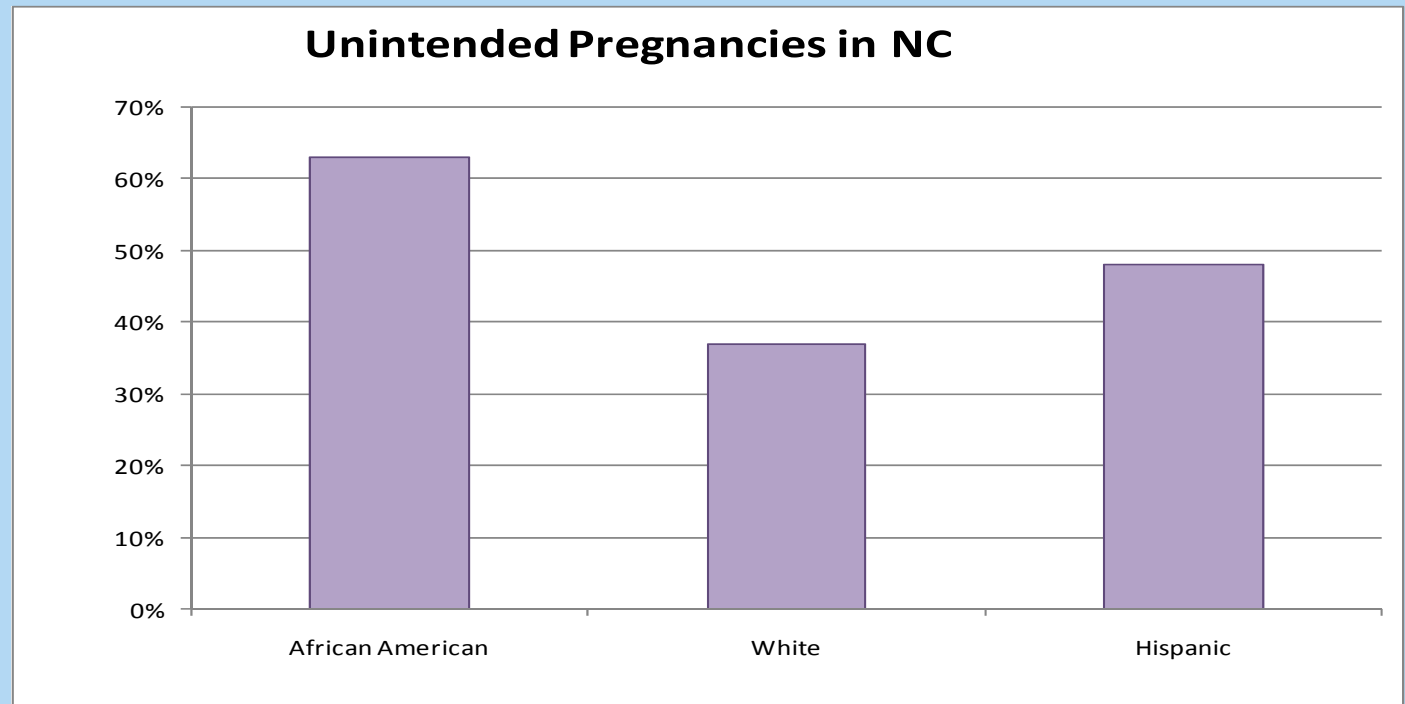
- unintended pregnancies
- increased risk for preterm births
- increased risk for low birth weight births
- increased rates of birth defects
- poorer health status for women
- increased health disparities

Unintended pregnancies

- An *unintended pregnancy* refers only to a woman's **current pregnancy** – she wanted to be pregnant later or not at all

Unintended pregnancies

45% of all live births in North Carolina resulted from unintended pregnancies



Who is at risk for unintended pregnancies?

- Teens
- Minority women
- Women with a high school education or less
- Women receiving Medicaid

Why is unintended pregnancy a concern?

- Increased chances of infant morbidity and mortality including preterm birth, low birth weight, birth defects
- Increased abortion rate
- Increased child abuse and neglect
- Increased Medicaid costs
- Increased risk of physical abuse and partner relationship ending for mothers
- Poorer health status for women

Increased Infant morbidity and mortality

Women who have unintended pregnancies may be more likely to engage in **high-risk behaviors** that affect birth outcomes

Alcohol use

- Preterm Births
- Birth Defects
- Mental Retardation
- Stillbirths
- Miscarriage

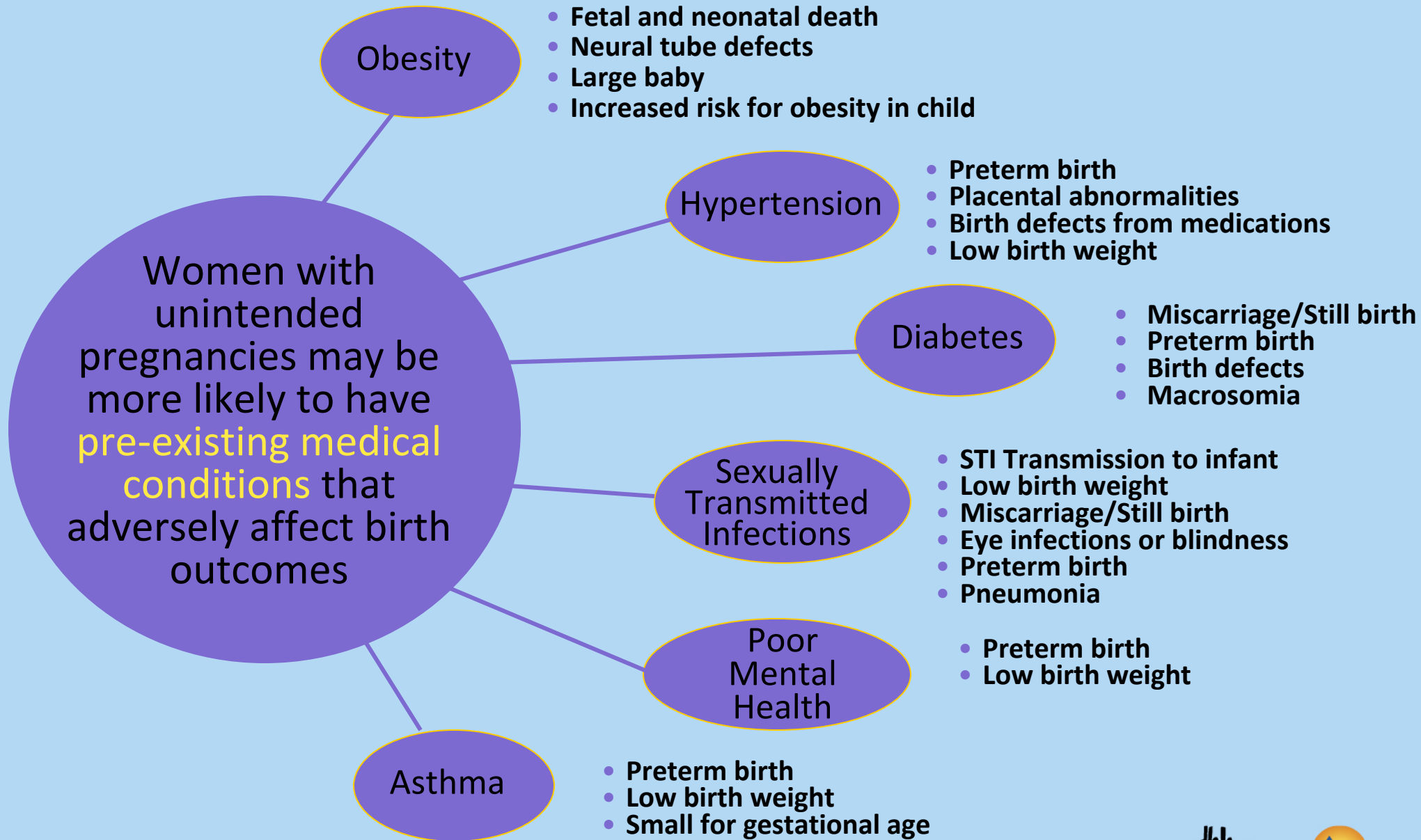
Tobacco use

- Low Birth weight
- Small for gestational age
- Preterm delivery
- SIDS
- Stillbirth

Illicit drug use

- Fetal death
- Brain injuries
- Preterm birth
- Developmental problems
- Birth defects

Increased Infant morbidity and mortality

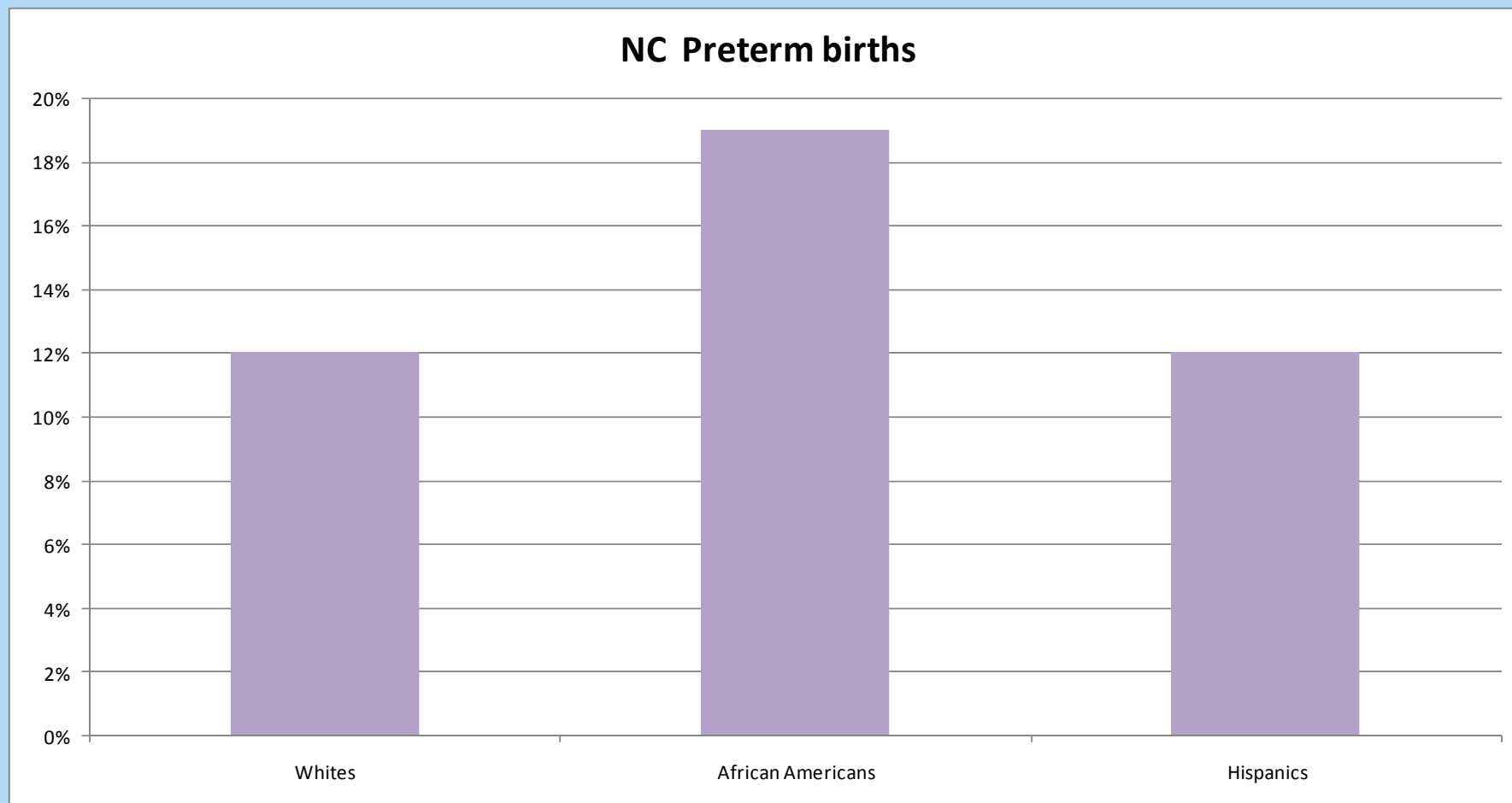


Increased Infant Morbidity and Mortality

Preterm Births

- 13.9% of all births in N.C. in 2007 were preterm
- African Americans are at higher risk for preterm births than Whites or Hispanics
- Prematurity and low birth weight accounted for 18.6% of deaths for infants under 1 year old and for 27.3% of neonatal deaths (infants under 28 days old) in N.C. in 2007

Increased Infant Morbidity and Mortality



Increased Infant Morbidity and Mortality

Risks for child born preterm or low birth weight :

- insulin resistance syndrome
- coronary heart disease
- certain cancers
- vision problems
- cerebral palsy
- asthma



Increased Infant Morbidity and Mortality

Birth Defects

- In NC 3,000 - 3,500 babies are born each year with serious birth defects
- Birth defects are the underlying cause of 1 in 5 infant deaths in NC
- In 2007 birth defects were the cause of 18.2% of deaths for babies under 1 year old compared to 8.9% for Sudden Infant Death Syndrome

Increased Infant Morbidity and Mortality

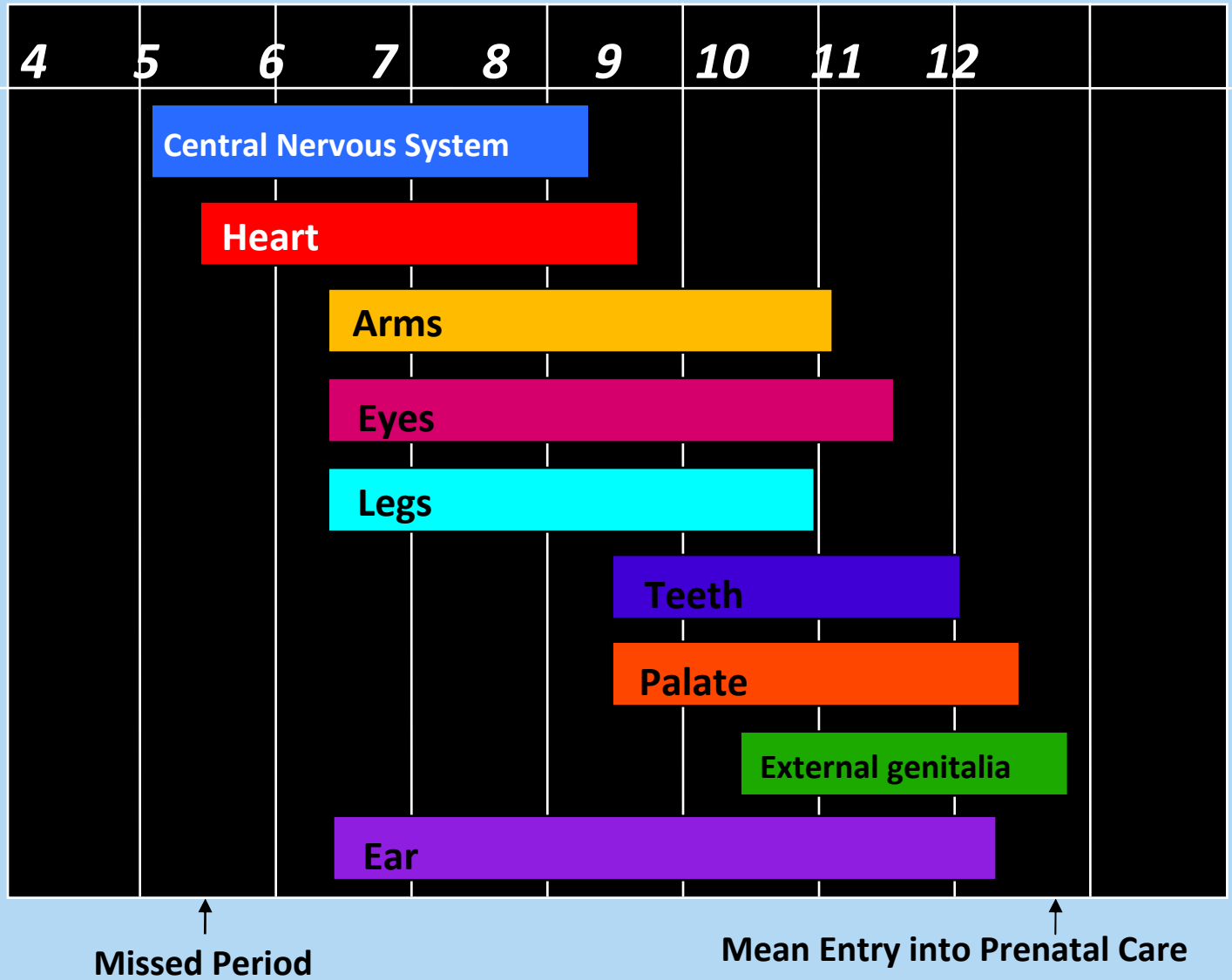
Birth Defects

- Most pregnancies diagnosed at 7-8 weeks gestation
- More than 25% of all women enter prenatal care after 11 weeks
- Developing fetus most vulnerable between 4 and 10 weeks gestation

Increased Infant Morbidity and Mortality

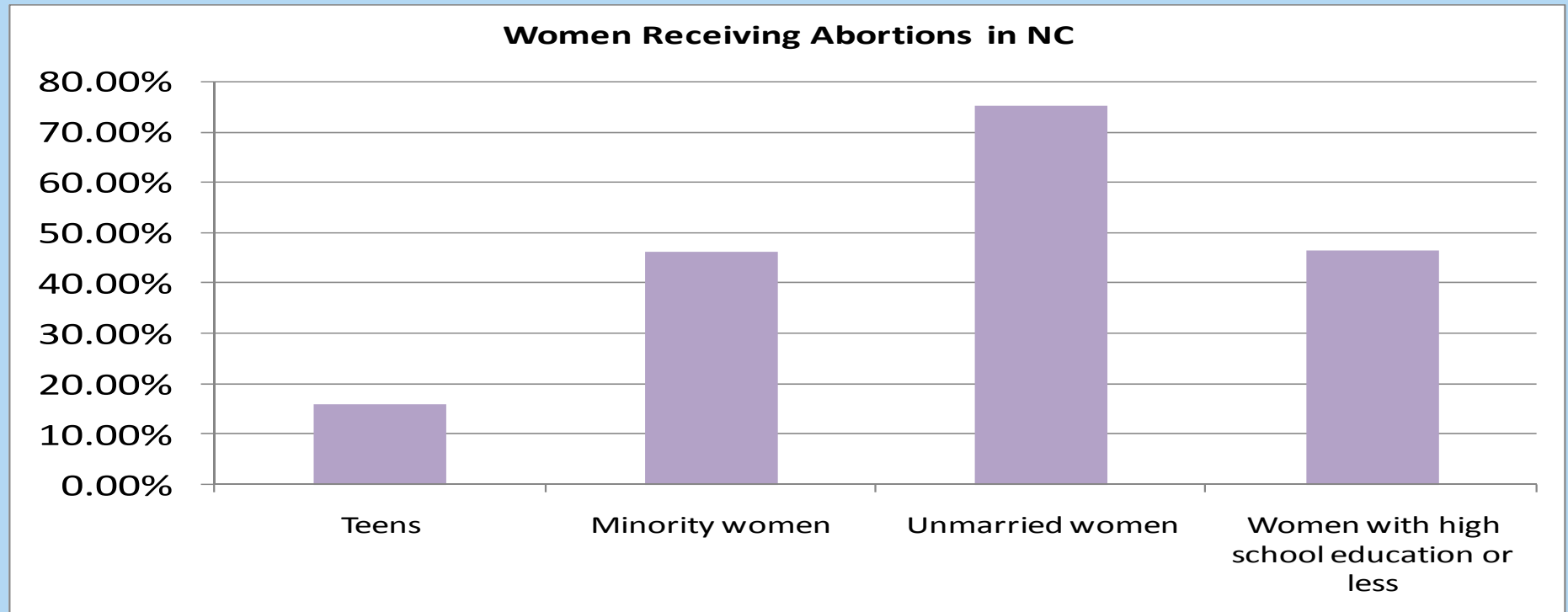
*Weeks gestation
from LMP*

Most susceptible
time for major
malformation



Increased Abortion Rate

28,545 abortions to NC residents in 2007



Increased Abortion Rate

North Carolina Data 2007

- Abortion Fraction: 178.1 abortions per 1,000 pregnancies
- NC Total Pregnancies: 160,252
- Abortions to NC Residents: 28,545
- NC Total Births: 130,886

North Carolina abortions accounted for 17% of all reported pregnancies.

Increased Abortion Rate

In the U.S., the most common reasons cited for abortion in 2005 were

- Delaying childbearing
- Financial
- Partner
- Education/career
- Young age

Only 6% reported the reason being risk to maternal or fetal health

Increased Medicaid Costs

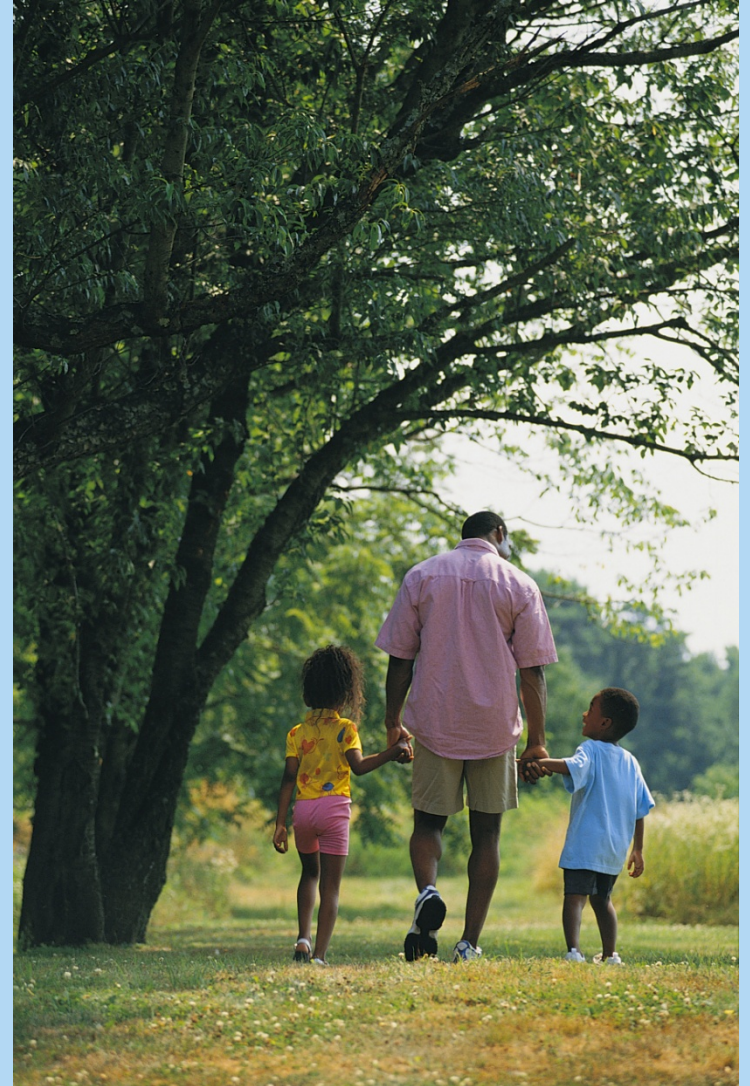
- In 2004, more than \$18 billion was spent on neonatal intensive care for premature babies in the U.S.
- Direct employer health care costs for a pre-term baby were estimated at \$41,610 versus \$2,830 for a full term birth
- In N.C. in 2005, the average Medicaid costs for a preterm baby were \$19,781 versus \$3,642 for a full term birth

Possible Medicaid Cost Savings

- Nationally every \$1.00 invested in Title X family planning saves \$3.80 in Medicaid costs for pregnancy and newborn care alone
- NC Family Planning Waiver shows an estimated net savings to the state of \$14.3 million - \$17.1 million in averted births

What is Reproductive Life Planning?

- Thinking about whether or not an individual plans to have children and
- When?
- How many?
- How often?
- And...how they can implement their plan and maintain their health now, their health during pregnancy and their baby's health



What to Consider in Developing a Reproductive Life Plan

- Age
- Educational goals
- Career plans
- Living situation
- Financial situation
- Social support
- Relationship with partner
- Readiness to become a parent
- Current health status
- Hereditary risk factors
- Health behaviors

What is Recommended?

- Healthy Timing and Spacing of Pregnancy to help women and families delay or space their pregnancies, to achieve the healthiest outcomes for women, newborns, infants and children
- Recommended spacing – at least 18 months between prior delivery and next conception

Who has contact with women of childbearing age?

- Pediatricians
- Primary Care Providers
- Family Practice Physicians
- OB/GYNs
- Nurses/Nurse Practitioners/Nurse Midwives
- Physician Assistants, Health Educators, Social Workers, Nutritionists
- Community Outreach Workers



Advising for Pregnancy Planning

- Pre-pregnancy check-up
- Awareness of STIs, HIV, genetic conditions, medical conditions like diabetes, thyroid disorders, hypertension.
- Awareness of risk of complications (including from prior pregnancy)
- Compliance with prenatal care visits
- Multivitamins with folic acid

Advising for Pregnancy Planning

- Encourage no use of tobacco, alcohol, illicit drugs
- Immunization status – rubella, varicella, tetanus, pertussis, flu
- Help parents get ready – crib, living situation, car seat, baby equipment, SIDS reduction education
- Parenting and breastfeeding education

Advising for Pregnancy Planning

- Screen for depression and domestic violence
- Help reinforce social support
- Screen for environmental stressors – no insurance, lack of housing, stressful activities in the home



Funding Opportunity

- June 2008

DPH and partnering agencies applied for HRSA Maternal Child Health Bureau grant, First Time Motherhood New Parent Initiative

- September 2008

Awarded 2 year grant

September 2008 – August 2010

First Time Motherhood/New Parent Initiative

- Social marketing campaign promoting having a reproductive life plan, preconception health and the N.C. Family Health Resource Line (Title V Hotline)
- Social marketing campaign supported by integration of this message by those who currently come in contact with the priority population

First Time Motherhood/New Parent Initiative

- Priority population is men and women ages 15 – 29, who are disproportionately affected by adverse pregnancy outcomes, including racial/ethnic minorities
- Project area includes 6 rural northeastern counties
- 6 health departments in the project region funded to make their waiting areas more male friendly/father friendly and for activities that promote campaign themes

First Time Motherhood/New Parent Initiative

- Trainings for those who currently provide services to the priority population
 - faith-based community trainings
 - community outreach worker trainings
 - health care provider trainings
- Trainings incorporate reproductive life planning and other preconception health topics



First Time Motherhood/New Parent Initiative

Partnering Agencies

N.C. Healthy Start Foundation

N.C. Family Health Resource Line

UNC Center for Maternal and Infant Health

March of Dimes, Folic Acid Council

Local health departments and WIC programs

Center for Health and Healing

UNC Cecil G. Sheps Center

N.C. DPH Women's Health Branch

Grant Activities

Local Community Involvement

- Grant Advisory Committee
- Faith-Based Advisory Committee
- Community Surveys and Focus Group Research with over 70 individuals

Grant Activities

Local Health Departments

- Funding utilized to make surroundings more male friendly and to promote *Are You Ready? What's Your Plan?* campaign
- Educational materials displayed
- Waiting room areas improved
- AV equipment and educational materials purchased
- Incentive items promoting healthy living distributed

Grant Activities

Social Marketing Campaign, June – July 2009

- 3,680 showings of TV ad on 15 different cable TV stations
- 707 airings of radio PSA on 5 different local stations
- Social Marketing Campaign to run again February/March 2010

Grant Activities

**Be Smart.
Be Ready.**

A Family Planning Program
For Men and Women

Are you ready to
be a mom or dad?

Are you ready
for another child?

Do you think you might
want more children?

If you answered no to any
of these questions....

You may qualify to receive
birth control methods
and health care services for **FREE**

- North Carolina Family Health Resource Line – Title V Hotline
- About 70% of calls are about Health Check/Health Choice
- Staff cross-markets NC FP Waiver to all Health Check/Health Choice callers, offers information packets

Grant Activities

Health Care Provider Trainings

- 84 Health Care Providers trained in 3 different trainings in June 2009
- Topics covered:
 - Reproductive Life Planning
 - Medicaid Family Planning Waiver
 - Folic Acid
 - Cultural Competency and Health Literacy
- Curriculum and Toolkits Distributed

Grant Activities

Health Care Provider March 2010 training topics:

- Healthy Weight
- Contraceptive Options for Women with Chronic Conditions
- Women's Mood Disorders
- Cultural Competency



Grant Activities

- Ready, Set Plan!

Community Outreach Worker Curriculum and Toolkit

- 1st three trainings scheduled in November, 2009

- Topics covered:

Healthy living and recommended screenings and exams

Stress and depression, including domestic violence

Reproductive life planning

Grant Activities

- Ready, Set Plan!
Faith-based Community Trainings
Trainings will be scheduled in February/March 2010
- Participants of both trainings will receive educational brochures and incentive items to use with their own future trainings

Grant Activities

Promotional/Educational Materials

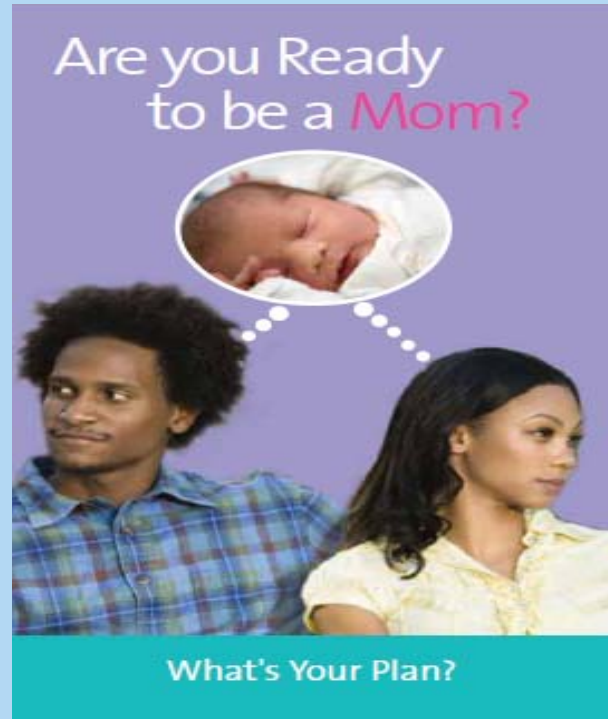


NC Family Health Resource Line *Are You Ready?* poster

Are You Ready? Sex and Your Future
Reproductive Life Planning Booklet

Grant Activities

Promotional/Educational Materials

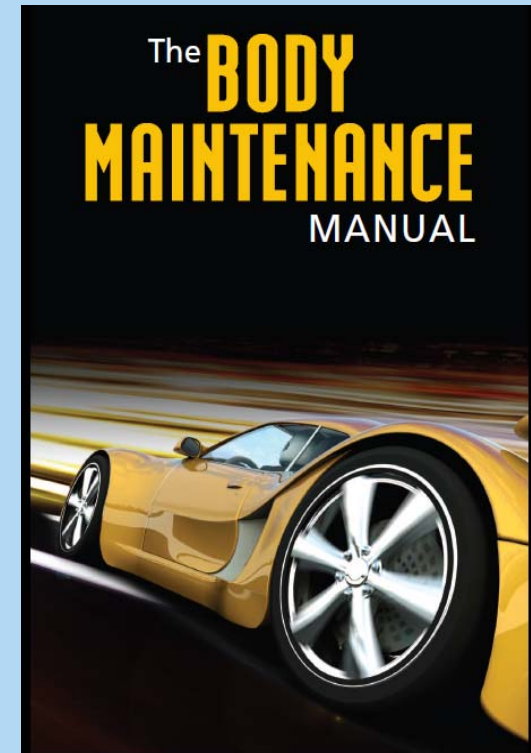


Are You Ready to be a Dad?
Are you Ready to be a Mom? (updated)

Grant Activities

Promotional/Educational Materials

- *My Personal Journal*
- *Men's Maintenance Manual*
- *Am I Ready to be a Mom?*
Am I Ready to be a Dad?
(ordered and available to Title X providers)



For More Information

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