# Preconception Health for Family Planning Providers

December 5, 2017

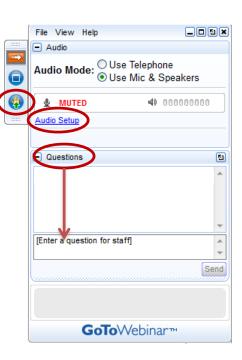
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Care Initiative





## Logistics

- Panel
- Live questions
- Typed questions/chat
- Raise hand
- Tech Difficulties
  - **1-888-259-8414**







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- By joining this session, you automatically consent to such recordings
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### Disclaimer

I have no real or perceived vested interests that relate to this presentation nor do we have any relationships with pharmaceutical companies, biomedical device manufacturers, and/or other corporations whose products or services are related to pertinent therapeutic areas.





## Webinar participants will:

- Understand preconception health as it relates to family planning program providers and QFP clinical guidelines
- Identify key ways that preconception health can be operationalized within a family planning program
- Review preconception health measures and areas for improvement
- List preconception health care resources





## Why This Work Matters



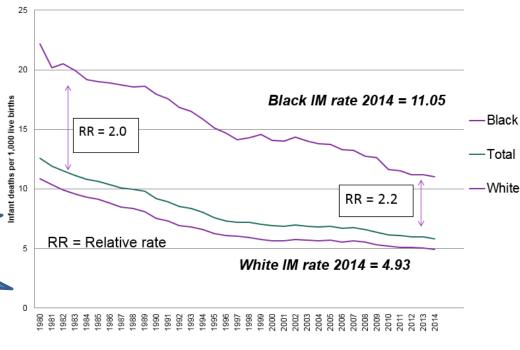




### Disparity Rates on the Rise in the U.S.

 Failing young adults, moms and babies of color

While the United States is the one of the wealthiest countries in history, we rank 27th in infant mortality.



Natl Vital Stat Reports, Vol 65 2016



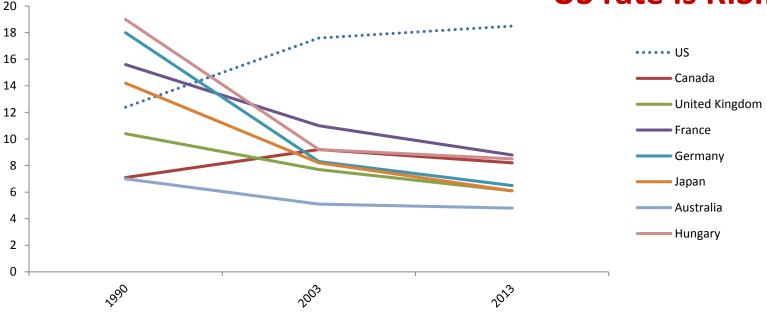




## The Big Picture: Sense of Urgency

1990-2013 Country Comparison
Maternal Mortality (per 100,000 live births)

#### **US rate is RISING!**

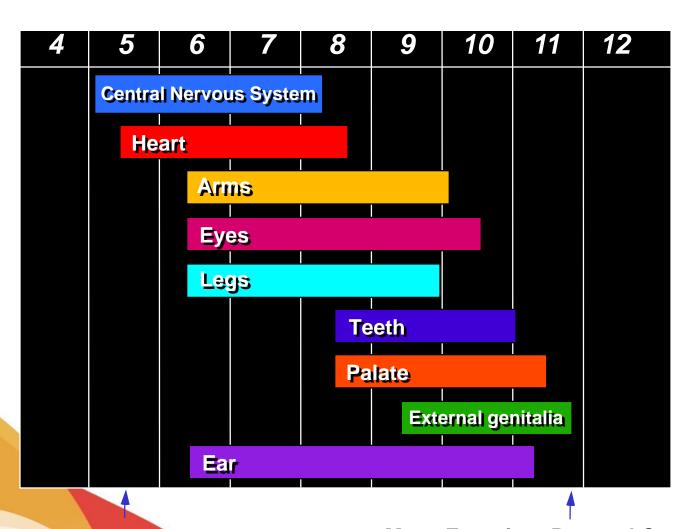


Global, regional, and national levels and causes of maternal mortality during 1990-2013: a systematic analysis for the Global Burden of Disease Study. Kassebaum NJ, et al. Lancet 2014; 384:980-1004.





### Critical Periods of Development



Weeks gestation from LMP

Most susceptible time for major malformation

**Missed Period** 

**Mean Entry into Prenatal Care** 





## How to Improve?

- Key drivers of maternal mortality: Cardiovascular and other chronic conditions
- Key drivers of infant mortality: Preterm birth and birth defects
- Most efforts to reduce maternal and infant mortality focus on prenatal or intrapartum care
- These efforts alone are not achieving the results we are hoping for...
- Key drivers of chronic disease, birth defects, and preterm birth have few effective interventions during pregnancy...





# "Every system is perfectly designed to achieve exactly the results it gets."

Dr. Donald M. Berwick

For U.S. = high costs, rising maternal mortality, stagnate infant mortality, and widening disparity gap





How can we make real change? How do we raise awareness in an authentic, scientifically accurate way that

# what a person does <u>before</u> they become pregnant matters?





## **Definitions: Preconception**

- Interventions that aim to identify and modify biomedical, behavioral, and social risks to a person's health or pregnancy outcome through prevention and management
- Interventions emphasize factors that must be acted on before conception or early in pregnancy to have maximal impact on maternal, fetal, and infant health





## Objectives of Preconception Health

- To improve wellness
- To increase intendedness of pregnancy
- To educate women/partners about risks to healthy pregnancies and reproductive outcomes
- To decrease amenable risk factors

#### before pregnancy occurs!!

Source: MK Moos, "Family Planning: Foundation for Preconception Health", RNDMU, 9/28/2010







Vision: All women and men of reproductive age will achieve optimal health and wellness, fostering a healthy life course for them and any children they may have.







## Challenges

- The word itself doesn't work well for women who don't want to become pregnant or for adolescents
- MANY messages and risk factors
- Timeframe can be over 3 decades of a woman's life
- Lack of investment in women's health and health care
- Need to measure preconception health in communities and clinical care in order to benchmark and recognize change
- Messages need to be delivered in culturally relevant, actionable ways in the context of women's lives





### **PRACTICE CONSIDERATIONS**









## Multi-System Response















## **Early Programming**

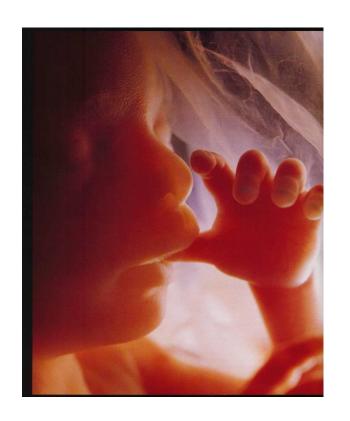
- Key concepts:
  - Exposures in early life could influence future health
  - Fetal programming or fetal origins of disease
  - Epigenetics
  - Highlights importance of health BEFORE pregnancy





## The Barker Theory

- People who were born low birth weight have an increased risk for coronary heart disease, high blood pressure, stroke and diabetes
- Protecting the health and nutrition of girls and young women can prevent chronic disease in the next generation







#### Sensitive Periods of Life

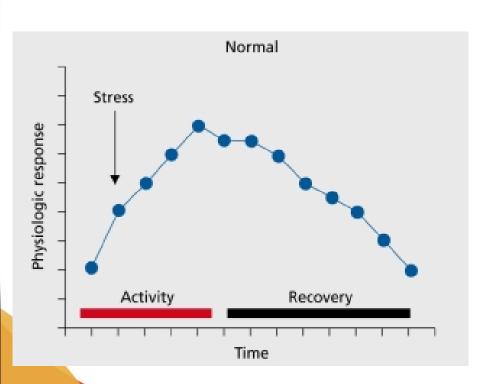
- Periods of time in a life when the impact of negative events and exposures is greatest
  - Fetal growth
  - Early childhood
  - Adolescence
  - Young adulthood
  - Beginning of menopause
  - Early years of retirement

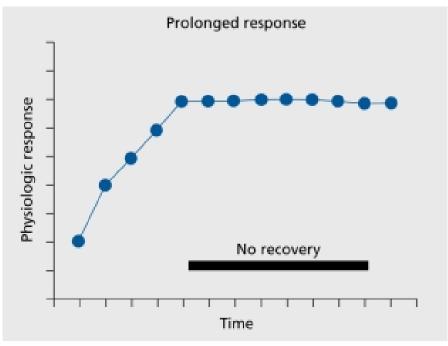






## Cumulative Pathways / Stress









#### Risk & Protective Factors

**Risk Factors**: Behaviors or conditions that **increase** the chances of health, emotional, economic and social problems.

**Protective Factors**: Behaviors, social influences or policies that **reduce** the chances of health, emotional, economic and social problems.

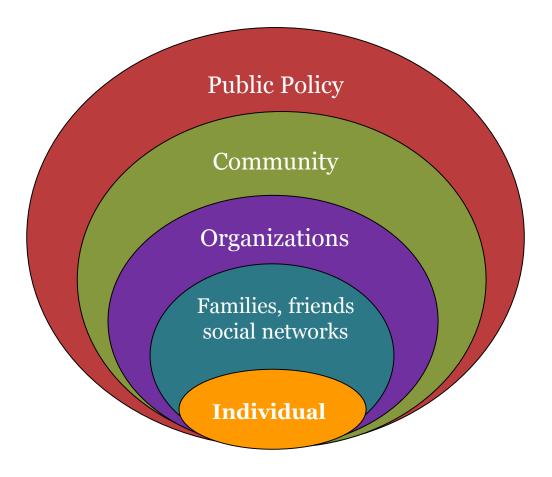




Center of Excellence for Family Planning



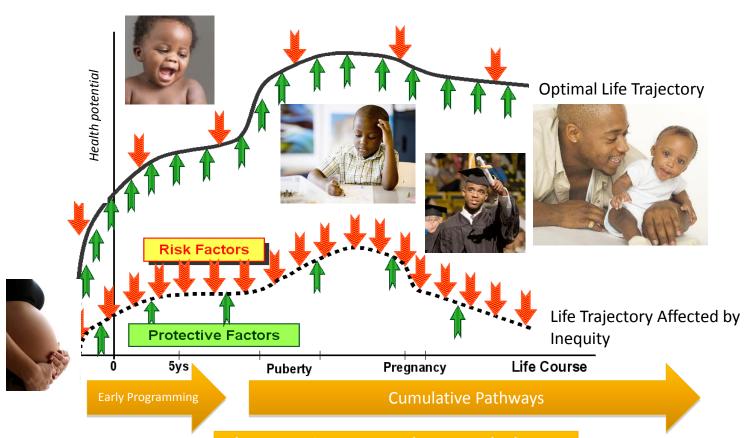
## Socio-Ecological Model







#### The Life Course Model



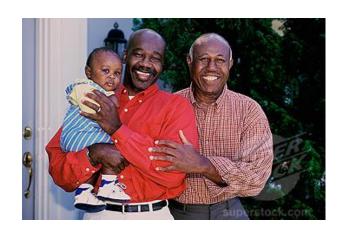
The experiences you have each day add up to determine your health throughout your life





## Pathways are NOT Set in Stone

- Interactive processes
  - The development of health over a lifetime is an interactive process, combining genes, environment and behaviors



- Lifelong development/ lifelong intervention
  - At all stages of life, even for those whose trajectories seem limited, risk factors can be reduced and protective factors enhanced, to improve current and subsequent health and wellbeing.





## **Health Equity**

Health equity means that each person is able to live to their full potential.

We are challenged to....



Use an "equity" lens to assess the potential for differential impact of public health interventions

Take into account the broader social and environmental context when planning and implementing interventions

Move beyond tracking disparities to identifying and acting on root causes





#### Chat In

What can you do as a Title X provider to address preconception health?







# PRECONCEPTION HEALTH & TITLE X PROVIDER ROLE







#### Title X Provider Advice Matters!

- FP clinics are a point of entry into care for women, and for many of women, their only source of care
- Patients <u>expect</u> provider advice
- Provider advice resonates with patients
  - Studies of folic acid preconception counseling among women planning pregnancy found:
    - 71% of women counseled to take folic acid before pregnancy did so, compared to only 17% who were not counseled. Few surveyed providers routinely and correctly advised about folic acid.
- Title X clinics already do a lot of preconception health care





## Preconception Health Factors

<ul> <li>Physical Activity</li> <li>Weight</li> <li>Tobacco</li> <li>Alcohol/Drugs</li> <li>Workplace Hazardous</li> <li>Materials</li> <li>Home Hazardous</li> </ul>	Healthy Body	Healthy Mind	Healthy Environment
• Chronic Conditions • Financial Stability	<ul> <li>Nutrition</li> <li>Physical Activity</li> <li>Weight</li> <li>Tobacco</li> <li>Alcohol/Drugs</li> <li>Chronic Conditions</li> <li>Vaccines</li> <li>Medications</li> <li>STIs</li> <li>Oral Health</li> </ul>	• Healthy Relationships	<ul> <li>Environmental Toxins</li> <li>Workplace Hazardous Materials</li> <li>Home Hazardous Materials</li> <li>Financial Stability</li> <li>Healthy Relationships</li> </ul>







### What We Measure Matters: Clinical Measures for Preconception Wellness

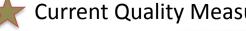
- Intended/planned to become pregnant
- Entered prenatal care in the 1<sup>st</sup> trimester
- Daily folic acid/multivitamin consumption
- Tobacco free
- Not depressed (mentally well / under treatment)
- Healthy BMI
- Free of sexually transmitted infections
- Optimal blood sugar control
- Medications (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



**Current Quality Measure** 





Obstet Gynecol. 2016 May;127(5):863-72



## WOMEN'S HEALTH

CLINIC BASED DELIVERY OF HEALTH CARE

MEDICAL SYSTEM

ON HEALTH & WELL-BEING PUBLIC HEALTH and COMMUNITY EFFORTS
SOCIAL DETERMINANTS OF HEALTH
SELF ACTIVATION

ON HEALTH
& WELL-BEING

WELL WOMAN & PRECONCEPTION CARE

#### INTERVENTIONS

Examples of Measures: Chronic Disease Control Preventive Health Care PREGNANCY

PRENATAL CARE

INTERVENTIONS

BIRTH

WELL WOMAN & INTERCONCEPTION CARE

INTERVENTIONS

Examples of Measures: Infant Mortality Maternal Mortality Preterm Birth Rate Elective Delivery < 39 weeks

#### INDICATORS/MEASURES OF PRECONCEPTION WELLNESS

folate for prenatal at least 3 HgbA1C <6.5%) BMI >18 intended care in the not using no STI's months teratogenic tobacco depressed and <30 pregnancy prior to trimester conception

# Population Preconception Health Indicators

The CDC reviewed over 65 indicators to develop a "short list" of measures that could be used to track preconception health among states. Papers on the methods, commentaries and an MMWR on national status coming soon from the CDC!

- Heavy alcohol consumption
- Depression
- Diabetes
- Folic acid intake
- Hypertension

- Normal weight
- Current smoking
- Recommended physical activity
- Unwanted pregnancy
- Use of contraception





#### FIGURE 1. Family planning and related and other preventive health services

#### Family planning services

- Contraceptive services
- Pregnancy testing and counseling
- Achieving pregnancy
- Basic infertility services
- Preconception health
- Sexually transmitted disease services

Related preventive health services (e.g., screening for breast and cervical cancer)

Other preventive health services (e.g., screening for lipid disorders)





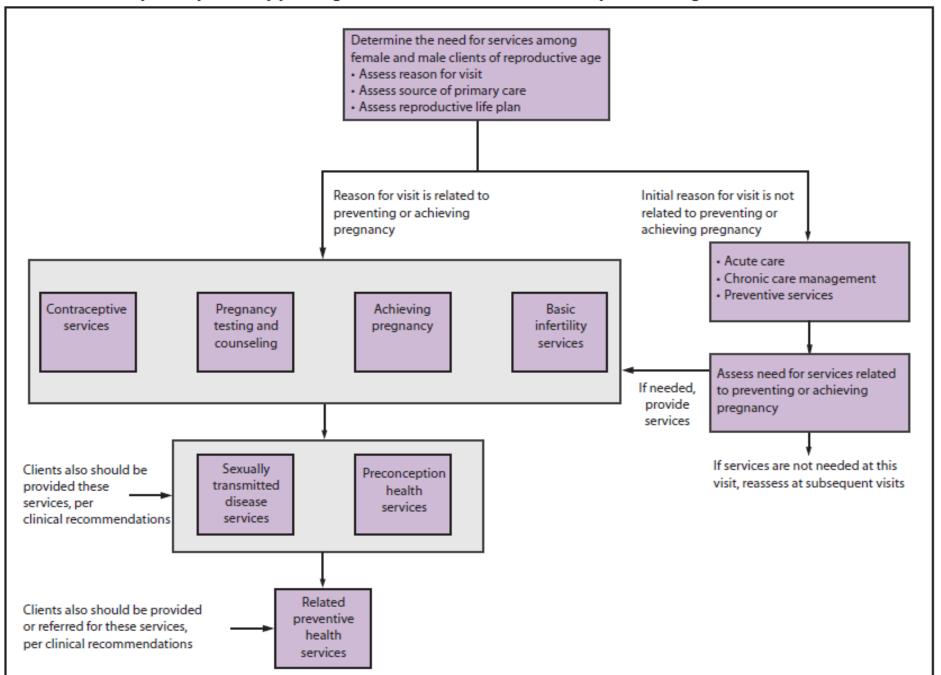
## Title X Preconception Guidelines

- Daily Supplement with 0.4 to 0.8 mg of folic acid
- Reproductive life plan and sexual health assessment
- Medical History
- Intimate Partner Violence
- Alcohol and Other Drug Use
- Tobacco Use
- Immunizations
- Depression
- Height, Weight and Body Mass Index
- Blood Pressure
- Diabetes





FIGURE 2. Clinical pathway of family planning services for women and men of reproductive age



# Receipt of Preventive Health Services 2011-2013

- For contraceptive services, including counseling and advice, 46.5% of women aged 15–44 years at risk for unintended pregnancy received services in the past year, and 4.5% of men who had vaginal intercourse in the past year received services in that year.
- For sexually transmitted disease (STD) services, among all women aged 15–24 years 37.5% were tested for chlamydia. Among persons aged 15–44 years not in a mutually monogamous relationship, 45.3% of women were tested for chlamydia and 32.5% of men were tested for any STD.





# Receipt of Preventive Health Services 2011-2013

- Data from selected states showed 33.2% of women with a recent live birth talked with a health care professional about improving their health before their pregnancy.
- Of selected preconception topics, the most frequently discussed was taking vitamins with folic acid (81.2%), achieving a healthy weight (62.9%) and how drinking alcohol (60.3%) or smoking (58.2%) during pregnancy can affect a baby.
- Nationally, among women 18–44 years:
  - 80.9% had their blood pressure checked by a health care professional and 31.7% received an influenza vaccine
  - 54.5% with high blood pressure were tested for diabetes, 44.9% with obesity had a health care professional talk with them about their diet
  - 55.2% current smokers had a health professional talk with them about their smoking.

CDC MMWR, October 2017, 66:20, https://www.cdc.gov/mmwr/volumes/66/ss/pdfs/ss6620.pdf





# Receipt of Preventive Health Services 2011-2013

- Many women and men of reproductive age were not receiving recommended preventive heath care services.
- Differences occurred by age, race/ethnicity, family income and stability of insurance coverage
  - Low income and access to insurance were key





# PRECONCEPTION & INTERCONCEPTION INTERVENTIONS







## **Timing Matters**

- Women 35 and older are at greater risk for
  - Infertility, chromosomal abnormalities, high blood pressure, GDM, pregnancy loss, prematurity and LBW
  - Sperm does get old too!
- Inter-pregnancy interval of 18-23 months has lowest risks for:
  - Preterm birth, Low birth weight, Small for gestational age
  - Recommendations may vary for older women
- Less than 6 months between pregnancies
  - 40% increased risk of preterm birth, 61% increased risk of low birth weight, 26% increased risk of being small for gestational age
- > 59 months between pregnancies also showed increased risk of poor birth outcomes

\*All of these risks increase with a previous poor birth outcome





## What is Reproductive Life Planning?

- A set of personal goals about having (or not having) children
  - Whether or not to have children
  - When?
  - How many?
  - How far apart?
- Includes statements about how to achieve those goals
- Based on personal values and resources





## One Key Question TM

### Would you like to become pregnant in the next year?

- Every Woman, Every Time
  - Good medical records can avoid discomfort by documenting any history of loss or infertility or permanent method
  - Make it a vital sign
- Tailor care to help her achieve her goals
- Be aware of implicit bias ideas about who should become pregnant and when they should become pregnant







# Suggested Questions for Reproductive Life Planning, cont.

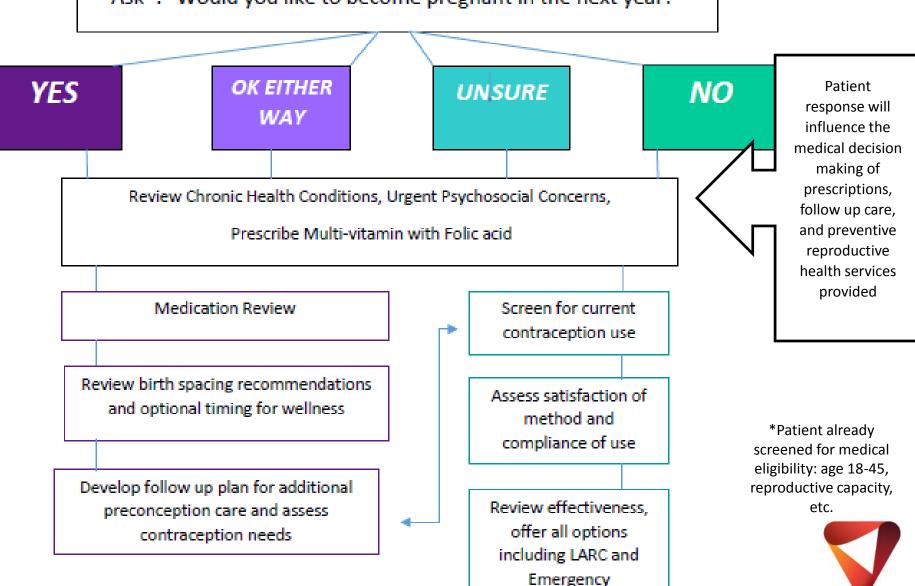
#### If **yes**, ask:

- How many (or how many more) children do you hope to have?
- How long would you like to wait until you become pregnant (again)?
- How much space would you like between your future pregnancies?
- What do you plan to do to avoid pregnancy until you are ready to become pregnant?
- What can I do today to help you achieve your plan?





#### Ask\*: "Would you like to become pregnant in the next year?"



Contraception

Center of Excellence for Family Planning

# Why Should Title X Providers Encourage Reproductive Life Planning?

A reproductive life plan can support:

- **Pregnancy Intendedness**: help women and men recognize they have choices around risk taking for pregnancy
- Method Matching: method matching to short and long term goals may result in increased adherence to chosen/prescribed method
- Personal Goals: help individuals formulate, based on their own values and resources, a set of personal goals about whether or when to have children





# Common Components of Reproductive Life Planning

- Desire to have children
- Age
- Educational & Career Goals
- Financial Stability
- Readiness to Parent
- Partner Relationship & Social Support
- Current Health Status
- Health Behaviors
- Genetic Factors
- Environmental Factors





## Bedsider.org

More than a method chooser, method finder and method reminder



#### REMINDERS

Trouble remembering your birth control? Forget about it!

Text MyBC to 42411 or set up a reminder right here »

#### REAL STORIES



#### WHOOPS!

birth control methods explore methods | compare methods | questions where to get it health centers | over the counter | emergency contraception reminders birth control reminders appointment reminders features articles real stories fact or fiction frisky fridays

you your account your reminders us about bedsider contact us terms of use privacy policy (F)





### Folic Acid Recommendations

#### Daily

- 0.4 mg of folic acid daily and at least 3 months before pregnancy
- 0.8 mg with a previous Neural Tube Defect (NTD)
- Folic Acid Awareness
  - 84% of women surveyed reported having heard of folic acid
  - 39% reported taking a vitamin containing folic acid daily
  - 20% of women aware of folic acid mentioned that folic acid prevents birth defects
  - ONLY 11% of women <u>aware of folic acid</u> mentioned that folic acid should be taken before pregnancy





## What Can Title X Providers Do?



- Counsel about women's health as well as NTDs
- Use your fabulous resources!
  - Top 10 Facts About Folic Acid Your Women Patients Should Know:
    - https://www.health.ny.gov/publications/1340.pdf
  - Folic Acid Brochure: The Vitamin that Prevents
     Birth Defects
    - https://www.health.ny.gov/publications/1335/





## Chat In

Which of these best practices do you utilize in your clinics?







## **CHRONIC CONDITIONS**



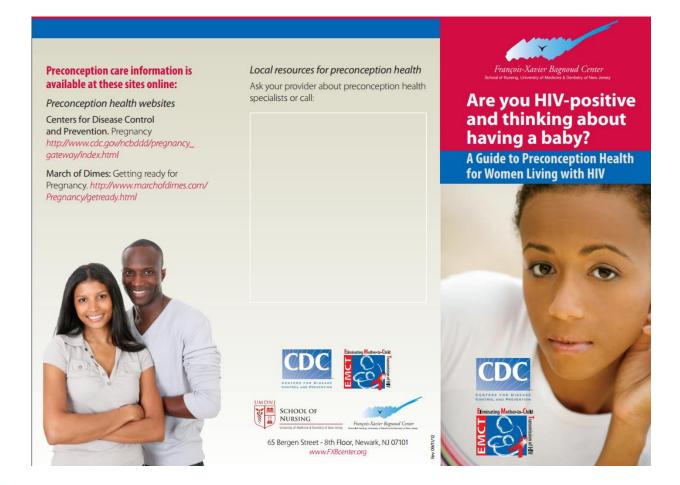








# HIV/AIDS



http://www.womenandhiv.org/sites/default/files/pdf/ Client%20informational%20brochure.pdf





# Reproductive Health Risks of Uncontrolled Chronic Conditions

- Hypertension
  - Maternal mortality
  - 2-fold increase in gestational diabetes
  - Fetal complications: Preterm birth, placental abruption, IUGR, fetal death
- Diabetes
  - 3-fold increase in prevalence of birth defects among infants of women with type 1 and type 2 diabetes
  - Prevalence is substantially reduced through proper management of diabetes

Obesity increases the likelihood of having hypertension & diabetes, and increases the risk of reproductive complications including NTDs, preterm birth, pregnancy-induced hypertension, gestational diabetes, and c-section



## What Can Title X Providers Do?

- Screen for hypertension & diabetes
  - Blood Pressure
  - Blood glucose levels
  - Weight
- Advise
  - Advise of the risks of hypertension, diabetes, obesity for women's health and pregnancy health
- Method-matching for chronic conditions
- Refer to adult health or primary care for follow-up





## Addressing Weight

- Start the conversation
  - Calculate BMI
  - Discuss health risks of high/low BMI
  - Address overweight sooner rather than later
    - easier to lose small vs. large amounts of weight
- Don't blame the patient
  - Educate about environmental influences
    - Overproduction of processed foods
    - Sophisticated advertising for high calorie/poor nutrient foods



## Addressing Weight, cont.

Deliver simple messages consistent with current knowledge

Example: NC Eat Smart Move More

- Prepare meals at home
- Re-think your drink
- Get moving
- Right-size your portions
  - http://www.eatsmartmovemorenc.com/index.html





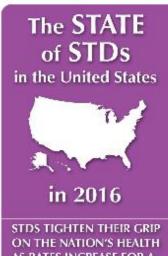
## Addressing Weight, cont.

- Improve office environment
  - Remove unhealthy drinks and snacks from vending machines and from workspaces visible to clients
  - Display health-oriented posters, magazines, pamphlets, BMI chart
- Share the care Refer!
  - Other health professionals such as WIC, dieticians, nutritionists.
  - Community resources for eating well and being active





# **SEXUALLY TRANSMITTED INFECTIONS**



AS RATES INCREASE FOR A THIRD YEAR



1.59 million CASES OF CHLAMYDIA

4.7% increase since 2015



468,514 CASES OF GONORRHEA

18.5% increase since 2015



27,814 CASES OF SYPHILIS

17.6% increase since 2015

Anyone who has sex is at risk, but some groups are more affected

- YOUNG PEOPLE AGED 15-24
- **GAY & BISEXUAL MEN**
- PREGNANT WOMEN

#### **LEFT UNTREATED, STDS CAN CAUSE:**



INCREASED RISK OF GIVING OR GETTING HIV



LONG-TERM PELVIC/ABDOMINAL PAIN



INABILITY TO GET PREGNANT OR PREGNANCY COMPLICATIONS

HELP INTERRUPT THE STEADY CLIMB IN STDS WITH THESE THREE STEPS:



Talk openly about STDs with your partners & healthcare providers.

Get tested. It's the only way to know if you have an STD.

### TREAT 1

If you have an STD, work with your provider to get the right medicine.











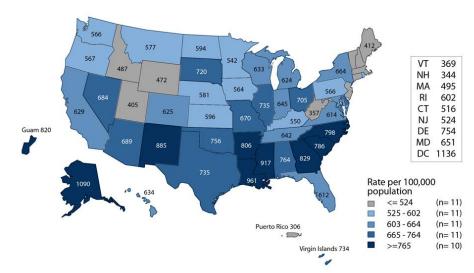
Control and Prevention a rai Hopathis, STD, and

### Chlamydia & Gonorrhea Among Women in New York, 2016

Chlamydia — Rates of Reported Cases Among Women by State, United States and Outlying Areas, 2016

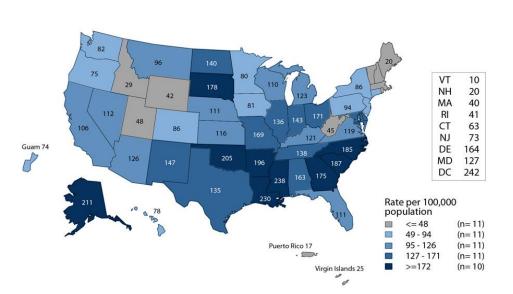
- Chlamydia, gonorrhea, and other STDs increase the risk of adverse perinatal outcomes, including infertility, miscarriage ectopic pregnancy, stillbirth, preterm delivery, birth defects, and infant morbidity and mortality
- Chlamydia among women 15-44:
  - 67,602 cases (663.8 per 100,000 women)
- Gonorrhea among women 15-44:
  - > 8,709 (85.5 per 100,000 women)





NOTE: The total rate of reported cases of chlamydia among women in the United States and outlying areas (Guam, Puerto Rico, and Virgin Islands) was 653.6 per 100,000 females.

Gonorrhea — Rates of Reported Cases Among Women by State, United States and Outlying Areas, 2016



## What can Title X Providers Do?

#### Screen

- The CDC recommends that all sexually active women age 25 and younger be screened for chlamydia and gonorrhea annually
  - Women and men over 25 should be screened if they have risk factors such as a new partner or multiple partners

### Counsel

 Counsel women & men about the often silent nature of the diseases for women and the risk of infertility and poor pregnancy outcomes

#### Treat





## **TOBACCO CESSATION**







## Smoking Prevalence, New York - 2014

- 12.7% of reproductive age women (18-44) reported smoking
  - ➤ Lower than the national average of 19.2%
- 17.0% of men reported smoking
  - ➤ Lower than the national average of 20.0%
- 10.6% of mothers reported smoking during the last 3 months of pregnancy in 2011
  - Similar to national average





### **Tobacco Use Causes Poor Birth & Infant Outcomes**

#### Maternal/Fetal Harm From Tobacco

- Infertility
- Miscarriage
- Ectopic Pregnancy
- Premature Birth
- Low Birth Weight
- > Stillbirth
- SIDS

#### Infant/Child Harm From Tobacco

- SIDS
- Ear infections
- Respiratory Infections
- Asthma
- Links with childhood obesity, cancer, & attention disorders, and cardiovascular disease & diabetes in adulthood





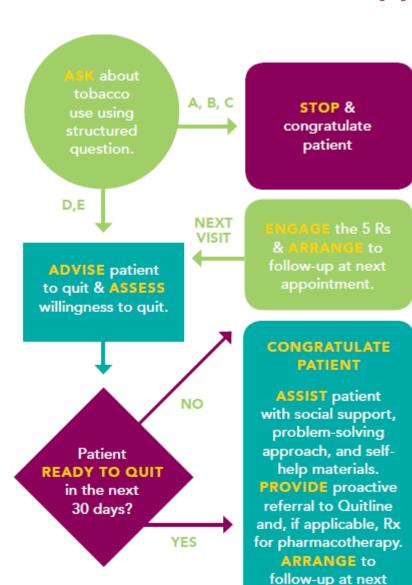
## Intervention Makes a Difference

- 70% of tobacco users report wanting to quit
- Almost two-thirds of tobacco users who relapse want to try quitting again within 30 days
- Tobacco users cite a health care provider's advice to quit as an important motivator for attempting to quit





## The 5 As



appointment.

**ASK** the patient about her tobaccouse status at each visit

**ADVISE** her to quit using tobacco with a clear, personalized message **ASSESS** her willingness to quit in next 30 days

**ASSIST** with self-help materials & social support (if applicable, make sure materials are pregnancy- or parenting-specific)

**ARRANGE** to follow-up



# Helping Patients Who Aren't Ready to Quit: Using the 5 Rs

- **RELEVANCE**: Help patient figure out the relevant reasons to quit, based on their health, environment, individual situation
- RISKS: Encourage patient to identify possible negative outcomes to continuing to use tobacco
- REWARDS: Encourage patient to identify possible benefits to quitting
- ROADBLOCKS: Work with patient to identify obstacles to quitting and potentially how to overcome them
- **REPETITION**: Address the 5Rs with patients at each visit





# Let's Discuss: Other Topics

- How do you screen for / follow up on issues such as
  - Interpersonal violence
  - Alcohol
  - Other Drugs
  - Mental Health





# Take Home Message/Summary

- You already do most if not all of this!
- A few evidence-based interventions can have tremendous impact on women's wellness AND on maternal, fetal, infant, and child health!
- Preconception and interconception health is (all the rage, the wave of the future, here to stay, a tremendous asset to family planning and vice versa), and there are resources to assist
- Trick is setting up office systems to make it happen





## Chat In

Do you have any community partnerships that serve as good referral sources for preconception health related services?







### **CONSUMERS & COMMUNITIES**







# Title X Factors

- Safety
- Effectiveness
- Client-centered
- Timeliness
- Efficiency
- Accessibility
- Equity
- Value







# Key Consumer Lessons Learned (so far)

- Consumers need to SEE themselves in the message
- Provide actionable, local resources and tools
- Keep messages focused and simple
- Consider health, digital, financial, and reading literacy levels
- Watch out for inadvertent guilt factors
- Include faith-based communities
- Link self care with preconception care = self love concept works
- Don't forget the guys!





## Promotoras & Peer Educators





























LGBTQ Groups challenge the use of gendered language and images. Why have website sections for women and men separately? How do we use pronouns? Unique needs for different groups.

**Show Your Love** 



You're ready to get pregnant. It's time to nurture and love yourself by planning and preparing your body for pregnancy. Take these steps to improve your preconception health.

#### What is preconception health?

- · Preconception health is simply your health before you get pregnant.
- · How healthy you are before getting pregnant can affect the health of your baby.

- · Eating a healthy diet, being physically active and taking folic acid every day is awesome!
- · Reevaluate your habits around drinking alcohol, smoking, and drugs. Considering stopping if you're planning on getting pregnant.
- · Get screened and tested for possible medical problems like infections or diabetes.
- · Talk with your health care provider about how to best manage your medical conditions and any medicines you're taking.

or more information visit ww.cdc.gov/showyourlove.













Intergenerational messages and outreach are very important. Young adults live in families surrounded by friends which can either support or hinder health. Her health is everyone's responsibility!





How will you #ShowYourLoveToday?



# **RESOURCES**









# Before, Between, & Beyond Pregnancy

BEFORE, BETWEEN & BEYOND PREGNANCY

RESOURCES EDUCATIONAL MODULES PROGRAMS CONTACT



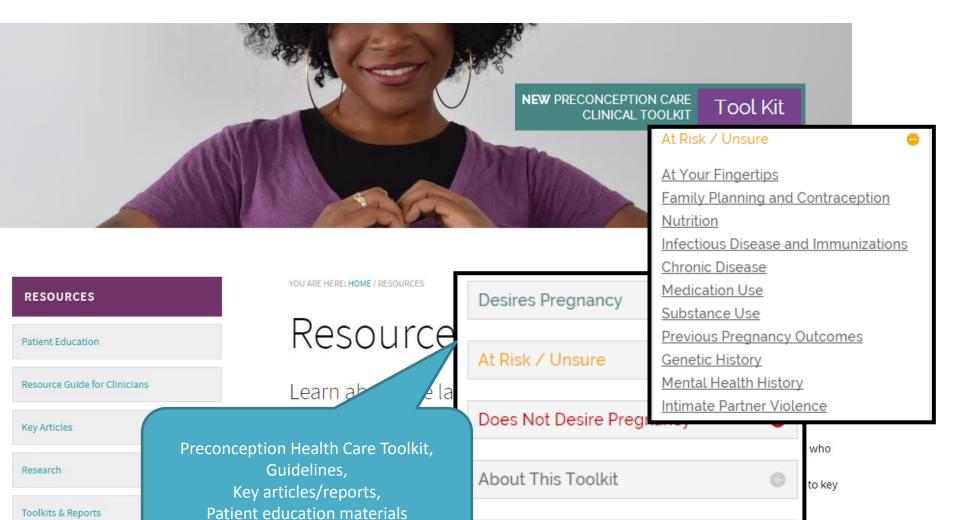


Welcome to the National Preconception Health and Health Care Initiative Website! Click to learn more.

beforeandbeyond.org







Reproductive Life Planning Assessme



Toolkits & Reports

Center of Excellence for Family Planning

## **Education Modules**

Module 1: Preconception Care

Module 2: Every Woman, Every Time

Module 3: Maximizing Prevention

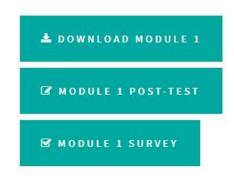
Module 4: In Between Time

Module 5: Interconception Care

Module 6: Interconception Care

YOU ARE HERE: HOME / EDUCATIONAL MODULES (CME CREDIT) / MODULE 1: PRECONCEPTION CARE - WHAT IT IS AND WHAT IT ISN'T

# Module 1: Preconception Care – What It Is and What It Isn't



To receive credit you must pass the post-test and complete the evaluation survey.



Five (soon to be six) CME modules were created with CME by Albert Einstein College of Medicine and Montefiore Medical Center in partnership with the UNC CMIH.



About Credits

NEW YORK STATE
Center of Excellence for Family Planning

## **Show Your Love**



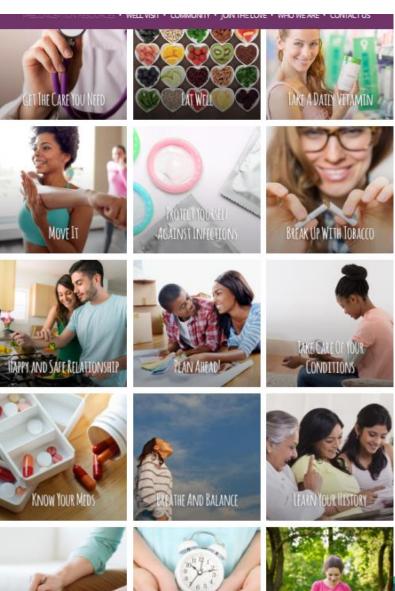
showyourlovetoday.com





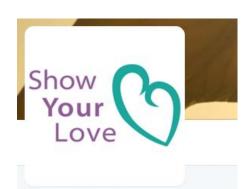
# Consumer Preconception Resources

- www.ShowYourLoveToday.
  - Com → Check out the "Knowledge" section of our website for partner and local resources
- Show Your Love mobile app





# #ShowYourLoveToday on Social



#### **Show Your Love**

@SYL\_Today

Show Your Love campaign & resources strive to improve #preconception health and care, individual & family wellbeing & #healthequity in the U.S.

Ohapel Hill, NC

S beforeandbeyond.org/show-your-love

Tweet to



Twitter.com/SYL Today



@ShowYourLoveToday



Facebook.com/ShowYourLoveToday







Join! Text LAFAMILIA to 55000 this site were created using Adobe Acrobat 5.0 or later. If you are using an earlier version of Adobe Acrobat Reader (4.x or less), document functionality may be reduced. Please Click

#### Contact Information

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FAMILIA@ph.lacounty.gov

Privacy Policy Terms of Use

#### Welcome to FAMILIA!

#### To join, text LAFAMILIA to 55000

The FAMILIA text messaging program focuses on family planning, active living, maintaining a healthy weight, improving nutrition, reducing stress, and addressing abuse. Each message links here to the FAMILIA website, which has more information, apps, blogs, and videos related to that topic. You'll receive three healthy living texts each week for three months. You can choose to receive messages in English or Spanish.

By taking charge of your health, you are taking charge of your future.



#### **FAMILIA Topics:**





CONTRACEPRION OPRIONS

#### Active Living

Tips for an Active Life
Stretching and Soreness

#### Maintain a Healthy Weight

What is a Healthy Weight and Why Should You Achieve It? Healthy Ways to Lose Weight Achieve a Healthy Weight by Managing Stress and Sleeping More

#### Improve Nutrition

Recommendations for Eating Healthy Healthy Eating Out Healthy Beverages

#### Less Stress

What is Stress? What is Depression? What is Anxiety?

#### Address Abuse

Healthy Relationships Abusive Relationships

Questions? Contact us: FAMILIA@ph.lacounty.gov (213) 639-6416

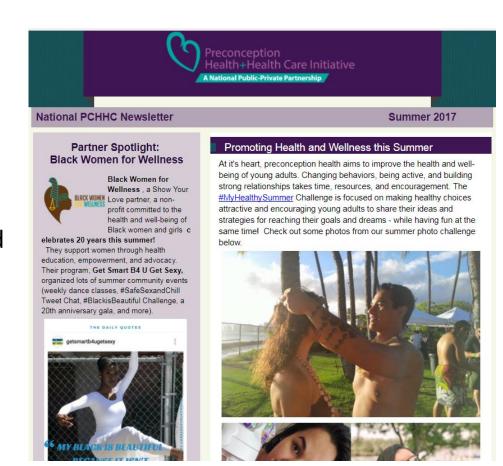






# More Preconception Resources

- BeforeandBeyond.org
- PCHHC Newsletter to subscribe, send an email to <u>pchhcnews@gmail.com</u> with "Subscribe" as the subject line
- CDC bi-weekly email listserv latest research, news happening across the globe in PCH – email ggf9@cdc.gov









# every woman southeast

If you receive our newsletter by forward and want your own copy, click the join our mailing list icon!



November 2017

#### The Unbearable Lightness of Aging



Growing old: The unbearable lightness of ageing | Jane Caro | TEDxSouthBank

Aging is a gift, according to Jane Caro — author, novelist, lecturer, mentor, social commentator, columnist, workshop facilitator, speaker, broadcaster and award winning advertising writer. In this funny, insightful and at times challenging TEDx talk she encourages all women to embrace aging.

Fertility Tips for Women over 35



#### The Later Reproductive Years



They say that age is nothing but a number, when it comes to having a baby past the age of 35, (unfortunately) it's one that we need to pay more attention to. This month we highlight the "later" reproductive years, what to expect, and how to ensure your health for, what many argue, is the most fulfilling time of your life.

#### Pregnancy after Age 35

If you're older than age 35 and hoping to get pregnant, you're in good company. Many women are delaying pregnancy well into their 30s and beyond. While the increased career, relationship and economic stability creates a strong platform from which to build a family in the mid to late 30s, the reality is that the biological clock is not in synchronicity with that reproductive timeline. It's important to understand the risks.

It might take longer to get pregnant. Women are born with a limited number of eggs; as they reach their mid- to late 30s, eggs decrease in both quantity and quality.





# Why Should Title X Family Planning Providers Care About Preconception

- 23.7% of live births in NY in 2015 were unintended

   an estimated 55% of all pregnancies were
   unintended
- Poor health status before and during pregnancy affects fetal and infant health, including miscarriage, preterm birth, low birth weight, and birth defects. It also can impact fertility
- Women's wellness matters!





# Questions?







## Thank You!

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