

PRECONCEPTION CARE FOR THE FAMILY PLANNING PRACTITIONER

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PRECONCEPTION CARE VS. WELL WOMAN CARE

- Many women do not view themselves as “preconception”
- Women’s health before, between, and after pregnancies matters
- A woman's health affects her future pregnancies and children
- A women’s health impacts fertility, contraception, etc.
- Preconception care should be called Well Woman Care
 - We don't want to reinforce stereotypes
 - Concept “preconception” isn’t clear to general public

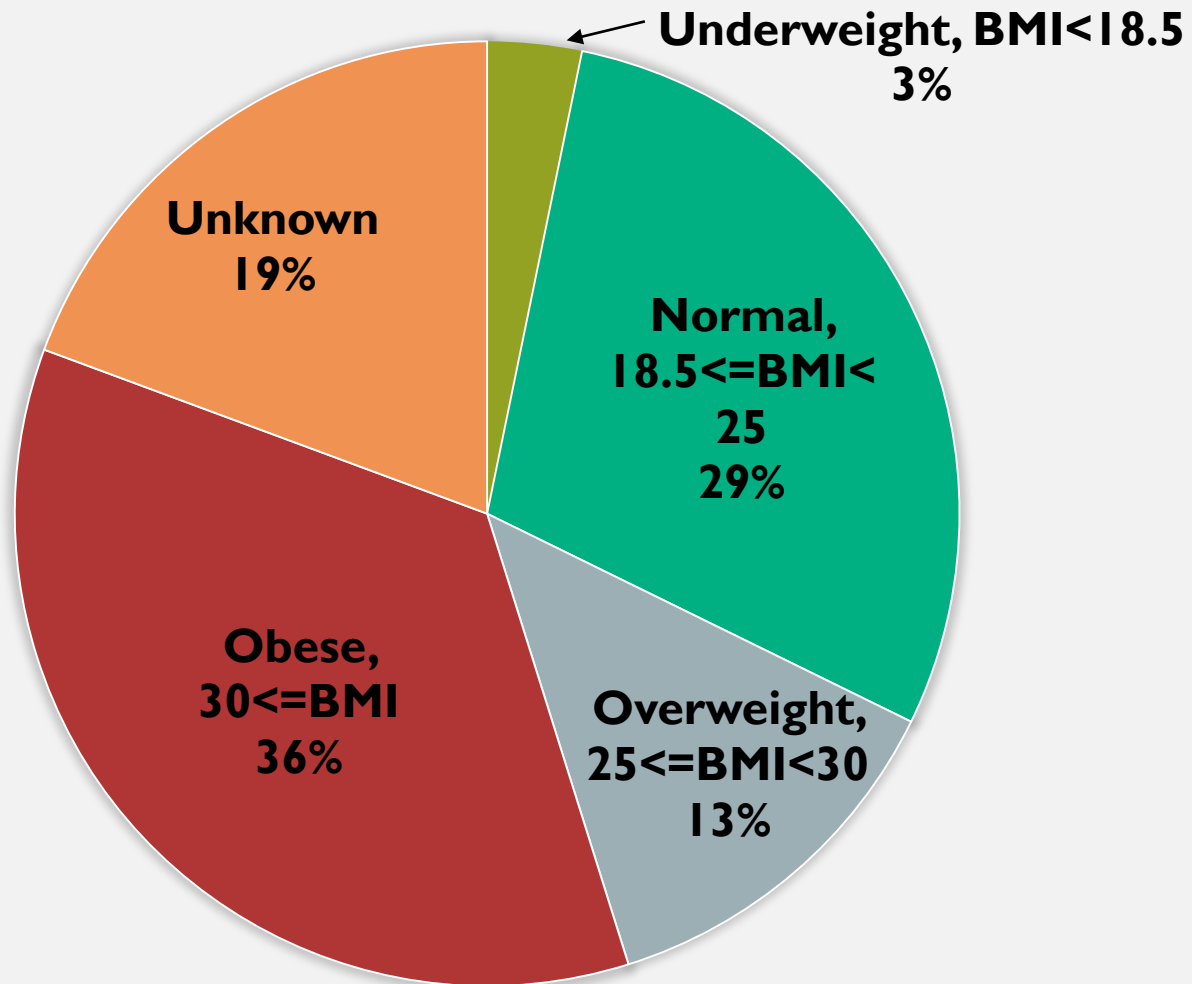
Pre-Pregnancy Health Status

Most frequent co-morbidities:

Hematologic	30%
Cardiac	21%
Pulmonary	21%
Hypertension	21%
Endocrine	19%
Psychiatric	13%

On average, women had 2.9 prenatally-identified risk factors in 2012-2013, compared to 1.9 in 2006-2008, including these co-morbidities

Pre-Pregnancy Health Status New York State Pregnancy-Related Maternal Mortality, 2012-2013



Unintended Pregnancy

55%

of all pregnancies in 2010
in New York State
were unintended
(unwanted or mistimed)

*Since **over half** of NYS pregnancies are unplanned, well woman care and pregnancy intendedness must be addressed with all women, at every encounter, regardless of where they access care.*

Goals to Address Unintended Pregnancy

Healthy People 2020

- Increase proportion of pregnancies that are intended from 51% → 56%
- Reduce proportion of females experiencing pregnancy despite reversible contraception use from 12.4% → 9.9%

PRECONCEPTION CARE

■ What is preconception care?

- Risk assessment for a future pregnancy
- Assessment of broad range of risk factors
- Timing of this risk assessment

Elements of Well Woman Care

**Health
promotion**

**Risk
assessment**

**Medical and
psychosocial
interventions**

PRECONCEPTION CARE

- Identifies reducible or reversible risks
- Maximizes maternal health
- Intervenes to achieve optimal outcomes

Well Woman Care

Medical History

- Surgical history
- Chronic diseases
 - Diabetes
 - Asthma
 - Hypertension
 - Heart Disease including Thromboembolism, Neurologic, Autoimmune, Kidney, Thyroid
- Other

Infectious Diseases

- Immunization/Travel Status
- History of STI's and risk factors
- Periodontal and urogenital disease
- Risk for TORCH infections

Well Woman Care

Medications & Allergies

- Prescription and over the counter
- Supplements

Nutrition & Exercise History

- Adequate mineral/vitamin intake (Folic Acid, Calcium, Iron)
- Dietary risks (caffeine, vegan diet, milk intolerance, etc.)
- Healthy weight
- Exercise activities

Behavioral Health

- Depression & Anxiety
- Other psychiatric conditions

Psychosocial History

- Social determinants of health
- Environmental and occupational exposures
- Intimate Partner Violence and other violence
- Substance use (smoking, drug, alcohol use)

LIFESTYLE RISK ASSESSMENT

- Effects of various substance use on pregnancy and fetus
- Screening for use and abuse
 - NYS Smokers Quitline, Assessment form
 - CAGE questionnaire
 - OPIOID/ Marijuana assessments
- Referral for treatment options/programs
- Emphasize using pregnancy as motivation for change

COMPONENTS TO PRECONCEPTION CARE

■ Obstetrical History

- Risk factor assessment for Preterm Delivery
 - Previous preterm delivery—most important risk factor
 - History of fetal loss—what gestational age?
 - Interpregnancy interval--<18 months
 - Obstetrical conditions at high risk---incompetent cervix, history of premature rupture of membranes, uterine malformations

Well Woman Care

Reproductive History

- Obstetric history (including preterm births, birth defects, fetal or infant loss, # of cesareans)
- Gynecologic history (uterine or ovarian abnormalities)

Family Planning

- Reproductive Life Planning
- Birth Spacing
- Contraception

Family History

- Maternal, paternal, and sibling health
- Genetic conditions (sickle cell, thalassemia, cystic fibrosis, etc.)

What Conditions Should be Managed and Addressed as Part of Well Woman Care?

Those that need time to correct prior to conception

Those that might change the choice or timing of conception

Those that would require early prenatal care

Those that use teratogenic or toxigenic medications (should switch to safe medications before conception)

THOSE THAT NEED TIME PRIOR TO CORRECTION

Examples: Diabetes management,
Seizure disorder medication change,
tobacco cessation, weight reduction

THOSE THAT MIGHT CHANGE THE CHOICE OR TIMING OF CONCEPTION

Cardiac disease, ANY NEW
CONDITION that has not been
evaluated, NEW GYNECOLOGIC
CONDITION OR INFECTION, promote
conception in the “steady state”

THOSE THAT WOULD REQUIRE EARLY PRENATAL CARE

Examples of medication change due to pregnancy, cervical insufficiency, medical managements

THOSE THAT USE TERATOGENIC MEDICATIONS

Advising the procedure for when pregnancy occurs and what the risks are to staying on the medications. Rarely advising stopping medications

Incorporating Every Woman, Every Time

- ★ **Involves all healthcare settings**, most especially those involved with reproductive health
- **Addresses pregnancy intendedness and birth spacing** at every encounter
- **Finds and addresses chronic conditions** that could compromise maternal or infant health
- Recognizes that **preconception care is high quality healthcare that goes hand in hand with intendedness**

Ask The Essential Question

This question helps start a conversation;
it is not meant to categorize women.

Would you like to become pregnant in the next year?

Yes, desires pregnancy

Uncertain

No, does not desire pregnancy

Address Chronic Disease Before Pregnancy

Assess chronic condition in potential pregnancy

- Determine likelihood of chronic condition affecting pregnancy
- Determine likelihood pregnancy affecting the woman's health

With certain chronic conditions, advise modifications

- Advise modification of treatment, when appropriate
- Advise avoidance or timing of conception, when appropriate

Refer to counseling

- Refer patient to counseling with an expert in managing the chronic condition before pregnancy, when appropriate

“Wouldn’t it be more efficient to limit preconception health promotion information to women who are intending to become pregnant in the near future?”

No, because:

- At least 50% of pregnancies in NYS are unintended
- Preconception health is well woman health; it is appropriate for all women, irrespective of pregnancy plans
- Preconception care includes delaying or preventing pregnancy, if desired
- Women are not likely to come for an additional encounter for preconception care

WHAT CAN BE INTEGRATED
QUICKLY?
WHAT ARE THE PRIORITIES?

- Folic Acid
- Medical assessment with plan for further discussion
- Brief Nutrition/ exercise counseling
- Medication review
- Referral or Return for further assessments

BILLING FOR PRECONCEPTION COUNSELING?

- **There is no specific CPT code for preconception counseling.**
- When a patient comes in to discuss preconception care, it may be appropriate to report a code from the preventive medicine individual counseling section (**99401-99404**). These codes are used in cases where the patient has no current symptoms or diagnosed illness. Report code 99401 for encounters lasting 15 minutes; 99402 for 30 minutes; 99403 for 45 minutes; and 99404 for a duration of 60 minutes. These are all when there is an EXAMINATION
- **ICD-10-CM diagnosis codes you could use to report with the preventive medicine individual counseling codes:**
 - **Z31.5** Encounter for procreative genetic counseling
 - **Z31.61** Procreative counseling and advice using natural family planning
 - **Z31.62** Encounter for fertility preservation counseling
 - **Z31.69** Encounter for other general counseling and advice on procreation
- ***Finally, if there is NO EXAM, you are likely to bill a TIME BASED BILLING ENCOUNTER, where you describe the FACE TO FACE TIME spent with the patient, counseling about the specific condition or situation***

NEXT STEPS

- What are next steps at your site, how can you improve asking the question
- How can you get organizational buy-in at your site?

THANK YOU!!!

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