Best Practice Recommendations for Pre-pregnancy Care

“The Best Health and Care for Moms and Babies”

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## Contents

- **Overview** .................................................................................................................. 5
- **Call to Action** ............................................................................................................ 5
- **About the Safe Deliveries Roadmap Recommendations** ........................................... 5
- **Vision for the Future** .................................................................................................. 6
- **Summary of Pre-pregnancy Care Recommendations** ................................................ 6
- **Topic 1: Family Planning** ........................................................................................... 8
- **Topic 2: Family History** ............................................................................................. 9
- **Topic 3a: Medical Conditions** ................................................................................... 10
- **Topic 3b: Hypertension** ............................................................................................ 10
- **Topic 3c: Diabetes** .................................................................................................... 11
- **Topic 4: Previous Pregnancy Complications** ............................................................. 12
- **Topic 5: Sexually Transmitted Infections** ................................................................. 12
- **Topic 6: Violence and Abuse** .................................................................................... 12
- **Topic 7: Substance Use** ............................................................................................ 13
- **Topic 8: Nicotine Use** .............................................................................................. 14
- **Topic 9: Mental Health** ............................................................................................ 15
- **Topic 10: Medications** .............................................................................................. 16
- **Topic 11: Folic Acid** ................................................................................................ 16
- **Topic 12: Healthy Weight, Nutrition, and Physical Activity** ....................................... 17
- **Topic 13: Immunizations** ........................................................................................ 18
- **Topic 14: Oral Health** ............................................................................................... 18
- **Topic 15: Toxic Environmental Exposures** ............................................................... 19
- **Topic 16: Access to Care** ........................................................................................ 20
- **General Tools and Resources** .................................................................................. 20
- **Reference List** ........................................................................................................... 20
Overview

Call to Action

The U.S. is the only developed nation with a rising maternal mortality rate\(^i\), and severe maternal morbidities are increasingly common in recent decades\(^ii\). Our infant mortality rate and preterm birth rate are higher than in most developed countries\(^iii,iv\). These facts persist even though the total amount spent on health care in the U.S. is greater than in any other country\(^v\), with childbirth being one of the highest areas of hospitalization costs\(^vi\). Although Washington State compares favorably to national averages, disparities between sub-populations and suboptimal care scenarios persist, and women and babies continue to suffer preventable morbidity and mortality\(^vii\).

Through the Safe Deliveries Roadmap initiative, the Washington State Hospital Association (WSHA) and its partners aim to improve maternal and infant outcomes by establishing and promoting evidence-based* best practices for care across four phases of the perinatal continuum:

- Pre-pregnancy
- Pregnancy
- Labor and Delivery
- Postpartum


About the Safe Deliveries Roadmap Recommendations

The recommendations are universally relevant for all women and newborns. Recommendations for care specific to select special populations (those with certain health conditions or making certain health-related choices) that are relatively common or likely to be subject to variations in current care practices are also included in the “Special Considerations” sections throughout. Physical examinations, patient health self-assessments, and complete health and family history-taking are established as foundations of primary care, and therefore are not specified in these recommendations.

The recommendations are aspirational – they outline the ideal care for optimal health outcomes. They are meant to be adaptable to the changing healthcare landscape. New care models such as team approaches and telemedicine may support implementation of the recommended practices.
The recommendations, tips, tools and resources provided in this toolkit reflect the best evidence as of 2014 and the input of expert clinicians and leaders in health care delivery and public health with expertise in women’s health, obstetrics, midwifery, neonatology, pediatrics, family practice, and health promotion. They will be reviewed and updated as evidence changes, with a full review planned every 2-3 years.

* The Society for Maternal and Fetal Medicine’s grading system (http://www.ajog.org/article/S0002-9378(13)00744-8/fulltext) was used as a model; recommendations meeting any level of evidence were allowed to be included.

**Vision for the Future**

- Women and their families are informed on and engaged in care related to the topics covered by these recommendations.
- Providers and healthcare systems identify and meet each patient’s needs to optimize health outcomes.
  - Care is always culturally appropriate and relevant to each patient. (i.e. Services are responsive to patients’ gender, race/ethnicity, sexual orientation, age, stage, cognitive ability, language, and cultural beliefs.)
- All women and infants have access to care through coverage and primary care medical/health homes.
- Health equity and social determinants of health are addressed to enable optimal health attainment.

**Summary of Pre-pregnancy Care Recommendations**

1. Family Planning
   - Take a sexual history at least annually, beginning at menarche.
   - Counsel on the patient’s Reproductive Life Plan.
   - Screen for pregnancy desire in next year. Provide follow up care based on patient’s stated pregnancy intention.
   - Consider the patient’s potential for experiencing reproductive coercion or interference with her contraception.

2. Family History
   - For women stating pregnancy intention: ask if the patient has concerns about health risks that may run in her family or the paternal family. If so, take a family history to identify risk factors. Counsel on availability of carrier-specific screening, and test or refer to genetic counselor as appropriate.

3a. Medical Conditions
   - When establishing a relationship with a new patient, at health history updates, and after each pregnancy, assess for the presence of conditions that impact maternal and infant outcomes.

3b. Hypertension
   - Screen for history of hypertension, including family history.
   - Screen for hypertension in patients > 18 years every 2 years if blood pressure is < 120/80, and every year if blood pressure is 120-139 systolic or 80-90 diastolic (pre-hypertension).

3c. Diabetes
   - Screen for history of and risk factors for diabetes or gestational diabetes when establishing relationship with a new patient and following each new pregnancy.

4. Previous Pregnancy Complications
   - When establishing a relationship with a new patient and after each pregnancy, assess for poor obstetrical history.
5. Sexually Transmitted Infections
   • At least annually, or more frequently if risk factors are identified, take a sexual history.
   • Perform testing/screening per CDC guidelines.
   • Counsel on barrier methods for sexually transmitted infection prevention.

6. Violence and Abuse
   • At least annually or more frequently if risk factors are identified, screen for violence and all forms of abuse, including reproductive coercion.

7. Substance Use
   • At least annually or more frequently if risk factors are identified, screen patient for substance use using an evidence-based written or computer-based tool.
   • For women intending or at risk for pregnancy: counsel on eliminating alcohol consumption prior to conception.

8. Nicotine Use
   • At every encounter, assess for all forms of nicotine use using a brief intervention.
   • Assess for second hand smoke exposure at home. If second hand exposure at home exists, provide education and/or information to bring home to encourage smoking cohabitant to reduce smoke in the home.

9. Mental Health
   • At least annually, assess history and family history of mental illness/mood disorders.
   • At least annually, screen using the Patient Health Questionnaire 2 (PHQ-2), then PHQ-9, if positive.

10. Medications
    • When establishing a relationship with a new patient, at health history updates, and after each pregnancy, determine the patient’s current use of prescription, over-the-counter, and herbal treatments. Assess any problematic use or interactions, including drug-nutrient interactions, and counsel on any changes needed.

11. Folic Acid
    • For women who intend to or could get pregnant in the next year: recommend or confirm folic acid supplementation at appropriate dose from dietary supplements and/or fortified foods in addition to the folate present in a varied diet.
    • Counsel on the importance of folic acid in the diet and eating folate-rich foods.

12. Healthy Weight, Nutrition, and Physical Activity
    • At least annually, assess Body Mass Index. Educate patient on recommended weight gain or loss.
    • At least annually, assess physical activity and dietary habits. Counsel on recommended changes, based on identification of problems or risk factors. If diet or physical activity changes are needed, provide specific goals and a tailored plan of action. Refer to a dietitian and/or individual or group lifestyle intervention programs, as appropriate.
    • At least annually, assess for the presence or history of eating disorders. Consider referring to a dietician and/or counseling as needed.
    • At least annually, assess dietary and herbal supplement use. Counsel on recommended vitamin and mineral intake, especially key vitamins/minerals and other nutrients. Counsel against excessive supplement use.

13. Immunizations
    • Ensure vaccines are up to date, per CDC Advisory Committee on Immunization Practices recommendations.
14. Oral Health
- Consider performing a brief oral health exam as part of annual full exam. Look for swollen, bleeding gums, untreated decay, mucosal lesions, and infection.
- Take an oral health history.
- Refer to/encourage the most appropriate oral health care.
- Educate patient about oral health self-care. Emphasize brushing with fluoridated tooth paste twice daily and flossing daily. Educate that chewing gum with xylitol 4-5 times per day and using cavity-reducing mouth rinses with chlorhexidine is protective and safe.

15. Toxic Environmental Exposures
- Assess for exposure to hazardous toxins at home/work, including via cohabitants' exposure. Counsel on risk reduction strategies.
- Counsel women to avoid potential sources of lead.

16. Access to Care
- Assess for barriers to getting care and/or prescriptions.

**Topic 1: Family Planning**

**Recommendations**
- Take a sexual history at least annually, beginning at menarche.\(^A\)
- Counsel on the patient’s Reproductive Life Plan.\(^B,C\)
- Screen for pregnancy desire in next year, for example by asking “Would you like to become pregnant in the next year?”\(^D\)
  - If NO (never wants to be pregnant): For women at risk of pregnancy (sexually active with men), provide counseling on and access to all contraceptive methods, including long-acting reversible contraception (LARC), sterilization, and vasectomy.\(^E-M\)
  - If NO (wants to be pregnant later than the next year) or AMBIVALENT (not sure about pregnancy desire in the next year): For women at risk of pregnancy (sexually active with men), provide counseling on and access to all contraceptive methods, including long-acting reversible contraception (LARC), and educate about planning pregnancy/preconception health. Counsel on a healthy pregnancy interval of 18-60 months and risks of pregnancy at advanced maternal age, as appropriate. Encourage woman to return for a visit to address pregnancy planning if she decides to become pregnant before next regular visit.\(^E-M\)
  - If YES (wants to be pregnant in the next year): Educate about planning pregnancy and preconception health, or health-related preparation for pregnancy. Where relevant, educate about a healthy pregnancy interval of 18-60 months and the risks of pregnancy at advanced maternal age. Emphasize the importance of starting prenatal care once pregnant; educate about how to seek prenatal care. If the woman has a significant medical condition (e.g. hypertension, diabetes), discuss the impact of her condition on pregnancy and plan for optimal management of the disease.
- Consider the patient’s potential for experiencing reproductive coercion or interference with her contraception; as appropriate, counsel on methods that are easily hidden and difficult to interfere with.

**Special Considerations**
- Long-acting reversible contraception (LARC) is the first line choice for all women, particularly for 1) women with chronic medical conditions as there are few medical contraindications to LARC, and 2) women on teratogenic medications or with other high risk preconception conditions, given LARC’s effectiveness in preventing unplanned pregnancy.
• For pregnant women: provide options counseling, referral to appropriate prenatal care (e.g. obstetric, midwifery, or family practice), abortion services, or adoption services, per patient preference.

Implementation Tip
• Provide office based pregnancy testing.
• Do not require pelvic exams that are not medically indicated before initiating contraception. Follow current cervical cancer and STI screening guidelines.

Family Planning Tools & Resources
A. Guide to Taking a Sexual History (Centers for Disease Control and Prevention (CDC)): http://www.cdc.gov/std/treatment/sexualhistory.pdf
B. Reproductive Life Plan tool for Health Professionals (CDC): http://www.cdc.gov/preconception/rlptool.html
C. Reproductive Life Plan tool for women (CDC): http://www.cdc.gov/preconception/reproductiveplan.html
D. One Key Question (Would you like to become pregnant in the next year?) Initiative’s website – offers practice change support for providers (Oregon Foundation for Reproductive Health): http://www.onekeyquestion.org/
E. Contraceptive Medical Eligibility Criteria (CDC): http://www.cdc.gov/reproductivehealth/UnintendedPregnancy/USMEC.htm#a
I. Recommended Actions After Late or Missed Combined Oral Contraceptives (CDC): http://www.cdc.gov/reproductivehealth/UnintendedPregnancy/PDF/248124_Fig_2_3_4_Final_TAG508.pdf
M. Checklists on family planning and related preventive health services for women and for men (Family Planning National Training Center): http://www.fpntc.org/sites/default/files/resource-library-files/JobAids_checklists_508.pdf

References
(1-21)

Topic 2: Family History

Recommendations
• For women stating pregnancy intention: ask if the patient has concerns about health risks that may run in her family or the paternal family. If so, take a family history to identify risk factors.¹,⁰
• For women stating pregnancy intention: counsel on availability of carrier-specific screening, and test or refer to genetic counselor as appropriate.⁰
**Family History Tools & Resources**


**References**

(1; 7; 10; 22-24)

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**Topic 3a: Medical Conditions**

This section addresses medical conditions that impact reproductive choices and may impact maternal and infant health.

**Recommendations**

- When establishing a relationship with a new patient, at health history updates, and after each pregnancy, assess for the presence of conditions that impact maternal and infant outcomes (e.g. thyroid, asthma, seizure disorders, bipolar, lupus).

**Special Considerations:**

- For women with any of these conditions: manage conditions or refer, as appropriate.
- For women with any of these conditions who intend or are at risk for pregnancy: educate on the implications of their condition(s) for future pregnancies.
- For women with any of these conditions: address contraception. Consider long-acting reversible contraception as the first-line option for women with medical conditions that could impact reproductive outcomes.

**References**

(8; 19; 25)

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**Topic 3b: Hypertension**

**Recommendations**

- Screen for history of hypertension, including family history.
- Screen for hypertension in patients > 18 years every 2 years if blood pressure is < 120/80, and every year if blood pressure is 120-139 systolic or 80-90 diastolic (pre-hypertension). \(^u,x\)
Special Considerations

- For women with abnormal blood pressures, including for pre-hypertension: intervene/treat (consider pharmacologic therapy, dietary and physical activity counseling, tobacco cessation, and self-monitoring).
- For women with abnormal blood pressures, including for pre-hypertension, who are intending or at risk for pregnancy: address the impact of hypertension and medication on pregnancy outcomes; refer as necessary.

Implementation Tip

- Consider using the Dietary Approaches to Stop Hypertension (DASH) eating plan.

Hypertension Tools & Resources

U. Hypertension screening recommendation (United States Preventive Service Task Force (USPSTF)):

V. 2014 Evidence-Based Guideline for the Management of High Blood Pressure in Adults (8th Joint National Committee (JNC 8)):

W. Blood Pressure Measurement Training Kit (WA DOH):
   [http://here.doh.wa.gov/materials/bp-measurement-training-kit](http://here.doh.wa.gov/materials/bp-measurement-training-kit)

X. Improving the Screening, Prevention, and Management of Hypertension—An Implementation Tool for Clinic Practice Teams (WA DOH):

Y. About the DASH eating plan (National Institutes of Health (NIH)):
   [http://www.nhlbi.nih.gov/health/topics/topics/dash](http://www.nhlbi.nih.gov/health/topics/topics/dash)

References

(1; 7; 25-30)

Topic 3c: Diabetes

Recommendations

- Screen for history of and risk factors for diabetes or gestational diabetes when establishing relationship with a new patient and following each new pregnancy.

Special Considerations

- For women with history of gestational diabetes: repeat screening annually.
- Screen for type 2 diabetes in asymptomatic women with sustained blood pressure (either treated or untreated) greater than 135/80.
- For women with abnormal lab results, including pre-diabetes: intervene as appropriate (medical management, dietary and physical activity goals, and referral to dietitian, specialists, and support groups as needed).
- For women with diabetes and intending or at risk for pregnancy: counsel on the impact of disease and medication on pregnancy outcomes.
- For women with diabetes and intending or at risk for pregnancy: counsel to keep hemoglobin A1c less than 7%, and to take folic acid supplements.

References

(1; 7; 25; 31-42)
Topic 4: Previous Pregnancy Complications

Recommendations
- When establishing a relationship with a new patient and after each pregnancy, assess for poor obstetrical history (e.g. previous preterm birth, miscarriage, still birth, low birth weight, hypertension, gestational diabetes, birth defects/genetic conditions, postpartum depression and psychosis).

Special Considerations
- For patients with poor obstetrical histories, strongly encourage further counseling with a maternal and fetal medicine specialist or perinatologist, as appropriate, before next pregnancy.
- For patients with poor obstetrical histories and intending or at risk for pregnancy, provide further counseling or refer as needed.

References
(2; 20; 23; 31; 43-44)

Topic 5: Sexually Transmitted Infections

Recommendations
- At least annually, or more frequently if risk factors are identified, take a sexual history.\textsuperscript{Z}
- Perform testing/screening per CDC guidelines.\textsuperscript{AA}
- Counsel on barrier methods for sexually transmitted infection prevention.

Special Considerations
- For women with human immunodeficiency virus (HIV): counsel on how HIV can impact pregnancy, the importance of making a reproductive plan, and medication management.\textsuperscript{BB-DD}

Sexually Transmitted Infections Tools & Resources

References
(1; 4; 6-7; 10; 45-47)

Topic 6: Violence and Abuse

Recommendations
At least annually or more frequently if risk factors are identified, screen for violence and all forms of abuse, including reproductive coercion.

Special Considerations

- For women experiencing or with histories of violence and abuse, provide trauma-informed care and address stress and anxiety.
- For women experiencing or with histories of violence and abuse, provide referral to needed services.
- For women experiencing violence or abuse, encourage the patient to create a safety plan, as appropriate.

Violence and Abuse Tools & Resources


FF. Domestic violence screening recommendations (ACOG): http://www.acog.org/About-ACOG/ACOG-Departments/Violence-Against-Women/Screening-Tools--Domestic-Violence

GG. Safety cards on screening and intervention (Futures Without Violence): http://www.futureswithoutviolence.org/?s=safety+card

HH. Trauma Toolbox for Primary Care (American Academy of Pediatrics (AAP)): www.aap.org/traumaguide

II. Trauma-Informed Approach and Trauma-Specific Interventions (Substance Abuse and Mental Health Services Administration (SAMHSA)): http://www.samhsa.gov/nctic/trauma-interventions


References

(1; 4-5; 48-51)

Topic 7: Substance Use

This topic addresses use of alcohol, marijuana, and all drugs with abuse potential.

Recommendations

- At least annually or more frequently if risk factors are identified, screen patient for substance use (alcohol, marijuana, and all drugs with abuse potential) using an evidence-based written or computer-based tool.
- For women intending or at risk for pregnancy: counsel on eliminating alcohol consumption prior to conception.

Special Considerations

- For women screening positive for substance use: educate on the health effects of alcohol and/or the specific drugs being used. Advise patient to stop use of harmful drugs. Assess patient’s level of risk and willingness to change. For those planning a pregnancy, share info on impact on pregnancy and outcome.
- As needed, refer women with substance misuse/abuse for treatment, e.g. inpatient support for alcohol/sedative withdrawal, stabilization for opioid dependence. Coordinate with addiction treatment provider(s).

Implementation Tips

- Develop office protocol for substance use treatment and/or referral. Follow the Screening, Brief Intervention, and Referral to Treatment (SBIRT) protocol.
- For patients receiving treatment for addiction outside your care, obtain a bidirectional release.
Substance Use Tools & Resources


LL. Medicaid provides reimbursement for SBIRT but requires all providers who bill to have at least four hours of training. Online training modules are available (Washington State Department of Social and Health Services). For more information: [www.wasbirt.com/content/training](http://www.wasbirt.com/content/training)


References

(1; 4; 6-8; 10; 48; 52-56)

### Topic 8: Nicotine Use

#### Recommendations

- At every encounter, assess for all forms of nicotine use (including e-cigarettes, vaping and chew) using a brief intervention (5As: Ask, Advise, Assess, Assist and Arrange or 2As and R: Ask, Advise and Refer). [PP,QQ]
- Assess for second hand smoke exposure at home. If second hand exposure at home exists, provide education and/or information to bring home to encourage smoking cohabitant to reduce smoke in the home. [VV-XX]

#### Special Considerations

- For women who use nicotine: refer to support for quitting. (e.g. Fax referral program or other insurance covered program). [PP-RR]
- For women planning a pregnancy: counsel on the impact of smoking or nicotine use on pregnancy outcomes.

#### Implementation Tips

- Consider using a certified medical assistant to do interventions and fax referrals.
- Get educated on different kinds of nicotine delivery methods and the risks of each.
- Get trained in motivational interviewing technique.

#### Nicotine Use Tools & Resources


QQ. 5 As tool (American Medical Association (AMA)): (see page 4): [http://healthcarepartnership.webhost.uits.arizona.edu/olc/resources/pdf_content/clin%20pract%20gdln%20article%20JAMA%202000.pdf](http://healthcarepartnership.webhost.uits.arizona.edu/olc/resources/pdf_content/clin%20pract%20gdln%20article%20JAMA%202000.pdf)


SS. Tobacco Quitline Phone Numbers by insurance company (WA DOH): [http://www.doh.wa.gov/YouandYourFamily/Tobacco/HowtoQuit/QuitlinePhoneNumbers](http://www.doh.wa.gov/YouandYourFamily/Tobacco/HowtoQuit/QuitlinePhoneNumbers)
TT. Tobacco Cessation Resources for Healthcare Providers (WA DOH):
   http://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/HealthcareProfessionsandFacilities/ProfessionalResources/TobaccoCessationResources

UU. Interactive tools to help quit smoking (Smokefree Women):

VV. Secondhand Smoke website (CDC): http://www.cdc.gov/tobacco/basic_information/secondhand_smoke/

WW. Steps to Quit Smoking booklet (WA DOH): http://here.doh.wa.gov/materials/steps-to-quit-smoking-moms

XX. Personalized Quit Plan handout (Agency for Healthcare Research and Quality (AHRQ)):
   http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/clinicians/tearsheets/tearsheet.pdf

YY. E-Cigarettes fact sheet (American Lung Association):

References
(6-7; 10; 56-60)

Topic 9: Mental Health

Recommendations
- At least annually, assess history and family history of mental illness/mood disorders.
- At least annually, screen using the Patient Health Questionnaire 2 (PHQ-2), then PHQ-9, if positive.\textsuperscript{72}

Special Considerations
- For women with depression or other mood disorders: assess the intensity and impact on function. Discuss options for talk therapy, support groups, and medication, and how to pursue these options. Refer/treat as appropriate.\textsuperscript{AAA, BBB}
- For women with depression or other mood disorders: note if the patient is already in treatment. As appropriate, obtain a release and records from therapists or other providers.
- For all women with suicidal thoughts or psychotic symptoms: refer for immediate assessment and care.
- For women intending or at risk of pregnancy with depression or other mood disorders: counsel about the potential impact of inadequately controlled mental illness on pregnancy outcomes.
- For women intending or at risk of pregnancy who are using medication for mood disorders: counsel on teratogenicity concerns, and options for managing risk. Counsel not to stop medication without guidance.

Mental Health Tools & Resources

ZZ. Website on depression screening, including PHQ-2 and PHQ-9 (American Academy of Family Physicians (AAFP)):
   http://www.aafp.org/afp/2012/0115/p139.html

AAA. Depression Attention for Women Now (DAWN) website, including tools and resources:
   http://www.dawncare.org/about/

BBB. Depression toolkit (Community Care of North Carolina):
   https://www.communitycarenc.org/media/related-downloads/depression-toolkit.pdf

References
(1; 61-65)
Topic 10: Medications

Recommendations

- When establishing a relationship with a new patient, at health history updates, and after each pregnancy, determine the patient’s current use of prescription, over-the-counter, and herbal treatments. Assess any problematic use or interactions, including drug-nutrient interactions, and counsel on any changes needed. [CCC-III]

Special Considerations

- For women intending or at risk for pregnancy using any treatments causing pregnancy-related risk (e.g. Accutane; oral anticoagulants and antiepileptic drugs): counsel on the risks and benefits of continuing current treatments. Discuss how to safely continue treatments or change to safer options. Include discussion of absolute risks as well as relative risks whether possible, given that absolute risks of teratogenicity may be low and this must be weighed against maternal benefits. Counsel on effective contraception until risks are managed, as appropriate. Recommend long-active reversible contraceptive methods as the first-line option. [KKK]

Medications Tools & Resources

CCC. Teratogen Information System (TERIS) website (fee-based): [http://depts.washington.edu/terisweb/teris/]

DDD. Reproductive Toxicology (Reprotox) website (Reproductive Toxicology Center, fee-based): [http://www.reprotox.org/]


GGG. Free Nutrient-Drug Interactions online resources: [http://www.ext.colostate.edu/pubs/foodnut/09361.html]

HHH. Food Medication Interactions book: [http://www.foodmedinteractions.com/]


JJJ. The Pregnancy Category (A, B, C, D, X) is going away and FDA will replace it with a descriptive paragraph (FDA). For more information: [http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm425317.htm]


References

(1; 8; 19; 31; 66)

Topic 11: Folic Acid

Recommendations

- For women who intend to or could get pregnant in the next year: recommend or confirm folic acid supplementation at appropriate dose (400 mcg, unless woman needs special consideration for higher dose, as described below) from dietary supplements and/or fortified foods (e.g. breakfast cereals) in addition to the folate present in a varied diet. [LLL-NNN]

- Counsel on the importance of folic acid in the diet and eating folate-rich foods (e.g. leafy green vegetables, citrus fruits, beans/legumes, nuts, and whole grains).
**Special Considerations**

- Women using medications to treat epilepsy, diabetes, rheumatoid arthritis, lupus, psoriasis, asthma, and inflammatory bowel disease, women with alcohol dependence, and women with malabsorptive disorders may need up to 1,000 mcg of folic acid daily from dietary supplements.
- Women at highest risk (i.e. women who had a prior pregnancy complicated by a neural tube defect) may need 4,000-5,000 mcg of folic acid daily, only as prescribed by a doctor.

**Folic Acid Tools & Resources**

- **LLL.** Folate factsheets for providers and for consumers (NIH): [http://ods.od.nih.gov/factsheets/list-all/Folate/](http://ods.od.nih.gov/factsheets/list-all/Folate/)

**References**

(1; 6-8; 10; 31-32; 56; 67-78)

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**Topic 12: Healthy Weight, Nutrition, and Physical Activity**

**Recommendations**

- At least annually, assess Body Mass Index (BMI). Educate patient on recommended weight gain or loss.
- At least annually, assess physical activity and dietary habits. Counsel on recommended changes, based on identification of problems or risk factors. If diet or physical activity changes are needed, provide specific goals and a tailored plan of action. Refer to a dietician and/or individual or group lifestyle intervention programs (e.g. healthy eating, active living), as appropriate.
- At least annually, assess for the presence or history of eating disorders. Consider referring to a dietician and/or counseling as needed.
- At least annually, assess dietary and herbal supplement use. Counsel on recommended vitamin and mineral intake, especially key vitamins/minerals (e.g. calcium, iron, and vitamin D, iodine) and other nutrients (e.g. essential fatty acids (omega-3 and omega-6 found in ground flax seeds, walnuts, oily fish, and some vegetable oils). Counsel against excessive supplement use (use above the recommended daily allowances (RDAs)).

**Special Considerations**

- For all women with a BMI in the obese range who intend or at risk for pregnancy: counsel about impact of obesity on pregnancy outcomes, including increased risk of many common maternal complications (gestational diabetes, pre-eclampsia, gestational hypertension, cesarean delivery) and fetal complications (congenital anomalies, stillborn, shoulder dystocia). Counsel women that even modest weight loss may improve outcomes.
- For women intending or at risk for pregnancy: counsel to eat low mercury fish (2 servings/week), and to avoid swordfish, shark, king mackerel, and tile fish.

**Implementation Tips**

- Consider group support models.

**Healthy Weight, Nutrition, and Physical Activity Tools & Resources**

PPP. 10 Tips for Women’s Health handout (United States Department of Agriculture (USDA)):

QQQ. Choose My Plate Daily Food Plan calculator (USDA):
http://www.choosemyplate.gov/myplate/index.aspx

RRR. Physical Activity guidance (CDC): http://www.cdc.gov/physicalactivity/everyone/guidelines/adults.html

SSS. Readiness/confidence to change ruler tool (Perinatal Services):

TTT. Dietary and Herbal Supplements website (NIH): http://nccih.nih.gov/health/supplements

UUU. Dietary Supplement fact sheets (NIH): http://ods.od.nih.gov/


WWW. Nutrition tools and resources (NIH): http://www.nhlbi.nih.gov/health/educational/wecan/tools-resources/nutrition.htm#tools

XXX. Women and Obesity tools and resources (ACOG):
http://www.acog.org/About_ACOG/ACOG_Districts/District_II/Women_and_Obesity

References
(4; 6-7; 10; 31; 56; 64; 69; 76-77; 79-83)

**Topic 13: Immunizations**

**Recommendations**
- Ensure vaccines are up to date, per CDC Advisory Committee on Immunization Practices (ACIP) recommendations.  

**Special Considerations**
- For women intending or at risk for pregnancy: consider counseling on which vaccines contain live virus and cannot be provided during pregnancy.

**Immunizations Tools & Resources**

YYY. Immunization Guidelines (CDC, Advisory Committee on Immunization Practices (ACIP)):
http://www.cdc.gov/vaccines/schedules/hcp/index.html

References
(1; 4; 6-8; 10; 84)

**Topic 14: Oral Health**

**Recommendations**
- Consider performing a brief oral health exam as part of annual full exam. Look for swollen, bleeding gums, untreated decay, mucosal lesions, and infection.
- Take an oral health history.
- Refer to/encourage the most appropriate oral health care.
• Educate patient about oral health self-care. Emphasize brushing with fluoridated tooth paste twice daily and flossing daily. Educate that chewing gum with xylitol 4-5 times per day and using cavity-reducing mouth rinses with chlorhexidine is protective and safe.

Special Considerations
• For women planning or at risk for pregnancy, counsel on the importance of continuing oral health care and seeing a dental provider.

Oral Health Tools & Resources

ZZZ. Finding Dental Care website (WA DOH): http://www.doh.wa.gov/YouandYourFamily/OralHealth/FindingDentalCare


DDDD. Offering Oral Health Services in Your Office (AAFP) (requires purchase or membership to read full article): http://www.aafp.org/fpm/2014/0700/p21.html

References
(85-87)

Topic 15: Toxic Environmental Exposures

Recommendations
• Assess for exposure to hazardous toxins at home/work, including via cohabitants' exposure (e.g. lead, mercury, agricultural chemicals). Counsel on risk reduction strategies.
• Counsel women to avoid potential sources of lead (e.g. paint, construction materials, ceramics).

Special Considerations
• For women with lead exposure history: test serum lead levels, and consult with an environmental health specialist as needed.

Tools & Resources


GGGG. Toxic Matters brochure for families (University of California San Francisco): http://www.prhe.ucsf.edu/prhe/pdfs/ToxicMatters.pdf

References
(1; 7; 31; 75; 88-91)

Topic 16: Access to Care

Recommendations
- Assess for barriers to getting care and/or prescriptions (whenever recommending/prescribing).

Implementation Tip
- For women without insurance coverage for prescriptions, consider applying for prescription assistance programs through drug manufacturers.

General Tools and Resources

General Resources for Providers:


KKKK. Supplement on The Clinical Content of Preconception Care (American Journal of Obstetrics and Gynecology (AJOG)): http://www.ajog.org/issue/S0002-9378%2808%29X0011-0

LLLL. Show Your Love: Preconception Health materials for women and providers (CDC): http://www.cdc.gov/preconception/showyourlove/

MMMM. Recent Preconception Health and Health Care articles and documents (CDC): http://www.cdc.gov/preconception/articles.html

NNNN. Preconception Information for Health Professionals (CDC): http://www.cdc.gov/preconception/hcp/index.html

General Resources for Women:

OOOO. “Make a Change” factsheet for women (WA DOH): http://here.doh.wa.gov/materials/make-a-change-for-yourself-make-a-change-for-the-better

PPPP. Women’s Health website with expanded information (WA DOH): http://www.doh.wa.gov/YouandYourFamily/WomensHealth.aspx

QQQQ. Preconception Health and Health Care website (CDC): http://www.cdc.gov/preconception/index.html


Reference List


2. Centers for Disease Control and Prevention, and Agency for Toxic Substances and Disease Registry Preconception Care Work Group and the Select Panel on Preconception Care. Recommendations to Improve Preconception Health


