

Implementation of Interconception Care Screening at Well Child Visits

Developing a Successful Workflow
for Family Health Center Staff

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IMPLICIT Mission and Goals

The Interventions to Minimize Preterm and Low Birth Weight Infants using Continuous Improvement Techniques (IMPLICIT) network is a Family Medicine Education Consortium (FMEC) multicenter collaborative developed to educate providers about prevention of low birth weight and preterm birth.

Project Goal:

To improve preconception, postpartum and interconception care (ICC) and modify risk factors to promote subsequent healthy pregnancies.



Background: Low Birth Weight & Prematurity

- Low birth weight (LBW) is predictive of disability, diabetes, stroke and heart disease risk and lower educational achievement in adults.
- In 2016, preterm birth affected approximately 1 out of every 10 infants born in the United States.
- In 2015, preterm birth and low birth weight accounted for about 17% of infant deaths.
- Prematurity and LBW reduction strategies typically focus on prenatal care, and by the time women enter pregnancy care it is often too late to affect birth outcomes.

Background: The IMPLICIT-Interconception Care Protocol

- The IMPLICIT-ICC protocol provides routine interconception care by screening mothers, of children under the age of two, present at their children's well child visits.
- Interconception care (care provided to mothers between pregnancies) provides an opportunity to address modifiable risk factors for subsequent pregnancies.
- ICC is a key strategy to reduce risk factors given that nearly half of U.S. pregnancies are unintended.



Background: The IMPLICIT-Interconception Care Protocol

- The protocol screens and provides interventions for four modifiable risks:
 - **Depression** (untreated postpartum depression is associated with poor parenting practices and infant behavioral development)
 - **Family Planning and Birth Spacing** (shorter intervals between pregnancies are related with low birth weight and prematurity)
 - **Smoking** (smoking is associated with increased risk of placental abruption, preterm birth, low birth weight, stillbirth)
 - **Folic Acid/Multivitamin Use** (use of these vitamins is linked to reduced the rate of Neural Tube Defect by 66%)

Setting

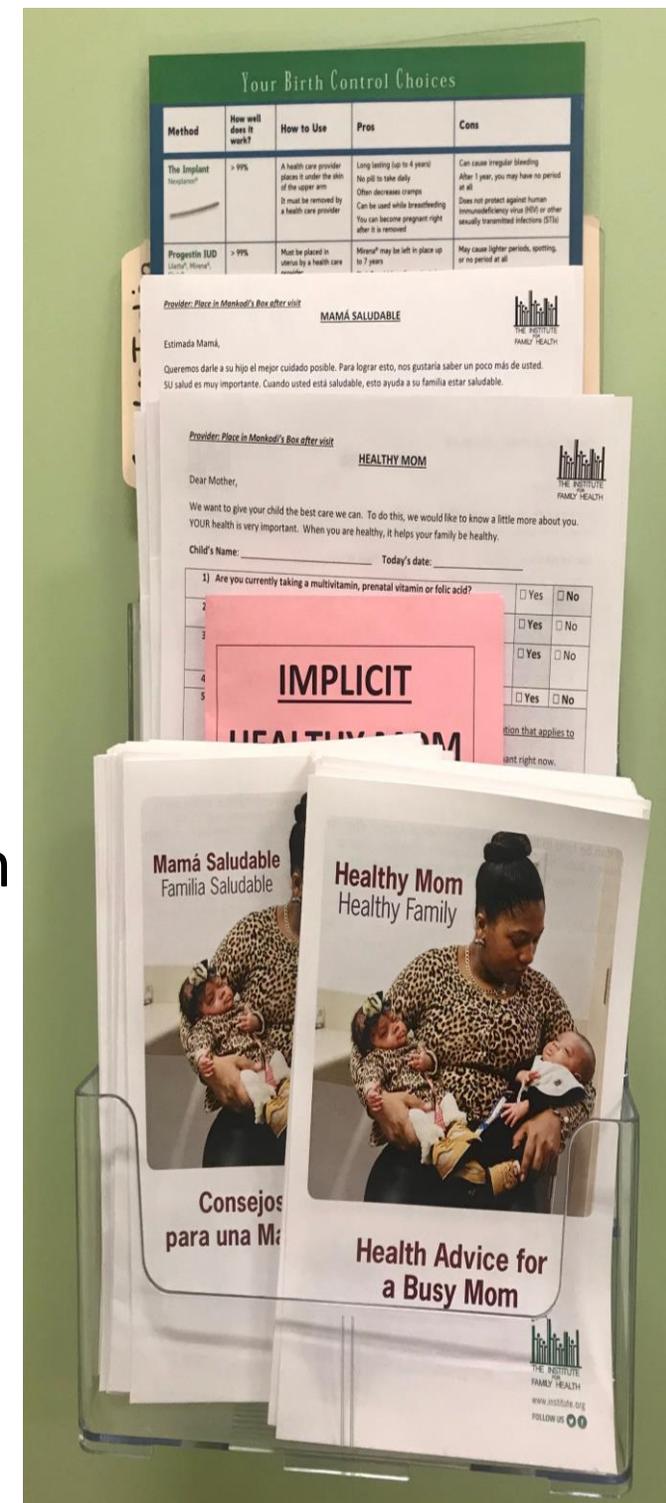
- The **Walton Family Health Center** is located in Bronx Community District 5, the neighborhood of Fordham/Bronx Park.
 - The incidence of low birth weight in this district is higher than New York City (NYC) as a whole (2.8% vs. 2.7%, respectively).
 - The neighborhood preterm birth rate is 10.1% compared to 9.0% in NYC.
- IMPLICIT-ICC protocol was implemented at Walton in May 2017 with funding from the March of Dimes.

Implementation

- Interdisciplinary leadership team
- Kick-off training and on-site staff support during roll-out
- Electronic health record prompt activation
- New staff position, maternal health advocate, to assist
- Rewarded high screening rate with lunch for staff member
- Monthly progress reports
- Exam rooms stocked with forms and Healthy Mom brochures
- Staff reminders in huddles for continuous participation in project

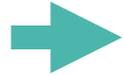
Strategies for Success

- Designated project champions on site
- Constant support (reminders at huddles, progress reports, etc.)
- User-friendly and highly visible workflow:
 - Paper forms and brochures displayed/available in every exam room
 - Screening questions automatically included in well-child smartset in EMR
 - Clearly delineated roles for involved staff members

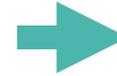


Walton Workflow

At each well child visit from 0-24 months, the child's mother receives a form from the Medical Office Assistant (MOA) to complete in the exam room.



The form requires maternal demographic information and screens mom for the four behavioral risks.



The child's medical provider uses the completed form to answer questions in the well-child smartset in electronic medical record.

In the case of a positive screen, the provider gives the Healthy Mom brochure (minimum intervention) and addresses the concern.

Additional interventions may include:

- Smoking cessation counseling
- PHQ-9 (Patient Health Questionnaire-9) and possible warm handoff to behavioral health
- Counseling and prescription for multivitamin
- Contraception counseling, prescription, and/or LARC insertion



The provider collects the completed demographics form at the end of the well child visit and drops it in a secure mailbox for the data to be added to the EMR at a later date.

Walton Workflow (cont.)

Minimum Intervention: Healthy Mom Brochure

*It can be hard to find the time to take care of yourself after you have a baby. Here are four important issues to think about to help you **stay healthy now and for future pregnancies.***

1. Multivitamins & Folic Acid

We recommend that women take 0.4 mg pills of folic acid every day. You may also see pill bottles labeled as 400mcg. This is the same.

What can I do?

Your doctor can write you a prescription for vitamins that contain folic acid. They are also available over the counter. Talk with your doctor if you have any concerns about taking folic acid.



2. Depression

About 1 in 8 women feel symptoms of depression and anxiety after having a baby. Depression is a condition that involves the body, mood and thoughts. It can affect the way a woman feels about herself and the way she thinks about things. A woman who is depressed may not have the strength or desire to care for herself or for her baby.

What can I do?

Talk with your nurse or provider if you are feeling sad, anxious or just not like yourself. They can help you figure out the best treatment so that you can feel better.



3. Family Planning

Planning time between pregnancies is important to both mothers and each of her babies. If you get pregnant less than 18 months after you had your baby, there is a higher risk that the baby will be born early and underweight. We recommend that you wait two or more years before you have another baby.

What can I do?

The best way to prevent getting pregnant too early is to use birth control. There are many different types of birth control. Your Institute provider can help you choose and get the birth control that's right for you. For more information about different kinds of birth control, ask your provider or check out: <https://www.bedsider.org/methods>.

4. Smoking

Quitting smoking improves health for the whole family. If you quit smoking, it can lower your risk of cancer, heart attack, stroke and lung disease. If you are planning to have another baby, you are more likely to have a baby that is underweight and born too early if you smoke while pregnant. Also, children who are around cigarettes are more likely to get bronchitis, the flu, ear infections, asthma or die from sudden infant death syndrome (SIDS).

What can I do?

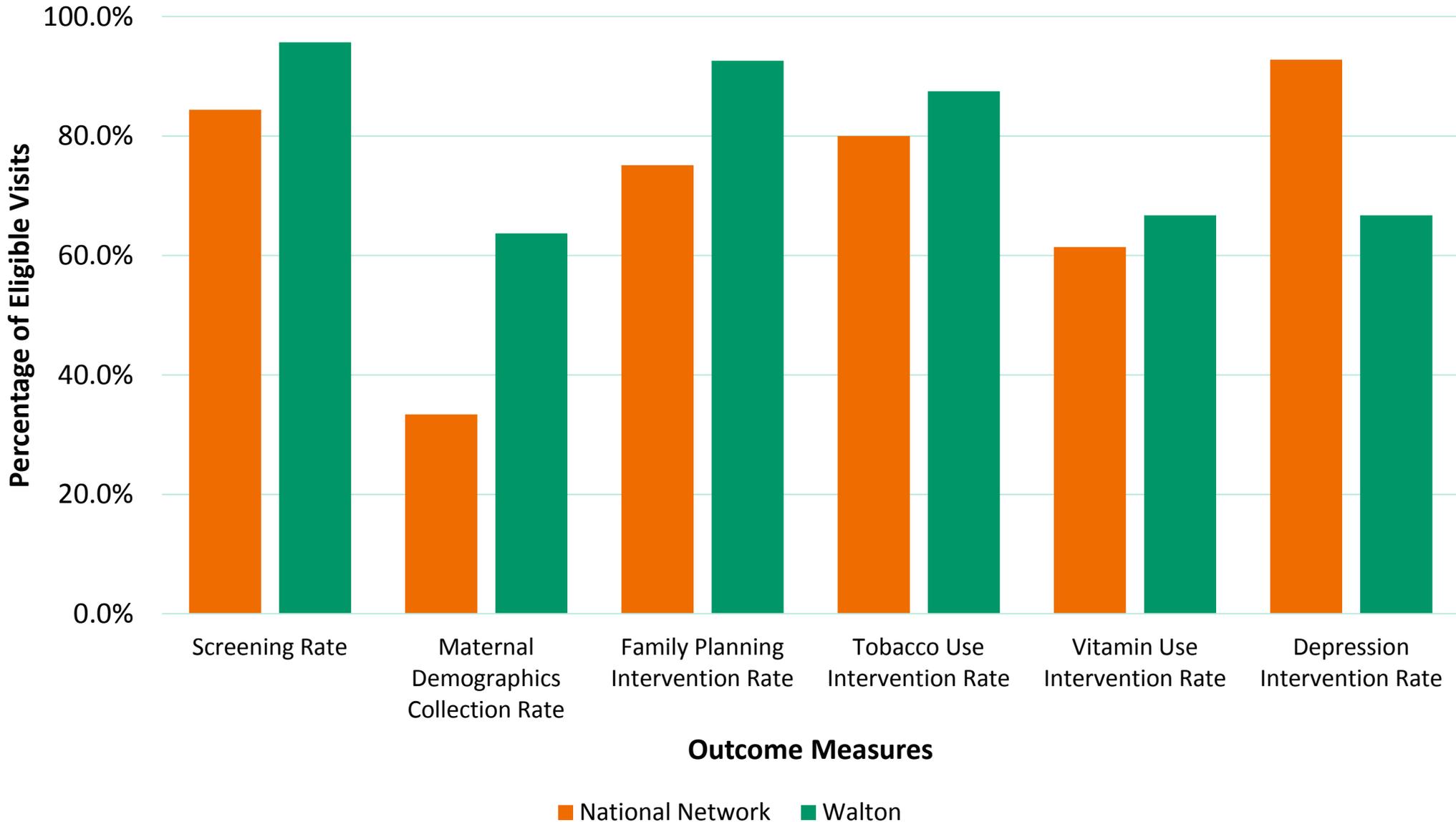
Talk with your nurse or provider if you have thought about cutting down or quitting smoking. We can help you quit by giving you information and connecting you with counseling or medicine to help you quit smoking. You can find more information by calling (866) NY-QUITTS or visiting nysmokefree.com.

Impact and Successes

- In the first eight months of the project, Walton engaged **223 mother/baby dyads** in the IMPLICIT-ICC protocol.
- Achieved a *screening* rate of **95.7%**
 - 92.4% intervention rate for family planning screening
 - 87.5% intervention rate for positive tobacco use screening
 - 66.7% intervention rate for positive depression screening
 - 66.2% intervention rate for folic acid/vitamin use screening
- Walton's screening rate, demographics collection rate, and most intervention rates were **higher** than the IMPLICIT Network's rates (see Figure 1).

Impact and Successes (cont.)

Figure 1: IMPLICIT National Network vs. Walton Health Center
April 2017-December 2017



Challenges

- Low intervention rates for depression risk factor
 - Mental health clinician vacancies at Walton when the project started meant warm handoff was not always available.
- Maternal demographics information collection
 - Completion of the physical screening form is sometimes bypassed and medical providers verbally go through the smartset with patients.
 - Maternal demographics is not in the smartset, so it is not collected if the paper form is not used.
- Competing clinical priorities and workflows during well child visits

Discussion and Future Practices

- Incorporate the maternal demographics into the electronic health record smart set to streamline process
- Reinforce desired workflow behaviors among the Walton staff, especially for positive depression screenings
- Continue collecting and analyzing data
- Share best practices to improve quality of care and patient outcomes throughout the IMPLICIT Network



Conclusions

- The implementation strategies for this project could be used at other health centers to initiate the IMPLICIT ICC protocol successfully.
- Since this project is in early stages, we do not have results for maternal behavior changes or outcome data of subsequent pregnancies. However, given the high screening rate, we anticipate positive pregnancy outcome results as the project progresses.

Citations

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