

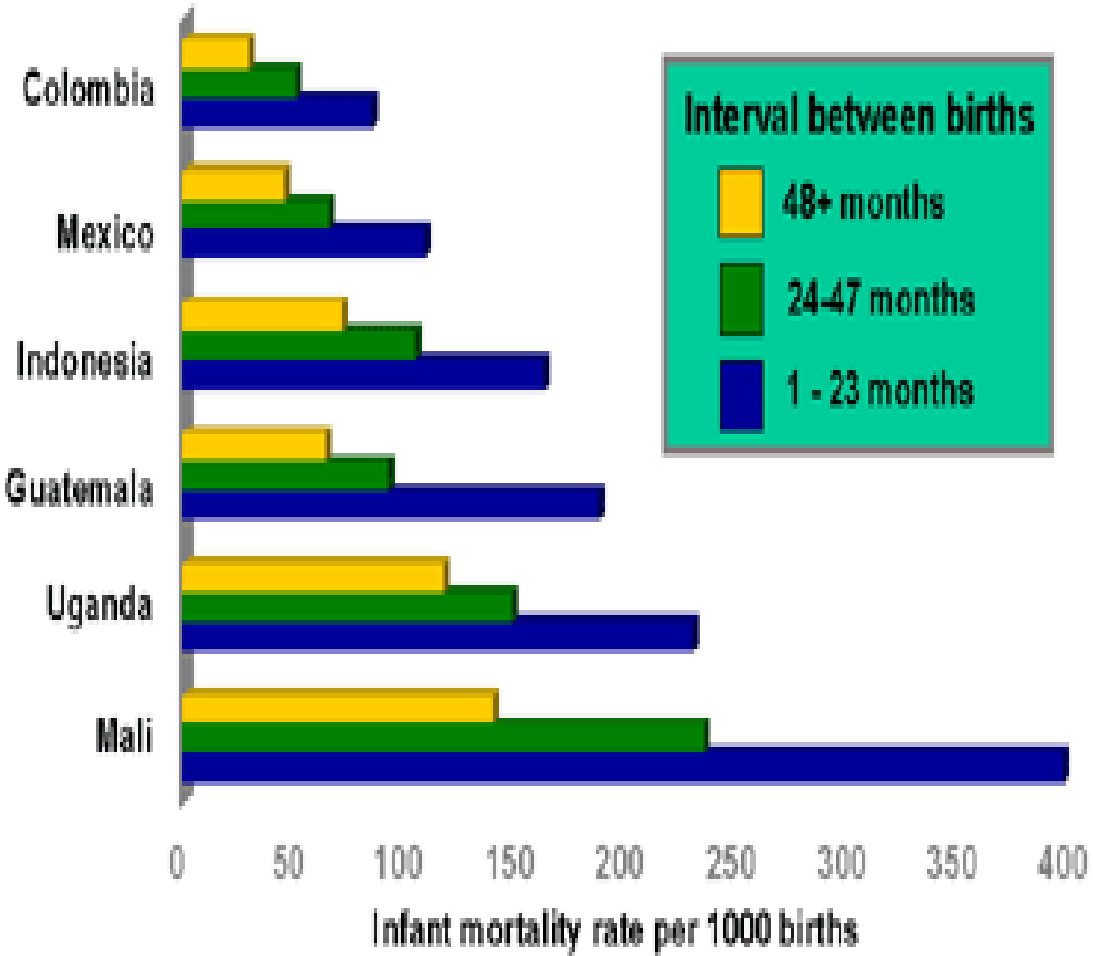
# Family Mapping: A Response To Rapid, Repeat Pregnancy Initiative

Deaconess Family Medicine  
Residency

Evansville, Indiana

September 2007

# Birth Spacing Saves Infant Lives



# Program History

- Goal: to decrease the number of rapid, repeat pregnancies that occur within clinic population of Deaconess Family Medicine Residency.
- Interventions address barriers and issues that prevent women from achieving adequate birth spacing.

# Prenatal Clinic Population

- Average client age: 22.7 years
- 85% are classified as high risk by Indiana Medicaid guidelines.
- 69% White, 22% Black, 6% Hispanic 3% Other
- 52% are smokers

# Prenatal Clinic Population

- 12% Use alcohol during pregnancy
- 18% Use illegal drugs
- 23% History of DV
  - 7% Current DV relationship
- 15% History of sexual abuse
- 19% History of abuse as a child

# Prior to Implementation . . .

- 24% of prenatal clients had a baby less than a year of age.
- 85% of pregnancies were unplanned
- 33% were using birth control when they became pregnant.

# What is adequate birth spacing?

- Based on research done at CDC
- 173,000 births
- Birth spacing of 18-23 months optimal
- Birth spacing of 6 months after delivery had a 30-40% greater chance of premature or low birth weight infant

# Objectives

- Implement education interventions that assist 140 women and their physicians to make appropriate choices regarding family planning
- Address identified social and psychological barriers that prevent women from utilizing family planning
- Develop a community infrastructure with existing agencies that addresses unintended pregnancies.

# Strategy. . .

- Beginning January 2004, 140 women who were residents of Vanderburgh County were “enrolled” in the intervention group.
- These women were followed for 18 months after delivery to evaluate unintended pregnancy
- Goal: No more than 10% will have inadequate birth spacing.

# Objective One: Educational Interventions Prenatally

- Early choices during pregnancy regarding family planning
- Appropriate choices regarding family planning

# Objective One: Educational Interventions Postpartum

- Resident Behaviors

## Family Planning at Discharge:

	Audits From Delivery in Grant Year One
<b>Number Audited</b>	245
<b>Given a Method at Discharge</b>	41%
<b>Discussion or Plan at Discharge</b>	16%
<b>No Discussion or Method</b>	43%

# Objective One: Educational Interventions Postpartum

## Impact of BTL:

	<b>Audits From Delivery in Grant Year One</b>
<b>Percent With Method That Was BTL</b>	48%

# Postpartum Strategies: Increased Choices

- Nuvaring
- IUD
- Vasectomy
- Ortho Evra
- Extended Cycle Contraceptives
- Depo Provera
- Oral Contraceptives

# Permanent Sterilization

- Prior to the grant, 48% of women who wanted a BTL, got one
- At the close of the grant, 77% of the women who wanted one, got one.

# Postpartum Follow-up

- Establish 2 Week appointment
  - 80% of women attend this appointment
- Encourage 6 Week appointment
  - Scheduled by WH
  - Congratulations card sent with appt date (and a pair of booties)
  - Diapers at attendance of 6 week appt
  - Reminder calls and rescheduling.

# Postpartum Follow-up

- Family Planning Case Management
  - 1,346 client contacts in Year 3

# Other Outcomes

- Family Mapping and Prenatal Case Managers provide the same follow-up of women who have an elective abortion or a spontaneous abortion.

# Objective Two: Social and Psychological Interventions

- Develop classes to address identified issues:
  - Smoking Cessation (75 Attendees)
  - Stress Management (47 Attendees)
  - Parenting (109 Attendees)
  - Self Esteem (64 Attendees)
  - Healthy Relationships (64 Attendees)
  - Other Classes (182 Attendees)
  - Counseling (370 sessions)

# Support Services

- Transportation to classes and appointments
- Day Care)

# Clinic Systems

- Each year 1,260 pregnancy tests are done at the Center.
  - Less than 50% are done to determine if a client is pregnant.
  - However, when they are done, and the test is negative, there is a need for preconception counseling

# Objective Two

## Collaboration

- Refer to Healthy Families
- Refer to Tri Cap and Planned Parenthood
- Work with Henry Reis

# Objective Two: Employment

- Goodwill, Job Corps
- Early Head Start and Head Start
- ARK Crisis Nursery

# Objective Two: Issues

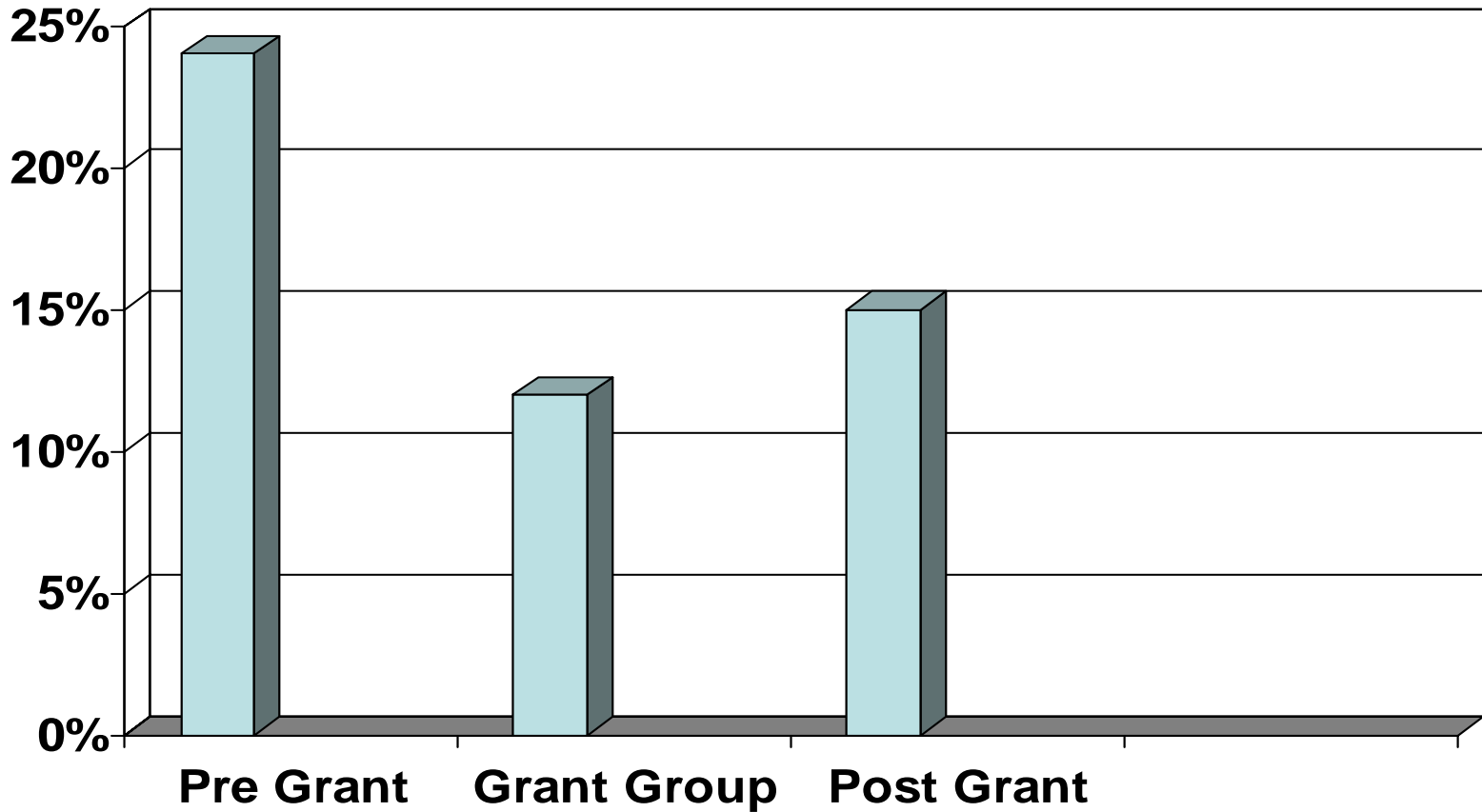
# Objective Three: Community Infrastructure

- Disseminate our tools, strategies and results across the state.
- State concerns
  - Consensus Statement
  - Statewide conference on Unintended Pregnancy
  - Medicaid Waiver

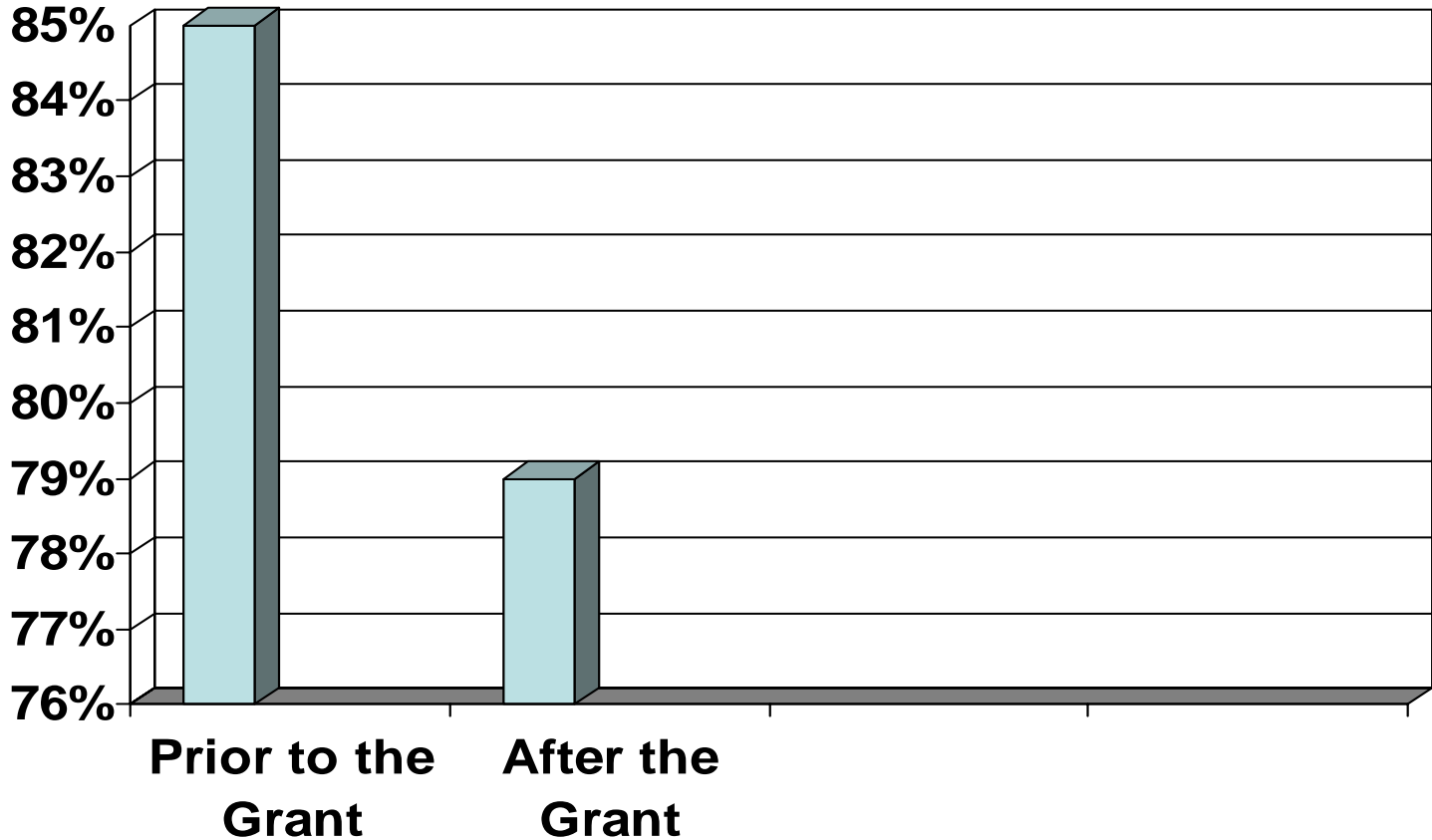
# Outcomes

- Between January 2004 and July 2004 145 women were “enrolled” in the program.
- Since that time, 1,089 women have received similar services.

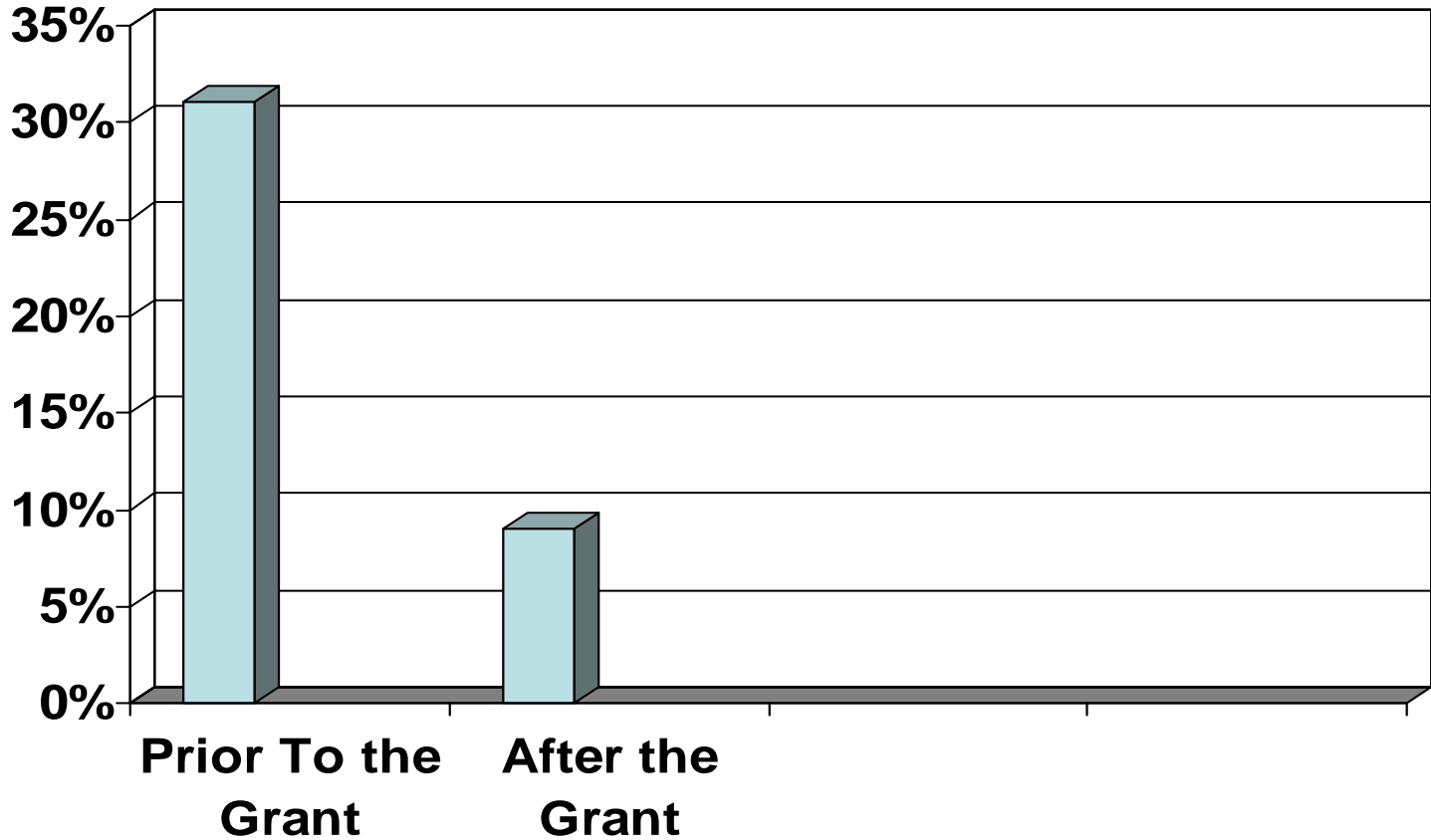
# Outcomes: Adequate Birth Spacing



# Outcomes: Unplanned Pregnancy Rate



# Outcomes: Effective Birth Control usage



# Outcomes

- 56% decrease in spontaneous abortion
- 29% decrease in elective abortion
- 40% decrease in fetal demise
- 54% decrease in low birth weight infants

# Continuation of Family Mapping Strategies: Prenatally

- Audit charts of those women who experience a rapid, repeat pregnancy
- Evaluate Ortho Evra “failures”
- Continue “Just For Women” Appointment during 2<sup>nd</sup> and 3<sup>rd</sup> trimester
- Evaluate “missed” tubals

# Continuation of Family Mapping Strategies: Non-Prenatal

- Family planning case management.
- Encourage condom use when beginning or changing a method
- Continue Noon Conference speakers regarding women's health and contraception
- Look for all possible opportunities to address family planning.

# Family Mapping: Key Issues

- Beginning family planning at postpartum discharge makes a difference.

# Family Mapping: Key Issues

- Further research and evaluation needed regarding issues that impact unintended pregnancy

# Family Mapping: Key Issues

- Monitor issues related to mental health.

# Family Mapping-Key Issues

- Creations of systems within health institutions that supports family planning issues

# Family Mapping-Key Issues

- The separation of family planning from the issue of abortion.

# Family Mapping-Key Issues

- The recognition of the overwhelming impact of poverty on women of childbearing age, and the impact of current systems in keeping women in poverty.

# Family Mapping-Key Issues

- The availability of family planning for all women.

# Family Mapping

Questions?