

Advancing Preconception Health Services

November 3, 2021

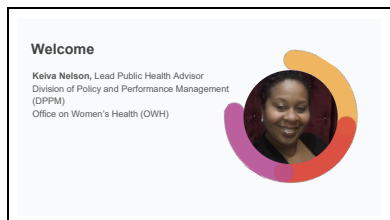
Transcript

Slide 1



Hello everyone. This is Naima Cozier with the Reproductive Health National Training Center. And I am delighted to welcome you to today's webinar, Advancing Preconception Health Services. Before we begin, I have a few announcements. Given the large number of participants, everyone on the webinar today is muted. We plan to have some time for questions at the end and feel free to chat your questions throughout the presentation. The recording of today's webinar, the slide deck, the transcripts will all be available on rhntc.org within the next couple of days. This presentation is supported by the Office of Population Affairs and the Office on Women's Health. Its contents are solely the responsibility of the authors and does not necessarily reflect the official views of OPA, OWH, or HHS.

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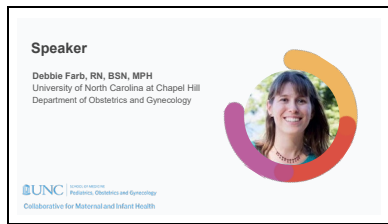
Before we get started, we are excited to share a few words from our Office on Women's Health project officer, Keiva Nelson. Keiva is the Lead Public Health Advisor with the US Department of Health and Human Services and within the Office of Women's Health. And she had intended to join us today, but due to a last minute scheduling conflict, is not able to do so. She did ask that we pass on the following welcome message on her behalf. The Office on Women's Health provides national leadership and coordination to improve the health of women and girls through policy, education, and innovative programs. The vision of OWH is for all women and girls to achieve the best possible health. It is extremely important for all women and girls, especially those with underlining health conditions, such as hypertension, diabetes, obesity, cardiovascular, and respiratory conditions and older adults take care of their health. We'd like to thank you for attending today's webinar and you can learn more at womenshealth.gov.

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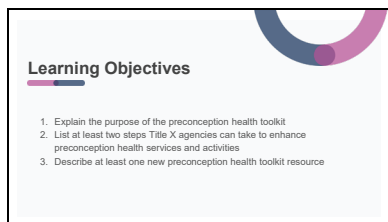
I'd now like to take an opportunity to introduce today's speaker. We're very, very excited to have Dr. Sarah Verbiest. She is the Director of the Jordan Institute for Families in the UNC School of Social Work and the Executive Director of the Collaborative for Maternal and Infant Health in the UNC School of Medicine. Her book, *Preconception Health and Care: A Life Course Perspective* was released in August, 2020. Among other things, Dr. Verbiest is a Co-Principal Director for the Maternal Health Learning and Innovation Center. A national resource center developed to accelerate innovative and evidence-informed interventions that improve maternal health and eliminate maternal health inequities.

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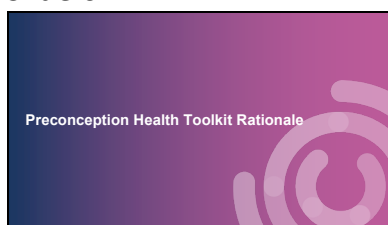
Debbie Farb has worked across the board in women's health for over 20 years. Debbie is a Registered Nurse and holds a Master's degree in Public Health in Maternal and Child Health. Her background includes in-patient obstetrics/gynecology, clinic-based prenatal and postpartum care and family planning, mother and baby nurse home visiting, public health obstetrics case management, and public health nurse consulting and leadership. Debbie formerly served as the state family planning nurse consultant under North Carolina's Title X Program. She currently serves as a research nurse for a gynecology clinical trial with UNC. So now, I'd like us to get started with the rest of today's webinar.

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By the end of the webinar, we hope you're able to explain the purpose of the preconception health toolkit. List at least two steps Title X agencies can take to enhance preconception health services and activities, and describe at least one new preconception health toolkit resource.

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We want to begin by sharing the rationale behind the preconception health toolkit.

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Why Focus on Preconception Health Services?

1. Preconception health services support the health of individuals of reproductive age before conception (preconception health services) or between births (interconception health services), which helps to reduce adverse outcomes for birthing people and their babies.
2. Preconception health services benefit all individuals of reproductive age, regardless of whether they are planning a pregnancy.
3. The preconception health toolkit can help Title X agencies review and strengthen the quality of preconception health services.

So, why a new resource on preconception health? Well, as you all may know, preconception health services support the health of individuals of reproductive age before conception and between births, all of which may help to reduce adverse outcomes for birthing people and their babies. These critical services benefit all individuals of reproductive age, regardless of whether or not they're planning a pregnancy. The preconception health toolkit can help Title X agencies review and strengthen the quality of preconception health services. This toolkit is also in alignment with the RHNTC's partnership with the Office on Women's Health.

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OWH and RHNTC

- OWH coordinates women's health efforts across the U.S. Department of Health and Human Services (HHS) and addresses critical women's health issues by informing and advancing policies, educating health care professionals and consumers, and supporting innovative programs.
- RHNTC develops training and technical assistance to support OWH priorities, including preconception health, maternal mortality prevention, hypertension, and fertility services.

OWH coordinates women's health efforts across HHS to address critical health issues by informing and advancing policies, educating healthcare professionals and consumers, and supporting innovative programs. RHNTCs training and TA support contributes to these OWH priorities, which include preconception health, maternal mortality prevention, hypertension, and fertility. The preconception health toolkit furthers these OWH priorities and also reflects OPA's three pillars.

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OPA's Three Pillars

- Quality**
 - Equity and access are irrelevant if services are not of the highest quality.
 - The Title X Program addresses the needs of communities through quality care delivery and evidence-based practice.
- Access**
 - The Title X Program is a long-standing safety net for communities.
 - Title X agencies deliver essential services to all clients of all identities.
- Equity**
 - Advancing equity for all, including people who have been historically underserved, is a priority for the Title X program.
 - Title X staff provide services with cultural sensitivity and language proficiency.

During July's Title X grantee meeting, Jess Marcella the Deputy Assistant Secretary for Population Affairs and the Director of the Office of Adolescent Health reminded us of OPA's three pillars that have been the foundation for Title X Programs, quality, access, and equity.

The Title X Program addresses the needs of communities through quality care delivery and evidence-based practice. Title X has also been a long-standing safety net for communities and Title X agencies deliver essential services for all clients of all identities. And finally, the Title X Program has prioritized efforts that advance equity for all, including people from low income families and those who have been historically underserved. The steps and tools included in the preconception health toolkit can help Title X family planning projects to strengthen the quality of preconception health services and its tools and

resources can be applied to further enhance access and equity. Debbie, we'll talk a little bit of more about how the preconception health toolkits grounded in the QFP.

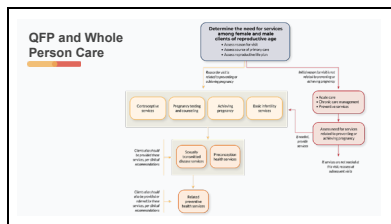
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Thanks Naima. So here is a familiar diagram for many of you from the recommendations for providing quality family planning services, otherwise known as the QFP. The QFP considers preconception health to be a core component of family planning services. In fact, the QFP places preconception health, as on par with contraceptive services, in terms of its importance to Title X family planning services. Since Title X family planning services encompass pregnancy prevention, pregnancy ambivalence, and pregnancy intention, it's imperative that these family planning services aimed to improve individuals overall general preconception health, regardless of pregnancy intention.

Next, please.

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Also from QFP, you may recognize this clinical pathway for determining appropriate family planning services. This is a nice graphic description of what Title X agencies do every day to assess clients and best meet their needs. As you can see, many roads here lead to preconception health services, whether the client comes in because they want to prevent or achieve pregnancy, or whether they come for another medical issue, but are subsequently determined to also need pregnancy prevention or achieving pregnancy services. Next slide, and I'll turn it over to Sarah.

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Thank you. So when we think about preconception health and the preconception toolkit, it's really important that we center this on a reproductive justice framework. So SisterSong defines reproductive justice as the human right to maintain bodily autonomy, to have children, not have children, and parent the children we have in safe and sustainable communities. As Debbie described in the last slide, there are a lot of things that Title X is able to do to support reproductive justice in the services that you offer from basic infertility through family planning, to preventive care and preconception care. So your role

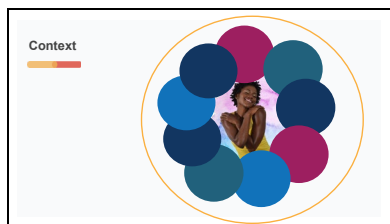
really matters. When we think about applying this to preconception health, whole person care uplifts reproductive justice and addresses inequity by providing respectful care that honors each person's unique needs, and strengths, and supports their well-being as people. The kind of place where we ask, what happened to you? That we provide culturally humble care. And we see each person's unique wishes and situation.

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Next slide. So as you'll see on this slide, and as we'll talk about later, there are quite a few components to be considered when we are providing preconception care. And traditionally, we tended to think of these as distinct in the way that we screen, the way that we treat, and the way that we offer advice. However, next slide, please.

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Our research has shown, and also thinking about ourselves as people, we know that actually many of these different factors are quite interconnected. So for example, if someone has a high BMI, high weight, we often immediately will suggest that they lose weight and recommend that. I'm going to just repeat about context to make sure that that point is made, that the context is really important, because that is when we think about what influences that person's ability to act on the recommendations that we offer.

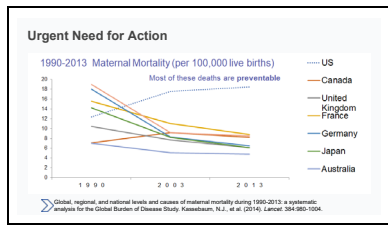
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Next slide. So clinics have a really important and essential role to play in offering accessible quality, equitable, and respectful care.

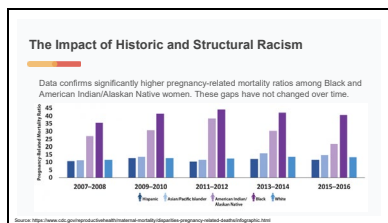
But we also need to recognize the woman's own agency and decisions and honor her bodily autonomy. And at the same time, this is a lot to do. And community is also really important and can be a partner to you as a clinic and to the woman to support change. And we are excited to be able to be creating and offering resources for you later this year to support your ability to work with communities.

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Next slide. So we all know that this is important. Title X was one of the first large systems in the country to really prioritize preconception health and it's really important because it matters. As this slide demonstrates, the United States is the only wealthy nation that is experiencing an increase in maternal mortality. So those are deaths that happen to women and birthing people as part of childbearing and being pregnant. So, as we can see, we are going in the opposite direction of the rest of the globe.

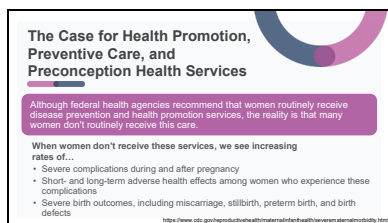
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Next slide. And when we really look at these data, it highlights in our country the impact of historic and structural racism, the data confirms significantly higher pregnancy related mortality ratios for black and American Indian, Alaskan native women. And these gaps, as you can see on the slide have been changed over time. This shows that disparities can emerge from many different factors from inequitable care to inequitable resources that can be generational. So this is the way that a whole population of people have been treated over time, and these disparities are preventable and something that together we can change.

Source: [Infographic: Racial/Ethnic Disparities in Pregnancy-Related Deaths — United States, 2007–2016](https://www.cdc.gov/reproductivehealth/maternal-mortality/disparities-pregnancy-related-deaths/infographic.html) (<https://www.cdc.gov/reproductivehealth/maternal-mortality/disparities-pregnancy-related-deaths/infographic.html>)

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Next slide. So although federal health agencies recommend that women routinely receive disease prevention and health promotion services, the reality is that many women don't routinely receive this care. And when women don't receive these services, we see increasing rates of severe complications during and after pregnancy, short and long-term adverse health effects among women who experience these complications. And we also see severe birth outcomes, including miscarriage, stillbirth, preterm birth, and birth defects. So while we saw maternal mortality increasing in our country, maternal

mortality is the proverbial tip of the iceberg when we think of the number of women who suffer long-term consequences from being pregnant and having children.

Source: [Severe Maternal Morbidity in the United States](https://www.cdc.gov/reproductivehealth/maternalinfanthealth/severematernalmorbidity.html)
(<https://www.cdc.gov/reproductivehealth/maternalinfanthealth/severematernalmorbidity.html>)

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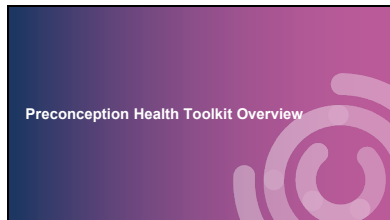


Next slide. And so our call to action is really important. We know that women of reproductive age can experience health issues that negatively affect their health, fertility, and future pregnancies. And this slide offers some information to give some context about, some of the different things that we'll be talking about in a minute in this presentation. As you can see, we have a lot of work ahead of us to do. 13% of women ages 18 to 39 have chronic hypertension. 36.5% of women are obese. We know that infectious diseases are common and can complicate pregnancies and impact fertility. We still see that almost 16% of women, 18 years and older are using tobacco products. Substance use disorders are underdiagnosed among women. More than 20% of women each year, one in five women experience a mental behavioral or emotional disorder. And more than one in three women have experienced interpersonal violence over their lifetime. There are many opportunities for us to serve people in this country.

So we know that maternal mortality review committees, along with many organizations, including the Centers for Disease Control and Prevention and the American College of Obstetrics and Gynecologists underscore the necessity of improving people's health before pregnancy, in order to prevent maternal mortality and morbidity. And for those of you who are interested in reading The Surgeon General's Call to Action to Improve Maternal Health, there are some excellent strategies and suggestions in that report that I encourage you to review.

Source: [The Surgeon General's Call to Action to Improve Maternal Health](https://www.hhs.gov/sites/default/files/call-to-action-maternal-health.pdf)
(<https://www.hhs.gov/sites/default/files/call-to-action-maternal-health.pdf>)

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Thanks, Sarah. So let's take a closer look at the new preconception health toolkit so that it can hopefully be useful to you.

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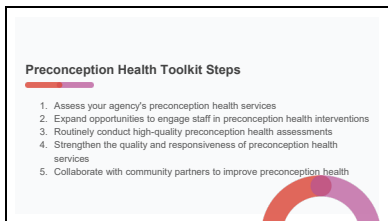


Preconception Health Toolkit Goals
Access the toolkit at <http://rhntc.org/preconception>

- Improve preconception health knowledge, attitudes, and practices
- Strengthen preconception health services to support clients in attaining and maintaining optimal health
- Integrate contextual and environmental factors into preconception health services
- Reduce disparities in maternal and pregnancy outcomes

So why design this toolkit? Well, the intention is that family planning providers and clients can benefit from the toolkit in four ways. Improving preconception health knowledge, attitudes, and practices. Strengthening preconception health services to support clients in attaining and maintaining optimal health. Integrating contextual and environmental factors into preconception health services. And reducing disparities in maternal and pregnancy outcomes.

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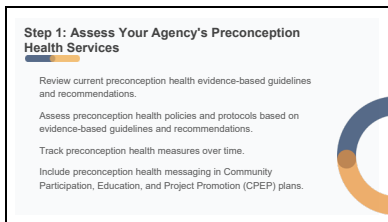


Preconception Health Toolkit Steps

1. Assess your agency's preconception health services
2. Expand opportunities to engage staff in preconception health interventions
3. Routinely conduct high-quality preconception health assessments
4. Strengthen the quality and responsiveness of preconception health services
5. Collaborate with community partners to improve preconception health

The toolkit outlines five steps to enhance Title X Programs, preconception health services and activities. One, is assess your agency's preconception health services. Two, expand opportunities to engage staff in preconception health interventions. Three, routinely conduct high-quality preconception health assessments. Four, strengthen the quality and responsiveness of preconception health services. And five, collaborate with community partners to improve preconception health. We'll briefly take a look at each step and some of the supportive tools that are available within the toolkit and elsewhere on the RHNTC website.

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Step 1: Assess Your Agency's Preconception Health Services

- Review current preconception health evidence-based guidelines and recommendations.
- Assess preconception health policies and protocols based on evidence-based guidelines and recommendations.
- Track preconception health measures over time.
- Include preconception health messaging in Community Participation, Education, and Project Promotion (CPEP) plans.

Next, please. Let's break down the five steps in the toolkit. As an initial step, family planning agencies should assess the preconception health services they provide and identify gaps between current and recommended practice. There are four recommended activities within this step. First is to review current preconception health evidence-based guidelines and recommendations. We will not delve into this review in detail, but you can do so via the QFP and via resources like the national preconception health and healthcare initiative practice bulletin of 2020. Lake should be up coming right up. The second of the four activities in this step is to assess preconception health policies and protocols based on evidence-based guidelines and recommendations. And we're going to review this activity further on the next slide.

The third activity is, oh, sorry, if you can go back. Thanks. The third activity is to track preconception health measures over time to identify opportunities to expand preconception health services and make other related improvements. The preconception health toolkit includes two resources related to this activity. It includes a sample quality improvement plan and also a preconception health services performance tracking sheet. The final act activity recommended is to include preconception health messaging informed by a diverse group of community members in Community Participation, Education, and Project Promotion plans. So included in the preconception health toolkit, you will find a sample template plan for Community Participation, Education, and Project Promotion.

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Thinking back to the second activity on the last slide, which was assessing preconception health policies and protocols based on evidence-based guidelines and recommendations. I want to share two new resources on the RHNTC website within the preconception health toolkit. The first is a template policy, and it's called the Family Planning Program Policy and Procedures Preconception Health Screening and Counseling. The second is the Preconception Health Services Self-assessment Tool for Family Planning Service Sites. So this is a mouthful, but the first one I mentioned, the Family Planning Program Policy and Procedures Preconception Health Screening and Counseling is basically just a template policy that agencies can use to build it or improve upon your current preconception health policies and procedures. So if your policy includes all of the elements within this template policy, you should be compliant with Title X in terms of your preconception health policies and procedures.

So the second new resource that I mentioned is the preconception health services self assessment tool. Now this resource has four parts and three of the parts are shown in the image on this slide. The four parts are the preconception health services components assessment, the chart audit form, the client visit observation form, and the social determinants of health resource referral assessment. So using this resource can help you look methodically at your preconception health services and from multiple angles to assess and improve your current practices. The preconception health services components assessment details each Title X required client assessment piece related to preconception health. So that you can ensure that your agency meets these requirements in terms of your policy procedure, your medical record documentation, and client visits observation.

The chart audit form can be used to spot check documentation of provided preconception health services and inform quality assurance and improvement efforts. The client visit observation form allows you to observe compliance with required preconception health services during three client visits, and then seek areas for improvement. The social determinants of health resource referral assessment can be used to determine where there may be gaps in community resources and referral sources currently used by your agency to support needs such as food insufficiency and unstable housing that are external to core Title X services, but vital to well-being.

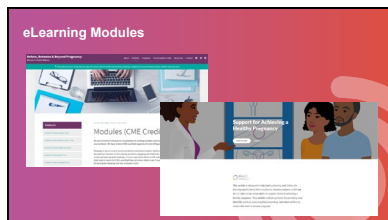
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Next, please. Now let's talk about Step 2, training staff. Title X services are one of the essential ways that individuals who are not currently pregnant receive primary care. So many of the services provided by Title X agencies are part of essential preconception and interconception care. It goes way beyond providing a contraceptive method. It can be hard though when you're in the flow of providing services to clients to contextualize this care as preconception health, providing opportunities for staff to connect the essential services they provide to the systems, and inequities that influence the current health of their clients and may affect future pregnancies can provide context and support their work.

One of the ways that you can help support the connection to the larger work to improve health inequities is through training. The first recommendation is to train staff on the root causes of reproductive and sexual inequities and ongoing harms experienced by communities of color. There are free training resources from the office of minority health should pop up for you here, as well as many communities with local organizations that provide racial equity training. The second recommendation is to continue to provide training for staff on shared decision making and client-centered care. This has always been one of the essential tenants in Title X and something Title X providers do really well. And it also supports efforts to provide preconception care that takes the reproductive intentions of the client into consideration. The third recommendation is to make sure staff have training on the foundations of preconception care and counseling. Some examples of which are on the next slide.

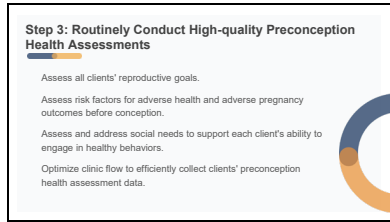
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The toolkit includes a number of recommended eLearning modules. One of the easiest ways for staff to access training on preconception health and healthcare is through the online modules available from beforeandbeyond.org and the RHNTC. Before and Beyond has recently updated modules that offer continuing education credits and cover topics such as essentials of preconception counseling, how to talk with someone about their reproductive goals and desires, how to provide care when someone says, yes, I want to be pregnant, providing interconception care for women who experienced a high risk pregnancy, and how to provide respectful client-centered care?

The RHNTC also has a number of eLearning modules. Sorry about that. On shared decision making and client-centered care, but putting the QFP into practice series toolkit includes seven eLearning modules, including support for achieving a healthy pregnancy, which covers how to help clients maximize their fertility and optimize their preconception health. Next, please.

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Step 3 of the toolkit, enhances how we assess clients. Providing client centered preconception care starts with a high quality assessment that takes into consideration both a client's current health status and their social context. We want to make sure when staff are providing this assessment, that they assess all clients reproductive goals, including teens, LGBTQIA+ individuals, medically complicated individuals, and those with intellectual or developmental disabilities. We also want to make sure staff are adequately assessing risk factors for adverse health outcomes and connecting those risk factors to potential adverse pregnancy outcomes and there's few who would like to be, or are okay with being pregnant in the next year.

Making recommendations that folks cannot follow doesn't help anyone. So we want to ensure that staff assess social needs, make recommendations that take into account that context and provide referrals or resources to support those needs. No one wants the collection of this information to be an added burden on a clinic. So as you are rolling out new or updated policies or procedures, ensure that the clinic flow is optimized to support these efforts. This may mean meeting with a variety of staff to figure out how a new policy or procedure is going to change clinic flow and being willing to try new and different approaches if the first one doesn't work.

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Next, please. The preconception health resource index list training, screening, and counseling resources by issue or condition that agencies and sites can use to improve their preconception health services. The index serves as a companion resource to the preconception counseling checklist, and as part of the preconception health toolkit. The index also includes the hypertension prevention and control improvement toolkit released in May of this year. The toolkits supports Title X family planning program grantees and service sites in implementing best practices for hypertension prevention, diagnosis, and control practices in a reproductive health care setting. All of these resources can be found on rhntc.org.

Resource: [Preconception Health Toolkit](https://rhntc.org/resources/preconception-health-toolkit) (<https://rhntc.org/resources/preconception-health-toolkit>)

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Step 4: Strengthen the Quality and Responsiveness of Preconception Health Services

- Provide clients with risk reduction strategies that reflect their preconception health assessment and evidence-based guidelines and recommendations.
- Provide clinical and non-clinical resources and referrals to support clients in reaching their general and reproductive health goals.
- Gather client satisfaction data and use results to enhance preconception health services.



Next, please. Okay. So let's talk about Step 4 of the toolkit, which aims to optimize guidance and referrals for clients as well as illicit client feedback that we can then use to improve services. So, once Title X staff have performed a high quality preconception health assessment, we want to make sure that the resulting education, counseling, care, and referrals align with evidence based guidelines and take into account the goals, risks, social needs, and contextual and environmental factors ascertained during a client's assessment. As we talked about before, it doesn't do anyone any good to make recommendations, a client cannot or will not follow.

Making sure that risk reduction strategies are aligned with what was learned during a client's preconception health assessment. While also reflecting the evidence based guidance can ensure that recommendations are actually doable and will support improved health. Providing clinical and non-clinical resources and referrals, including the ones documented during Step 1 on the social determinants of health resources referrals checklists will support clients' current health goals, as well as the health of any future pregnancies. It's important to consistently gather feedback from clients and then use those results to enhance services, including preconception health services.

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Patient Experience Improvement Toolkit



www.rhntc.org/patient-experience-improvement-toolkit

Next, please. The patient experience improvement toolkit is an RHNTC resource that will help family planning clinics improve their patient's experience and increase patient retention at low or no cost. It contains a range of information, including how to develop patient experience goals, how to give your site a makeover and sustain improvements. And by the way, RHNTC is currently in the process of revamping this toolkit and making it more interactive and accessible. So stay tuned for these updates coming soon.

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Step 5: Collaborate with Community Partners to Improve Preconception Health

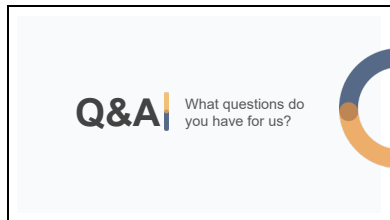
- Work with community partners to identify root causes of inequities in maternal morbidity and mortality.
- Build relationships with community partners that work toward improving healthy conditions for individuals of reproductive age.
- Collaborate with community partners to implement strategies that can address underlying causes of inequities in maternal morbidity and mortality.
- Integrate culturally appropriate wellness and healthy living messaging into community education and outreach activities.
- Collaborate across sectors (for example, health care, education, housing, law enforcement) to expand opportunities to advance health equity.



Last, but certainly not least is Step 5 of the toolkit, collaboration and relationship building with the community at large. We know that family planning clinics can't do everything on their own because preconception health is so tightly intertwined with social determinants of health.

Family planning sites should consider the engagement of community partners who are also working toward improving health outcomes. Since agencies already work closely with many community partners, this is a good opportunity to think about which community partners are already doing work around mitigating health inequities and their causes, including implicit bias. This is also an opportunity to liaise with community organizations, especially those that represent marginalized or vulnerable communities to ensure that community outreach and education activities are culturally appropriate and relevant. Collaborating with folks across multiple sectors, including housing, education, transportation, and urban planning can provide the opportunity for these sectors to better understand how their work and decisions affect family planning and build relationships that can ultimately improve the health, including the preconception health of a community. Next, please, I'll give it to Naima.

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All right. Thank you, Sarah and Debbie. So now it's, we have about 10 minutes, a little bit shorter for some Q&A, and we've been getting some great questions and comments in the chat. So, why don't we start with our first question here? And so I will have Sarah, Debbie, whoever wants to take it first, we'll go ahead and dive in. So this first question says, why don't we include prevention services as a default for those who are seeking family planning services. This seems like an optimal time to screen for example, DM, and it seems to fit in under family planning care. So it's not just a priority for those who are seen for other reasons. So Debbie, Sarah, any thoughts on this first question? Why don't we include prevention services as a default for those who are seeking family planning services?

Well, I think one of the great things about Title X family planning services is that, it does include a lot of preventive services as a client comes in for her initial, his or her, their initial follow up visits. There are many components that we have talked about today that are covered and required to be covered by Title X. I think the person who asked the question, asked about diabetes, which there should be screening for that included in Title X family planning visits, as well as blood pressure, tobacco use, immunizations, depression, intimate partner violence, alcohol and drug use. So there are really a lot of preventive topics that are required to be covered, which is great.

Thanks Debbie. This other question here. So this one says, do you screen or conduct ACEs screening for trauma history? So I don't know, Debbie, if you want to speak to your experience there with screening for trauma.

There's certainly screening for intimate partner violence as a part of Title X preventive services in terms of specifically trauma services that definitely could be that less and very important topic and that's something that could certainly be a part of services as well. I don't know that it is everywhere all the time though.

Yes, this is Sarah. And I agree that, that's an important when we're thinking about whole person care, trauma informed care is another example of how we can really fully listen to and be with the people that we're serving. I also have not heard of that being done routinely, but I think it's an opportunity for innovation to come from Title X clinics, to see how they could incorporate that into the care that's provided.

Perfect. Thank you. So this next question, this person says, we offer family planning services, can you say more how we can offer broader preconception services? Isn't this something we're already doing?

Yeah, I think that's a great almost billion dollar question because as a agency, a Title X agency, you are providing family planning services. You are already providing many preventive preconception health services. And through this webinar, we're encouraging folks to kind of think more broadly and ensure that they are thinking through all aspects of the care that they provide. But yes, you certainly, almost definitely are and should be providing a lot of preventive services that are preconception care already.

Okay. Thank you, Debbie. Dr. Verbiest, did you want to add to that?

Yes, I would love to. I think that it's also kind of the, how we provide care? And I think for me, that's comes to the point that I made about, we can just go through a screening check. We can check, ask something category to category, or it's taking a little bit of extra time to really listen, to think about how different pieces of the story that she's sharing is connected to other parts of his or their well-being. And I think that taking the time to offer quality referrals as needed, warm referrals and listening are all things that really can enhance the care that's provided.

Thank you. So this next question asks, curious if breastfeeding will ever be part of preconception counseling conversations, and I'm assuming this is for folks that are in between births. So I know it's listed in contraception, but some education around breastfeeding may be necessary. I don't know if either of you have any thoughts on that.

Yeah, that's a wonderful question. I think it would be a fabulous topic to be included with general preventive health as a former lactation consultant, I would be all for that. And maybe RHNTC can help develop some resources going forward. What do you think Sarah?

Well, I definitely think in this context, there are so many benefits to breastfeeding also to women and birthing people that can be protective, that might be a place to have that conversation as people are thinking forward to pregnancy. And I agree that it would be really important to cover. I know that the list of what we also offer is quite substantial. And so I think there's also a balance of being able to cover all of these things before, while someone's trying to become pregnant and something we don't often talk about is that, for some people it does take some time to become pregnant. And this is where some of your other services are really important. And so it may be during this time that people are very focus on being able to conceive. So I think that there's kind of some open space there.

And I think for interconception, something that we don't routinely do, but I think would be wonderful to add, would be to have a time to talk about, what was their birth experience? What's their pregnancy experience? What was their experience of early parenting? Because that might help someone as they're visioning forward to another pregnancy, if that's what they wish to help them think about structuring different supports so that they might have a different experience.

Thank you. Wonderful. So with that, I do want to say there were other wonderful comments and conversations happening in the chat, other questions, but we are going to now shift just to wrap up today's webinar. I do want to say this isn't the end of the conversation. And actually in 2022, we will be

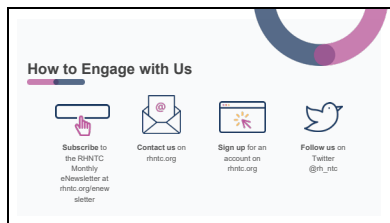
having a workshop series with UNC to continue this conversation around the toolkit and the role and the ways Title X can continue to enhance equity, quality, and access as it pertains to preconception health. So we are excited. We do invite you all to please stay connected. One of the big things would be great if you sign up for our newsletter and you'll get all of the latest announcements on the future training and TA opportunities related to this topic. So we welcome you to that.

And one other thing here is a reminder, while I know many of you access resources on RHNTC, we also invite you to create an account. There's tons of benefits, you can save training, be able to go back to resources, so we do also want to make a plug for that as well. We'd like to thank you all for taking time out of your busy days to join us for this webinar. I'd also like to thank both of our speakers, Dr. Verbeist, Debbie, it was an honor to have both of you and we look forward to future conversations and workshops next year. So this is not the end, this is just the beginning.

I just want to remind folks that the materials for today's sessions will be available within the next couple of days. If you have any questions, please feel free to reach out to the RHNTC at our website, don't hesitate to send an email. And then our final ask is, please, please complete the evaluation. We do make changes and improvements to all our webinars based on what you share with us. You will get that evaluation link after you leave the webinar and it also will be emailed to you. All right. So with that, we are going to close our session for today. Thank you again. And we look forward to more in depth and further conversation on preconception health in 2022. Everyone, have a great day.

Resource: [Show Your Love](https://beforeandbeyond.org/show-your-love/) (<https://beforeandbeyond.org/show-your-love/>) is a national campaign designed to promote wellbeing and support young adults as they strive to achieve their goals and make healthy lifestyle choices today. It is a project of The National Preconception Health and Health Care and The University of North Carolina at Chapel Hill and is a great resource to support Title X agency messaging.

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