

Reproductive Life Planning

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Objectives

- Describe what is meant by a Reproductive Life Plan
- Discuss the relationship of the Reproductive Life Plan to contraception and preconception care
- Identify additional components of a Reproductive Life Plan



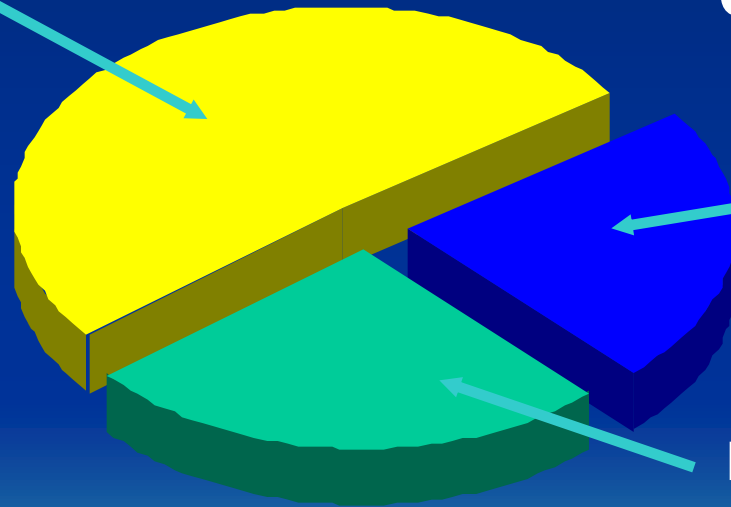
Reproductive Life Plan

- A set of personal goals about having (or not having) children
- It also states how to achieve those goals
- “Everyone needs to make a reproductive life plan based on personal values and resources”

U.S. Pregnancies: Unintended vs. Intended

Intended 51%

Unintended 49%



Unintended births 29%

Elective abortions 20%

Unintended Pregnancies and Their Consequences

- Women aged 15–44 years
 - 48% ≥ 1 unintended pregnancy in lifetime
 - 30% ≥ 1 induced abortion
 - 28% ≥ 1 unplanned birth
- Maternal morbidity/mortality
- Infant morbidity/mortality



Reproductive Life Plan

- Being intentional about preparing for and starting pregnancies
- Making conscious decisions about
 - When to have children
 - How many to have
 - Ensuring the healthiest pregnancies and families

Reproductive Life Plan

- Clinicians help clients make a Reproductive Life Plan by asking the questions:
 - Do you want to have children?
 - How many?
 - When?
- **Every woman, every year!**



Reproductive Life Plan

- First component
 - **Contraception** when pregnancy not desired
 - Fertility-preserving behavior
- Encouraging clients to think about contraception In terms of
 - Planning for when they do want children
 - Protecting themselves until that time



Reproductive Life Plan

Second component – Preconception Care

[http://www.healthteamworks.org/guidelines/
preconception.html](http://www.healthteamworks.org/guidelines/preconception.html)





PRECONCEPTION SCREENING AND COUNSELING CHECKLIST



NAME	BIRTHPLACE	AGE
DATE: / /		ARE YOU PLANNING TO GET PREGNANT IN THE NEXT SIX MONTHS? <u> </u> Y <u> </u> N
IF YOUR ANSWER TO A QUESTION IS YES, PUT A CHECK MARK ON THE LINE IN FRONT OF THE QUESTION. FILL IN OTHER INFORMATION THAT APPLIES TO YOU		

DIET & EXERCISE

What do you consider a healthy weight for you? _____

Do you eat three meals a day?

Do you follow a special diet (vegetarian, diabetic, other)?

Which do you drink (coffee tea cola milk water other soda/pop other _____)?

Do you eat raw or undercooked food (meat, other)?

Do you take folic acid?

Do you take other vitamins daily (multivitamin vitamin A other)?

Do you take dietary supplements (black cohosh pennyroyal other)?

Do you have current/past problems with eating disorders?

Do you exercise? Type/frequency: _____

Notes:

LIFESTYLE

Do you smoke cigarettes or use other tobacco products?

How many cigarettes/packs a day? _____

Are you exposed to second-hand smoke?

Do you drink alcohol?

What kind? _____ How often? _____ How much? _____

Do you use recreational drugs (cocaine, heroin, ecstasy, meth/ice, other)?

List: _____

Do you see a dentist regularly?

What kind of work do you do? _____

Do you work or live near possible hazards (chemicals, x-ray or other radiation, lead)? List: _____

Do you use saunas or hot tubs?

NOTES:

MEDICATION/DRUGS

Are you taking prescribed drugs (Accutane, valproic acid, blood thinners)? List them: _____

Are you taking non-prescribed drugs?

List them: _____

Are you using birth control pills?

Do you get injectable contraceptives or shots for birth control?

Do you use any herbal remedies or alternative medicine?

List: _____

NOTES:

MEDICAL/FAMILY HISTORY

Do you have or have you ever had:

Epilepsy?

Diabetes?

Asthma?

High blood pressure?

Heart disease?

Anemia?

Kidney or bladder disorders?

Thyroid disease?

Chickenpox?

Hepatitis C?

Digestive problems?

Depression or other mental health problem?

Surgeries?

Lupus?

Scleroderma?

Other conditions?

Have you ever been vaccinated for:

Measles, mumps, rubella?

Hepatitis B?

Chickenpox?

NOTES:

WOMEN'S HEALTH

Do you have any problems with your menstrual cycle?

How many times have you been pregnant?

What was/were the outcomes(s)? _____

Did you have difficulty getting pregnant last time?

Have you been treated for infertility?

Have you had surgery on your uterus, cervix, ovaries or tubes?

Did your mother take the hormone DES during pregnancy?

Have you ever had HPV, genital warts or chlamydia?

Have you ever been treated for a sexually transmitted infection (genital herpes, gonorrhea, syphilis, HIV/AIDS, other)? List: _____

NOTES:

GENETICS

Does your family have a history of _____ or _____ your partner's family

Hemophilia? _____

Other bleeding disorders? _____

Tay-Sachs disease? _____

Blood diseases (sickle cell, thalassemia, other)? _____

Muscular dystrophy? _____

Down syndrome/Mental retardation? _____

Cystic fibrosis? _____

Birth defects (spine/heart/kidney)? _____

Your ethnic background is: _____

Your partner's ethnic background is: _____

NOTES:

HOME ENVIRONMENT

Do you feel emotionally supported at home?

Do you have help from relatives or friends if needed?

Do you feel you have serious money/financial worries?

Are you in a stable relationship?

Do you feel safe at home?

Does anyone threaten or physically hurt you?

Do you have pets (cats, rodents, exotic animals)? List: _____

Do you have any contact with soil, cat litter or sandboxes?

Baby preparation (if planning pregnancy):

Do you have a place for a baby to sleep?

Do you need any baby items?

NOTES:

OTHER

IS THERE ANYTHING ELSE YOU'D LIKE ME TO KNOW?

ARE THERE ANY QUESTIONS YOU'D LIKE TO ASK ME?

Clinical Benefits of Planned Pregnancies

Allows women to: Avoid toxic substances
Initiate vitamin supplementation
Undergo preventive testing
Stabilize medical conditions
Substitute/eliminate teratogenic medications

Results:
↓ Risk miscarriage/preterm delivery
↓ Risk fetal/infant morbidity/mortality



Reproductive Life Plan =
A more positive approach →

True Family Planning!



Case #1



- A 16-year-old, newly sexually active, presents to the clinic for her first appointment, requesting contraception.
- Do you plan to have children? Yes
- If so, how many? Two or three
- When? Not until I finish high school and college

Reproductive Life Plan

- Avoiding unintended pregnancy
 - Effective use of contraception
 - First-line option for many
- **LARC: Long Acting Reversible Contraception**
 - Intrauterine contraception
 - Subcutaneous implant
- Protection against STIs



Case #2



- A 19-year-old newly married, on OCPs.
- Do you plan to have children? Yes
- If so, how many? Two
- When? First one this year

Are You Ready to Have a Baby?

- Do you want to have a baby or is a parent, partner, or someone else pushing you?
- How will a child affect your relationship with your partner?
- Are both of you ready to give up your free time? Your sleep?
- What will you do for child care if you go to school, work, or just out with your partner?



Preconception Care

- Medical history, including medications
- Vaccinations – rubella, varicella, hepatitis
- Screening for STIs and genetic disorders
- Counseling
 - Begin prenatal vitamins
 - Diet and exercise
 - DC Smoking, alcohol, and recreational drugs



Additional Planning

- Discontinuing contraception
- Recommend patient keep a menstrual calendar, so the pregnancy can be accurately dated
- Emphasize importance of early and continuous prenatal care, structured based on patient's individual risks



“I’ll visit my certified nurse midwife to discuss preconception health now. I’ll start trying to get pregnant as soon as I know I’m healthy. Once I have a baby, I’ll get advice from a health professional on birth control. I don’t want to have a second baby before I’m ready.”

Case #3



- A 22-year-old newly married, religion prohibits contraception. “I’ll let pregnancy happen when it happens.”
- Respect cultural, religious and personal attitudes toward reproduction
 - Having a baby is always a miracle
- “Because I don’t know when that will be, I’ll make sure I’m always in optimal health.”

Case #4

- A 22-year old g2p2, 6 weeks postpartum, presents for routine follow up.
- Do you plan to have more children? Yes
- When? In a year or two
 - Opportunity to point out optimal spacing
- How will you protect yourself until then?



Spacing Pregnancies

Table 5. Meta-analysis of Dose-Response Regression Slopes and Prediction of the Risk of Adverse Perinatal Outcomes for Interpregnancy Intervals <18 Months and >59 Months

Risk Increase	Increase, % (95% CI)		
	Preterm Birth (12 Studies)	LBW (7 Studies)	SGA (12 Studies)
Per month for intervals <18 mo*	1.92 (1.80-3.04)	3.25 (3.09-3.41)	1.52 (1.40-1.64)
Per month for intervals >59 mo†	0.55 (0.49-0.61)	0.91 (0.83-0.99)	0.76 (0.71-0.81)
Predicted by the model			
Interpregnancy interval, mo			
3	28.8 (27.0-30.6)	48.8 (46.4-51.2)	22.8 (21.0-24.6)
6	23.0 (21.6-24.5)	39.0 (37.1-40.9)	18.2 (16.8-19.7)
9	17.3 (16.2-18.4)	29.3 (27.8-30.7)	13.7 (12.6-14.8)
12	11.5 (10.8-12.2)	19.5 (18.5-20.5)	9.1 (8.4-9.8)
15	5.8 (5.4-6.1)	9.8 (9.3-10.2)	4.6 (4.2-4.9)
18-59‡	1.00	1.00	1.00
72	6.6 (5.9-7.3)	10.9 (10.0-11.9)	9.1 (8.5-9.7)
96	19.8 (17.6-22.0)	32.8 (29.9-35.6)	27.4 (25.6-29.2)
120	33.0 (29.4-36.6)	54.6 (49.8-59.4)	45.6 (42.6-48.6)
144	46.2 (41.2-51.2)	76.4 (69.7-83.2)	63.8 (59.6-68.0)

Abbreviations: CI, confidence interval; LBW, low birth weight; SGA, small for gestational age.

*Risk increase per each month that interpregnancy interval is shortened from 18 months.

†Risk increase per each month that interpregnancy interval is lengthened from 59 months.

‡Reference category.

Case #5



- 25-year-old woman in committed relationship with another woman
- Do you want to have children? Undecided
- If yes, have you and your partner thought about options for achieving this?
- Offer resources

Case #6



- 39-year-old married g1p0ab1 presents for annual exam, OCP renewal.
- Do you plan to have children? I think so.
- Discussion of declining fertility and increased pregnancy risks with age.

Maternal Age

- Age \geq 35 at delivery
 - Decreased fertility
 - Increased maternal and fetal complications
 - Risk of trisomy 21, 13, 18 increase with age

	Risk of trisomy 21	Risk of any aneuploidy
Age 35	1/378	1/192
Age 40	1/106	1/66
Age 45	1/30	1/21

Case #8



- A 45-year-old divorced g3p3 presents for evaluation of irregular menstrual periods.
- Are you currently in a heterosexual relationship? Yes
- Do you plan to have any more children? NO!
 - Chance to point out that she is likely still fertile
- What are you using for contraception?

take control...
make a plan



Personal Goal Setting
&
Life Plan

Empowering Women

“I Can Control My Life”

- “Do you believe that making a plan for your life will make your life better, happier, easier?”
If yes....
- “You are in the driver’s seat in setting the direction for your life.”
- “You can choose the goals you want to work on and how you want to go about getting them done.”

- “Women’s lives are rich and complex, and the possibility of pregnancy is only one factor affecting women’s health choices.”¹

Future Dreams

- What do you want your life to be like in 5 years? 10 years?
- How much education do you want to get?
- What type of work do you want to do?²

Other Important Factors

- Financial security
 - How to make a budget
- Emotional health
 - How do I handle myself when I'm angry?
 - How do I handle feeling sad? Have I ever felt sad for two weeks in a row?
 - How do I cope when I feel overwhelmed?
 - Whom can I trust to talk to about problems?
 - What resources are available in my community?



Healthy Relationships



- Check the statements that are true for you:
 - I have to rearrange my life around my partner.
 - No matter how hard I try, I am never good enough and my partner gets very angry.
 - My partner promises to change, but then he/she does not do it.
 - I almost always feel sad, ashamed, worthless, or afraid.
 - I call in sick to work, feel tired and sick, a lot.

Healthy Relationships

- Rights
 - I can put myself first
 - I can have boundaries and feel safe
 - I can make decisions freely and without pressure
 - I can grow and change
 - I can have my own space, interests, and friends
 - I can say “no” to anything against my values
 - I can be my own person and be HAPPY



Healthy Relationships

- Responsibilities
 - Communicate with clarity and honesty
 - Allow others to change their minds
 - Do not push others into decisions
 - Respect that “no” means “no”
 - Respect other’s need for space and alone time
 - Listen with an open mind and heart



Men

Partners in Reproductive Health

- Does he want to be a father?
- Annual check-up with testing for STIs
- Avoid tobacco, alcohol, and other drugs
- Review his family history, past medical history, medications, exposure to toxins, immunizations



- “I’d like to be a father after I finish school and have a job to support a family. While I work toward those goals, I’ll talk to my partner about her goals for a starting a family. I’ll make sure we correctly use an effective method of contraception every time we have sex until we’re ready to have a baby.”



take control...
make a plan



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