



Preconception and Inter-Pregnancy Guidelines for Providers

OBJECTIVE

The objective of this Clinical Practice Guideline (CPG) is to provide evidence-based recommendations for preconception and interpregnancy health journey for women of child bearing age. From the start of a woman’s menstrual cycle (menarche), preconception care is important to support the best health choices with regards to diet, exercise, health exams and screenings (along with health condition management) to prepare for future conception if desired. Interpregnancy is a critical time for the woman’s body to fully recover from the last pregnancy and for her to make a healthy plan for the next pregnancy. The access and guidance to selection of conception prevention upon sexual activity ensures the empowerment of the woman to choose the timing of a pregnancy. Also refer to WellCare’s guidelines for *Adolescent Preventive Health (HS-1051)* and *Adult Preventive Health (HS-1018)* for standard preventive health measures related to preconception and inter-pregnancy.

OVERVIEW

Preconception health refers to the health of women during their reproductive years (the years they can have a child). Good preconception health is important for every woman, not just for those planning pregnancy. The care team must support Members by building their skills and knowledge so Members can understand how to minimize risks to reproductive health and health during pregnancy, and to take control and choose healthy habits. A member’s preconception care may range from contraception choices to conception and infertility support. The three major goals of preconception care are to:^{1,2}

- Identify potential risks to the mother, fetus, and pregnancy
- Educate the woman about these risks, options for intervention and management, and reproductive alternatives
- Initiate interventions to provide optimum maternal, fetal, and pregnancy outcomes. Interventions include motivational counseling, disease optimization, and specialist referral

Inter-pregnancy interval (IPI) is the time between pregnancies (last delivery, miscarriage or abortion to next conception). Pregnancies with short intervals (less than 18 months) and long intervals (60 months or more) were associated with higher risks of adverse health outcomes (e.g., maternal complications, delivery of a pre-term or small infant, neonatal death). Therefore, a primary focus of inter-pregnancy care is educating Members on the benefits to both mother and her children of appropriate “baby spacing” as well as the risks associated with IPIs outside the recommended parameters.^{3,4}

As a woman reaches menopause (defined as 12 months without a period) or after a hysterectomy, care goals no longer include preconception and inter-pregnancy. Refer to WellCare’s guidelines on *Adult Preventive Health (HS-1018)* and *Older Adult Preventive Health (HS-1063)*.

Hierarchy of Support

GUIDELINE HIERARCHY

CPGs are updated annually or as necessary due to updates made to guidelines or recommendations by the Centers for Disease Control and Prevention (CDC) and the American Congress of Obstetricians and Gynecologists (ACOG). When

there are differing opinions noted by national organizations, WellCare will default to the member's benefit structure as deemed by state contracts and Medicaid / Medicare regulations. If there is no specific language pertaining to post-partum care, WellCare will default (in order) to the following:

- National Committee for Quality Assurance (NCQA);
- United States Preventive Services Task Force (USPSTF), National Quality Strategy (NQS), Agency for Healthcare Research and Quality (AHRQ);
- Specialty associations, colleges, societies, etc. (e.g., American Academy of Family Providers, American Congress of Obstetricians and Gynecologists, American Cancer Society, etc.).

Links to websites within the CPGs are provided for the convenience of Providers. Listings do not imply endorsement by WellCare of the information contained on these websites. NOTE: All links are current and accessible at the time of MPC approval.

WellCare aligns with the CDC and ACOG on the topic of preconception and inter-pregnancy care. The following are highlights from their recommendations, committee opinions, and guidelines. WellCare also acknowledges the March of Dimes as a key resource for patient-facing materials on this topic.⁵

CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)

In 2014, the Centers for Disease Control and Prevention (CDC) published an update to a comprehensive recommendation set for providing Family Planning services. *Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs (QFP)*⁶ describes the scope of services that should be offered in a family planning visit, and how to provide those services. The initial report outlines the scope of Family Planning services to include:

- Contraceptive services
- Pregnancy testing and counseling
- Helping clients achieve pregnancy
- Basic infertility services
- Preconception health services
- Sexually transmitted disease services

A 2015 update to the CDC QFP provides additional guidance related to preventive health services and screening services for which evidence does not support screening. Related preventive health services are tied to the recommendations of the USPSTF that apply to women of childbearing age.⁷ The entire QFP can be accessed [here](#) and the subsequent 2015 update [here](#).

The CDC provides an [Index](#)⁸ for content related to caring for women of childbearing age as well as [Reproductive Life Planning tools](#)⁹ for the Health Professional.

AMERICAN CONGRESS OF OBSTETRICIANS AND GYNECOLOGISTS (ACOG)

The American Congress of Obstetricians and Gynecologists (ACOG), Committee on Gynecologic Practice reaffirmed in 2015 a published Committee Opinion titled *The Importance of Preconception Care in the Continuum of Women's Health Care* ([here](#)) that summarizes findings from several national and international medical organizations and advocacy groups focused on the optimization of health before conception. Core preconception care considerations addressed by the all the listed organizations include the following factors:¹⁰

- Undiagnosed, untreated, or poorly controlled medical conditions
- Immunization history
- Medication and radiation exposure in early pregnancy
- Nutritional issues
- Family history and genetic risk
- Tobacco and substance use and other high-risk behaviors
- Occupational and environmental exposures
- Social issues
- Mental health issues

ACOG also has available a set of [FAQs](#) designed to aid patients with understanding current information and opinions related to women's reproductive health.¹¹

Evidence Based Practice

MEASUREMENT OF COMPLIANCE

WellCare is committed to adhering to the measures and standards published by the Centers for Medicare and Medicaid Services (CMS) and the National Committee for Quality Assurance (NCQA). Please reference WellCare’s Clinical Policy Guiding Document titled *Quality Improvement*.

NOTE: To access Clinical Policy Guiding Documents visit www.wellcare.com – select the Provider tab, then “Tools” and “Clinical Guidelines”.

MARKET SPECIFIC INFORMATION

Illinois Related Requirements. WellCare will provide or arrange for inter-conception care management services for these high risk women for 24 months following delivery.

New Jersey Pregnancy Related Requirements. WellCare complies with the New Jersey requirements to ensure the provision of pregnancy related services include, at a minimum, the program components listed below. For pregnant members the following required OB preventive screenings are assessed:

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| <ul style="list-style-type: none"> • Physical assessment that includes weight, blood pressure, fundal height and fetal heart tones • Nutritional assessment and counseling • Blood typing and anti-body screening • Rubella anti-titer • Urinalysis • Pap smear • STD testing • Hemoglobin and hematocrit tests | <ul style="list-style-type: none"> • HIV counseling and HIV testing • HBsAG testing at the initial prenatal visit • Depression screening • Pre-term delivery risk assessment • Alpha Fetal Protein screening • Diabetes screening • Group B Strep screening • Post-partum exam |
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Care Management

The goals for Care Management are to prepare women of child-bearing age to plan and manage their reproductive years in accordance with their goals. The primary goal is to empower the woman from the time she enters reproductive age through to menopause to best manage their health status, minimize risk factors, and address health conditions which could impede her health status or future pregnancies as desired. Integrated care management for preconception and inter-pregnancy includes:

- Detecting and treating existing health conditions to minimize risk of maternal complications and birth defects
- Reviewing medications (prescription, over-the-counter, dietary and herbal supplements) for teratogenic risks
- Family planning counseling to avoid unplanned pregnancies and IPIs <18 and >60 months
- Developing a [reproductive life plan](#) (if possible) consisting of personal goals for conception. It also states how to achieve those goals¹²
- Ensuring preventive health measures are implemented:
 - Folic acid supplements (400 to 800 µg) to prevent neural tube defects
 - Rubella vaccinations *before pregnancy* to prevent Congenital Rubella Syndrome
 - Refer to the following preventive CPGs: *Adolescent (HS-1051)* and *Adult (HS-1018)*
- Screening for periodontal disease with oral health exam
- Counseling to promote healthy behaviors:
 - Appropriate diet and exercise
 - Stopping smoking and using “street” drugs to reduce the risk of having a low birth weight baby
 - Eliminating alcohol consumption
 - Avoiding contact with toxic substances or materials

The woman of childbearing years should also be screened for behavioral health conditions; Providers should be aware of any current behavioral health diagnoses and treatment regimes. This allows the care team to minimize risks of pregnancy that are associated with behavioral conditions and treatment.^{13,14,15} Additional items can be found below under *Medical and Behavioral Integration*.

For additional information concerning pregnancy complications, please refer to *Pregnancy and Post-Partum Care Guidelines: HS-1029*.

MEASURABLE HEALTH OUTCOMES

Targeted Health Outcomes (Extended Program Goals) result from successful member self-management (see Case Management Objectives).^{16,17}

1. Specific for Member with past pregnancy: The Member will experience conception at least 18 months after last “end of pregnancy.” For measurement, claims information will be used to estimate time between end of last pregnancy (such as inpatient delivery claims or outpatient claims for elective or spontaneous abortion) and estimated conception (such as reported date of conception on prenatal visit claims).
2. Specific for Member planning pregnancy: The Member will experience claims for prenatal care visit(s) or at a minimum receive well woman visits annually.
3. Specific for Member avoiding pregnancy: The Member claims will reflect adherence to birth control method (claims for medication refills, intrauterine device, implants, or other plan-authorized methods) AND/OR lack of claims with diagnosis codes for pregnancy)

For other Targeted Health Outcomes appropriate for the Member, see Clinical Practice Guidelines such as *Adolescent Preventive Health (HS-1051)*, *Adult Preventive Health (HS-1018)*, *Tobacco Cessation (HS-1035)*, *Substance Use Disorder (Substance Use Disorders (HS-1031)*, *Substance Use Disorder in High Risk Pregnancy (HS-1041)*, or other medical or behavioral health condition guidelines that outline management for conditions specific for the Member.

CASE MANAGEMENT GOALS

Case Goals should target specific care gaps and/or adherence issues, and measure the member’s progress towards self-management and adherence which will lead to the targeted health outcomes above.¹⁵ Examples include:

1. The Member will complete a [reproductive life planning survey](#)¹⁸ and discuss results with provider within 30 days.
2. *Specific for Members who have delivered within the last 2 months:* The Member will attend at least one postpartum care visit within 21 to 56 days after delivery.
3. *Specific for Members planning pregnancy:* The Member receives at least one prenatal visit and support for healthy lifestyle habits as appropriate (tobacco /alcohol cessation, adherence to provider-prescribed folic acid / prenatal vitamin, healthy diet, exercise regime) within 30 days of the decision to plan for pregnancy.
4. *Specific for Members avoiding pregnancy:* The Member receives at least one provider visit for reproductive life planning and support for pregnancy avoidance, such as birth control method that fits well with the member’s lifestyle and daily regime within 30 days of decision to avoid pregnancy.¹⁵
5. *Specific for Members requiring hospitalization:* The Member participates in provider follow-up visit within 7 days of hospital discharge.

CASE MANAGEMENT OBJECTIVES

Case Management Objectives should focus on improving the member’s self-management skills including:^{13,18}

- Completing a [reproductive life planning survey](#) and discussing results with the Provider.
- Attending provider visits as scheduled and share family health history with the Provider
- Understanding the benefits of waiting 18 to 60 months between pregnancies and the risks associated with pregnancy prior to or after that time span.
- Identifying whether she wants to avoid pregnancy or desires to get ready for pregnancy.
- Minimizing risk of sexually transmitted infections (e.g., use of condoms, limiting to one partner, abstinence).
- Following clinical guideline and/or Provider’s treatment plan for managing current health conditions (e.g., obesity, asthma, depression, diabetes, and hypertension).
- Following clinical guideline and/or Provider’s recommended diet and exercise regime.
- Following clinical guideline and/or Provider’s preventive care recommendations (e.g., vaccines, dental screening).
- Participating in laboratory and diagnostic testing as ordered by the Provider.
- Avoiding tobacco use (smoking or other), alcohol intake, and other substance use (including illicit drugs).
- Seeking counseling for dealing with intimate partner violence.

- Taking medications as prescribed (e.g., birth control medication or folic acid supplements).

For Members Avoiding Pregnancy:

- Discussing birth control options with provider to find the method that she can adhere to
- Taking actions to avoid unplanned pregnancies and/or plan interpregnancy intervals 18 and 60 months apart

For those Attempting Pregnancy:

- Avoiding toxic substances like lead, mercury, pesticides and cat / rodent feces

The care team should also conduct risk screening and treat anxiety and depression, if applicable.

MEDICAL AND BEHAVIORAL INTEGRATION

For women who have a behavioral health diagnosis, it is critical they include their behavioral health practitioner in family planning / reproductive life planning, whether the plan includes having children or choosing not to conceive. Here are some key points to consider:

- If you have a mental illness and you would like to get pregnant, it is important to be in close contact with your psychiatrist before, during and after the pregnancy.
- The decision to stop or start your medications in preparation for pregnancy is one that should be made in close consultation with your physician.
- For women with bipolar disorder, many of the drugs used to treat this condition are teratogenic (Lithium, Depakote, Tegretol), therefore it is very important to protect against pregnancy if you are on these medications.

Women who have had an episode depression prior to pregnancy are at a higher risk of being depressed both during pregnancy and immediately afterwards so they should definitely plan to be in some form of mental health counseling when they become pregnant.

MEMBER EDUCATIONAL RESOURCES

WellCare contracts with Krames/StayWell for Member educational materials utilized by Case Managers. Items are available to review with Members to address knowledge gaps. Case Managers verbally educate Members on the topics below related to asthma. (Titles may also be sent to the member).

- Contraception - Birth Control Choices
- Understanding Conception
- How Birth Control Works

Providers may wish to research the titles above related to asthma that Case Managers utilize with Members.

Related WellCare Guidelines

In addition to the information contained in this document, please reference the CPG on *Pregnancy and Post-Partum Care* (HS-1029); this CPG contains information related to pregnancy complications. Information related to prevention can be found in the following age-specific Preventive Health CPGs: *Adolescent* (HS-1051) and *Adult* (HS-1018).

NOTE: Clinical Policies can be accessed by going to www.wellcare.com – select the Provider tab, then “Tools” and “Clinical Guidelines”.

References

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Disclaimer

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*Easy Choice Health Plan ~ Harmony Health Plan of Illinois ~ Missouri Care ~ Ohana Health Plan, a plan offered by WellCare Health Insurance of Arizona
OneCare (Care 1st Health Plan Arizona, Inc.) ~ Staywell of Florida ~ WellCare Prescription Insurance ~ WellCare Texan Plus (Medicare – Dallas and Houston markets)
WellCare (Arizona, Arkansas, Connecticut, Florida, Georgia, Illinois, Kentucky, Louisiana, Mississippi, Nebraska, New Jersey, New York, South Carolina, Tennessee, Texas)*

MEDICAL POLICY COMMITTEE HISTORY AND REVISIONS

Date	History and Revisions by the Medical Policy Committee
5/3/2018	<ul style="list-style-type: none"> • Approved by MPC. Inclusion of serious pregnancy complications.
4/6/2017	<ul style="list-style-type: none"> • Approved by MPC. Enhanced Care Management and Measures of Compliance sections. Revised with CM, DM, QI, UM, BH and the Chief Medical Directors.
8/15/2016	<ul style="list-style-type: none"> • Approved by MPC. Inclusion of Illinois specific language.
4/20/2016	<ul style="list-style-type: none"> • Approved by MPC. Addition of CPG Hierarchy.
6/17/2014	<ul style="list-style-type: none"> • Approved by MPC. No changes.
6/7/2013	<ul style="list-style-type: none"> • Approved by MPC. New CPG.