# MODEL INTERCONCEPTIONAL CARE PLANS FOR WOMEN'S HEALTH SERVICES CONTINUITY CONFERENCES

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# PREVIOUS POOR PREGNANCY OUTCOMES

# ASSESSMENT NEEDS

1. Repeated (>1) TAB's

- 1. Desires regarding future pregnancies
- 2. Risk for unintended/unplanned pregnancy
- 3. Psychosocial risk factors
- 4. Contraceptive history
- 5. Patient's perception of why experiencing repeated TAB's
- 6. Desire to find alternatives to fertility control

- 1. Obtain appropriate and acceptable contraceptive (may require frequent follow- up)
- 2. Delay contraception >12 months since termination
- 3. Build self-esteem (may require referral to mental health counseling, support group, etc.)
- 4. Obtain all desired preconceptional counseling and referrals (if desires referral, may involve scheduling, arranging transportation and forwarding all pertinent documentation)
- 5. Discuss well woman needs including a multivitamin with folic acid every day, weight issues, exercise, smoking cessation, if appropriate, etc.
- 6. Others, as appropriate (may include development of personalized care plan at OB closure conference in collaboration with family planning team)

# 2. Repeated (>2) spontaneous abortions

# **ASSESSMENT NEEDS**

- 1. Desires regarding future pregnancies
- 2. Risk for unintended/unplanned pregnancy
- 3. Psychosocial risk factors
- 4. Review of related prenatal and hospital records to assess risk factors for recurrence that can be addressed in whole or in part during interconceptional period
- 5. Weeks gestation at occurrence and identification of patterns (i.e., 1st trimester/2nd trimester)
- 6. Assessment of unresolved guilt and/or grief

# 3. History of short interconceptional period (≤12 months)

- 1. Desires regarding future pregnancies
- 2. Risk for unintended/unplanned pregnancy
- 3. Psychosocial risk factors
- 4. Contraceptive history
- 5. Patient's perception of cause of previous short birth interval(s)

- 1. Obtain appropriate and acceptable contraceptive
- 2. Delay conception minimum of 6 months since last delivery
- 3. Achieve understanding about what caused losses (may require correcting misunderstandings and/or preconceptional referral to medical specialists)
- 4. Resolve guilt and/or grief (may involve mobilizing patient support system and/or mental health counseling)
- 5. Recognize that recurrence is unlikely but that there are probably actions that can be taken to maximize the chances of a healthy baby (implement prevention steps)
- 6. Obtain all desired preconceptional counseling and referrals (if desires referral, may involve scheduling, arranging transportation and forwarding all pertinent documentation)
- 7. Discuss well woman needs including a multivitamin with folic acid every day, weight issues, exercise, smoking cessation, if appropriate, etc.
- 8. Others, as appropriate (may include development of personalized care plan at OB closure conference in collaboration with family planning team)
- 1. Obtain appropriate and acceptable contraceptive (may require frequent follow-up)
- 2. Delay conception >12 months since last delivery
- 3. Achieve understanding about pregnancy risks associated with short interconceptional periods
- 4. Build self-esteem, if indicated (may require referral to mental health counseling, support group, etc.)

#### ASSESSMENT NEEDS

#### 4. Fetal death

- 1. Desires regarding future pregnancies
- 2. Risks for unintended/unplanned pregnancy
- 3. Psychosocial risk factors
- 4. Review of related prenatal and hospital records to assess risk factors for recurrence that can be addressed in whole or in part during interconceptional period
- 5. Assessment of patient's perceptions of what caused death(s)
- 6. Assessment of unresolved guilt and/or grief

- 5. Obtain all desired preconceptional counseling and referrals (if desires referral, may involve scheduling, arranging transportation and forwarding all pertinent documentation)
- 6. Discuss well woman needs including a multivitamin with folic acid every day, weight issues, exercise, smoking cessation, if appropriate, etc.
- 7. Others, as appropriate (may include development of personalized care plan at OB closure conference in collaboration with family planning team)
- 1. Obtain appropriate and acceptable contraceptive
- 2. Delay conception >12 months since last delivery
- 3. Achieve understanding about what caused death(s) (may require correcting misunderstandings and/or preconceptional referral to medical specialists
- 4. Resolve guilt and/or grief (may involve mobilizing patient support system and/or mental health counseling)
- 5. Recognize that recurrence is unlikely but that there are probably actions that can be taken to maximize the chances of a health baby (implement prevention steps)
- 6. Obtain all desired preconceptional counseling and referrals (if desires referral, may involve scheduling, arranging transportation and forwarding all pertinent documentation)
- 7. Discuss well woman needs including a multivitamin with folic acid every day, weight issues, exercise, smoking cessation, if appropriate, etc.

#### **ASSESSMENT NEEDS**

#### 5. Neonatal death

- 1. Desires regarding future pregnancies
- 2. Risks for unintended/unplanned pregnancy
- 3. Psychosocial risk factors
- 4. Review of related prenatal and hospital records to assess risk factors for recur-rence that can be addressed in whole or in part during interconceptional period
- 5. Assessment of patient's perceptions of what caused problem
- 6. Assessment of unresolved guilt and/or grief

- 8. Others, as appropriate (may include development of personalized care plan at OB closure conference in collaboration with family planning team)
- 1. Obtain appropriate and acceptable contraceptive
- 2. Delay conception >12 months since last delivery
- 3. Achieve understanding about what caused death(s) (may require correcting misunderstanding and/or preconceptional re-ferral to medical specialists)
- 4. Resolve guilt and/or grief (may involve mobil-izing patient support system and/or mental health counseling)
- 5. Recognize that recurrence is unlikely but that there are probably actions that can be taken to maximize the chances of a healthy baby (imple-ment prevention steps)
- 6. Obtain all desired preconceptional counseling and referrals (if desires referral, may involve scheduling, arranging transportation and for-warding all pertinent documentation)
- 7. Discuss well woman needs including a multivitamin with folic acid every day, weight issues, exercise, smoking cessation, if appropriate, etc
- 8. Others, as appropriate (may include development of personalized care plan at OB closure conference in collaboration with family planning team

#### ASSESSMENT NEEDS

- 6. Preterm delivery
- 1. Desires regarding future pregnancies
- 2. Risks for unintended/unplanned pregnancy
- 3. Psychosocial risk factors
- 4. Review of related prenatal and hospital records to assess risk factors for recurrence that can be addressed in whole or in part during interconceptional period
- 5. Assessment of patient's perceptions of what caused problem
- 6. Assessment of unresolved guilt and/or grief

- 1. Obtain appropriate and acceptable contraceptive
- 2. Delay conception >12 months since last delivery
- 3. Achieve understanding about what caused problem (may require correcting misunderstandings and/or preconcepitonal referral to medical specialists)
- 4. Resolve guilt and/or grief (may involve mobilizing patient support system and/or mental health counseling)
- 5. Recognize that recurrence is unlikely but that there are probably actions that can be taken to maximize the chances of a healthy baby (implement prevention steps)
- 6. Obtain all desired preconceptional counseling and referrals (if desires referral, may involve scheduling, arranging transportation and for-warding all pertinent documentation)
- 7. Discuss well woman needs including a multivitamin with folic acid every day, weight issues, exercise, smoking cessation, if appropriate, etc
- 8. Others, as appropriate (may include development of personalized care plan at OB closure conference in collaboration with family planning team)

#### ASSESSMENT NEEDS

- 7. Small for gestational age infant
- 1. Desires regarding future pregnancies
- 2. Risks for unintended/unplanned pregnancy
- 3. Psychosocial risk factors
- 4. Review of related prenatal and hospital records to assess risk factors for recurrence that can be addressed in whole or in part during interconceptional period
- 5. Assessment of patient's perceptions of what caused problem
- 6. Assessment of unresolved guilt and/or grief

- 1. Obtain appropriate and acceptable contraceptive
- 2. Delay conception >12 months since last delivery
- 3. Achieve understanding about what caused problem (may require correcting misunderstandings and/or preconceptional referral to medical specialists)
- 4. Resolve guilt and/or grief (may involve mobilizing patient support system and/or mental health counseling)
- 5. Recognize the risk of recurrence (may require genetics evaluation) and actions that can be taken to maximize the chances of a healthy baby (implement prevention steps)
- 6. Obtain all desired preconceptional counseling and referrals (if desires referral, may involve scheduling, arranging transportation and forwarding all pertinent documentation)
- 7. Discuss well woman needs including a multivitamin with folic acid every day, weight issues, exercise, smoking cessation, if appropriate, etc
- 8. Others, as appropriate (may include development of personalized care plan at OB closure conference in collaboration with family planning team)

8. Congential anomalies/metal retardation

# **ASSESSMENT NEEDS**

- 1. Desires regarding future pregnancies
- 2. Risks for unintended/unplanned pregnancy
- 3. Preconceptional risk assessment by health appraisal and other family planning documentation
- 4. Psychosocial risk factors
- 5. Assessment of patient's perceptional of what caused problem
- 6. Assessment of unresolved guilt and /or grief
- 7. Related prenatal records
- 8. Related hospital records, including child's
- 9. Related pediatric records

- 1. Obtain appropriate and acceptable contraceptive
- 2. Delay conception > 12 months since last delivery
- Achieve understanding about what caused problem (may require correcting misunderstandings and/or preconceptional referral to medical or genetic specialists)
- 4. Resolve guilt and/or grief (may involve mobilizing patient support system and/or mental health counseling)
- 5. Recognize the risk of recurrence (may require genetics evaluations) and actions that can be taken to maximize the chances of a healthy baby
- 6. Obtain all desired preconceptional counseling and referrals (if desires referral, may involve scheduling arranging transportation and forwarding all pertinent documentation)
- 7. Other, as appropriate