It Takes a Village: Integrating Preconception Wellness into Routine Services

“Meeting Women Where They Are”

Presentation to:
NYS DOH Bureau of Women, Infant and Adolescent Health
Provider Meeting
May 23, 2019

Cheryl Hunter-Grant
Executive Director
Lower Hudson Valley Perinatal Network
Objectives

∗ Increase awareness of the importance of working with non-medical providers to reach a greater percentage of the Pre/Interconception population

∗ Increase knowledge around incorporating Pre/Interconception wellness into routine services

∗ Collaboratively brainstorm ideas for implementation with varied organizations to incorporate tactics into their routine services
The goal of the LHVPN (a program of Children’s Health & Research Foundation, Inc.) is to make sure all babies are born healthy. At the neighborhood level with we work to advocate for and educate consumers and professionals about maternal, child and family health.

We aim to improve maternal and infant health outcomes for high-need women and to reduce racial, ethnic and economic disparities in those outcomes.
LHVPN Theory of Change

Strategic Framework

Birth outcomes in targeted communities in Westchester and Rockland Counties are improved, eliminating racial, ethnic, and economic disparities.

Women in the Targeted Communities Have Healthy Pregnancies and Deliveries

Support Pillars
All three types of support must advance together to achieve results with the long-term and ultimate outcomes. With each, LHVPN will coordinate these activities and provide resources.

LHVPN: works across all sectors and all stages of the outcomes framework, success will depend on a collective impact strategy.

To give every baby born within an “It’s About You” zone the best chances in life

Women are fully engaged in their pregnancies and well-being

The Needs of Women and their Families are Professionally Assessed

Women and their families are aware and knowledgeable of the services that they can get for their health, pregnancy, and family planning

The necessary infrastructure and services are in place to assist women and their families before, during and after pregnancy

Medical care options are coordinated

Medical care providers are informed of health equity and birth outcomes

Communities are aware of issues with health equity and birth outcomes, and are better engaged and more responsive
“If we are serious about improving birth outcomes and reducing disparities, we’ve got to start taking care of women before pregnancy... when she’s a baby inside her mother’s womb, an infant, and then a child, an adolescent and really taking care of women and families across their life course.”

Michael Lu, MD
Geffen School of Medicine, UCLA
Integrating preconception and interconception care into routine services* for all women** of reproductive age
  * outpatient care, human services, etc.

* Assessing & addressing pregnancy planning and prevention (**men of reproductive age will also be a focus)

* Focus on women who have serious chronic conditions/risk factors, including but not limited to:
  * Diabetes (pre, gestational, Type 2)
  * Hypertension
  * Heart disease
  * Obesity
  * Tobacco, Alcohol, Drug use
  * Prior preterm birth
  * Domestic Violence
  * Depression
  * Poverty/Economic Insecurity

* Instituting systems and protocols for early identification and management of high-risk women, including when pregnant.
Definitions

* **Preconception** - Before Pregnancy

* **Interconception** – period between end of one pregnancy and conception of next

CDC 2006 Recommendations to improve preconception health and health care
Preconception Care vs Preconception Wellness

* **Preconception care** is provision of health promotion, screening, and interventions for women of reproductive age to reduce risk factors that might affect future pregnancies*

* **Preconception care** is the care provided to promote and achieve preconception wellness

* **Preconception wellness** is the state of a woman’s health at the time of conception
Recommendation 1. Individual Responsibility Across the Lifespan
* Each woman, man, and couple should be encouraged to have a reproductive life plan

Recommendation 2. Consumer Awareness
* Increase public awareness of the importance of preconception health behaviors and preconception care services by using information and tools appropriate across various ages; literacy, including health literacy; and cultural/linguistic contexts.

Recommendation 3. Preventive Visits
* As a part of primary care visits, provide risk assessment and educational and health promotion counseling to all women of childbearing age to reduce reproductive risks and improve pregnancy outcomes.
Recommendation 4. Interventions for Identified Risks

- Increase the proportion of women who receive interventions as follow-up to preconception risk screening, focusing on high priority interventions (i.e., those with evidence of effectiveness and greatest potential impact).

Recommendation 5. Interconception Care

- Use the interconception period to provide additional intensive interventions to women who have had a previous pregnancy that ended in an adverse outcome (i.e., infant death, fetal loss, birth defects, low birthweight, or preterm birth)
Recommendations to Improve Preconception Health & Health Care

- **Recommendation 6. Prepregnancy Checkup**
  - Offer, as a component of maternity care, one prepregnancy visit for couples and persons planning pregnancy.

- **Recommendation 7. Health Insurance Coverage for Women with Low Incomes**
  - Increase public and private health insurance coverage for women with low incomes to improve access to preventive women’s health and preconception and interconception care.

- **Recommendation 8. Public Health Programs and Strategies**
  - Integrate components of preconception health into existing local public health and related programs, including emphasis on interconception interventions for women with previous adverse outcomes.

Centers for Disease Control and Prevention. Recommendations to improve preconception health and health care — United States: a report of the CDC/ATSDR Preconception Care Work Group and the Select Panel on Preconception Care. MMWR 2006;55
Recommendation 9. Research

* Increase the evidence base and promote the use of the evidence to improve preconception health.

Recommendation 10. Monitoring Improvements

* Maximize public health surveillance and related research mechanisms to monitor preconception health.
Women are not achieving a high level of Preconception Wellness

An intermediate measure of a woman’s “preconception wellness” upon entering pregnancy would serve as a surrogate marker of the state of preconception care in the community – this could drive decisions on processes, programs, and quality improvement
Clinical Measures for Preconception Wellness*

1. Intended/planned to become pregnant
2. Entered prenatal care in the 1st trimester
3. Daily folic acid/multivitamin consumption
4. Tobacco free
5. Not depressed (mentally well/under treatment
6. Healthy BMI
7. Free of sexually transmitted infections
8. Optimal blood sugar control
9. Medications (if any) are not teratogenic

No single measure alone is sufficient to describe “preconception wellness”

But taken in aggregate can be a marker of wellness and receipt of quality preconception care

**Clinical Measures for Preconception Wellness**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Description or Intent</th>
<th>Reported Data</th>
<th>Target</th>
<th>Clinical Quality Measure Crosswalk</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCW 1: pregnancy intention</td>
<td>Reduction in unintended pregnancies, improvement in optimal birth spacing</td>
<td>Was this pregnancy planned? Yes or no (no=intended but mistimed or unintended or undesired)</td>
<td>Yes</td>
<td>No known quality metrics for assessing intendedness; there are proposed developmental measures (pending NQF endorsement) for contraceptive use; WWTF recommendation UDS, HEDIS 2008</td>
</tr>
<tr>
<td>PCW 2: access to care</td>
<td>Registered for prenatal care in first trimester Use of a daily multivitamin with folic acid for at least 3 mo before conception</td>
<td>Gestational age at first prenatal visit Presence in medication list; patient-reported start date compared with LMP</td>
<td>Less than 12 wk EGA Use greater than 3 mo before LMP</td>
<td>No exact measure but correlates with medication documentation including OTC medications: CMS 68v1, NQF 0419, PQRS 130: medication reconciliation: PQRS 46, ACO F12; meaningful use core objective 5 CMS 138v1, NQF 0028, ACQ 17, UDS, meaningful use core objective 9, PQRS 226, WWTF recommendation</td>
</tr>
<tr>
<td>PCW 4: tobacco avoidance</td>
<td>Prepregnancy smoking cessation</td>
<td>Tobacco use: current, former, never</td>
<td>Former or never smoker</td>
<td>CMS 68v1, NQF 0419, PQRS 134: ACO 10, UDS, WWTF recommendation</td>
</tr>
<tr>
<td>PCW 5: absence of uncontrolled depression</td>
<td>Evidence-based depression screening method (eg. PHQ-2, PHQ-9)</td>
<td>PHQ-2 or PHQ-9 result</td>
<td>Negative screen (PHQ-2 negative or PHQ-9 less than 10)</td>
<td>CMS 68v1, NQF 0419, PQRS 134: ACO 10, UDS, WWTF recommendation</td>
</tr>
<tr>
<td>PCW 6: healthy weight</td>
<td>Healthy prepregnancy BMI with preconception nutritional counseling</td>
<td>BMI (kg/m²)</td>
<td>BMI greater than 18 and less than 30</td>
<td>Adults: CMS 68v1, NQF 0421, PQRS 128, UDS, ACO 16, HEDIS 2015, WWTF: adolescents: CMS 155v1, NQF 0024, UDS, WWTF: meaningful use core objective 8D</td>
</tr>
<tr>
<td>PCW 7: absence of STI at conception</td>
<td>Absence of active STI at conception</td>
<td>Initial STI screening results at first visit (chlamydia, gonorrhea, HIV, HepB1Ag, RPR)</td>
<td>Negative laboratory screen</td>
<td>Chlamydia (ages 16–24 y): CMS 135v1, NQF 0033, PQRS 310, HEDIS 2015, WWTF: HIV (high-risk groups): NQF 0573, (prenatal): NQF 0012; RPR (prenatal): NQF 0807; HepB (prenatal): NQF 0608, PQRS 369</td>
</tr>
<tr>
<td>PCW 8: optimal glycemic control</td>
<td>For pregestational diabetes, optimal A1c</td>
<td>Hb A1c for patients with diagnosis of DM</td>
<td>A1c less than 6.5%</td>
<td>Many measures but none appropriately targeting reproductive risk targets: HEDIS 2015, PQRS 229 and 1, NQF 0057/0575/0058/0731/ others, ACO 22 and 27, UDS, WWTF</td>
</tr>
</tbody>
</table>

*Health Care System Measures to Advance Preconception Wellness: Consensus Recommendations of the Clinical Workgroup of the National Preconception Health and Health Care Initiative*

Frayne, Daniel J.; Verbiest, Sarah; Chelmow, David; Clarke, Heather; Dunlop, Anne; Hosmer, Jennifer; Menard, M. Kathryn; Moos, Merry-K.; Ramos, Diana; Stuebe, Alison; Zephyrin, Laurie

Clinical Measures for Preconception Wellness

<table>
<thead>
<tr>
<th>Clinical Measure</th>
<th>Description or Intent</th>
<th>Reported Data</th>
<th>Target</th>
<th>PCW 9: teratogen avoidance in chronic conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Avoidance of teratogenic medications for women at risk of pregnancy</td>
<td>Medication list presence of ACE-I, ARB, statin, valproic acid, lithium, or warfarin</td>
<td>No teratogenic medications since LMP</td>
<td>No exact measure but correlates with medication documentation including OTC medications: CMS 68v1, NQF 0419; medication reconciliation: PQRS 46 and 130, ACO #12; meaningful use core objective 5; use of high-risk medication in the elderly: CMS 156v3, NQF 22; PQRS 238; annual monitoring for medications (ACE-I, anticonvulsants) PQRS 59; HEDIS 2015; adherence to ACE-I and ARBs or statins in patients with DM: NQF 2467, NQF 0545; many NQF measures for specific medications such as statins, anticoagulants, DMARDs, mood stabilizers</td>
</tr>
</tbody>
</table>

PCW, preconception wellness; NQF, National Quality Forum; WWTS, Well Woman Task Force; EGA, best obstetric estimate of gestational age; UDS, Uniform Data System; HEDIS, Healthcare Effectiveness Data and Information Set; LMP, last menstrual period; OTC, over-the-counter; CMS, Centers for Medicare and Medicaid Services; PQRS, Physician Quality Reporting System; ACO, Accountable Care Organization; PHQ, Patient Health Questionnaire; BMI, body mass index; STI, sexually transmitted infection; HIV, human immunodeficiency virus; HepBAg, hepatitis B surface antigen; RPR, rapid plasma reagin test for syphilis; HB Ab1, hemoglobin A1c; DAX, diabetes mellitus; ACE-I, angiotensin-converting enzyme inhibitor; ARB, angiotensin receptor blocker; DMARDs, disease-modifying antirheumatic drugs.
Almost 50% of pregnancies in the US are unintended (mistimed or unwanted)
Every service provider serving women of reproductive age play an important role

Every participant encounter is an opportunity to discuss pregnancy intendedness and current health

Well woman care is important for all, but crucial for those with chronic conditions who would like to become pregnant
Risk factors for preterm birth and low birth weight

- High Blood Pressure
- Alcohol Use
- Drug Use
- Obesity
- Underweight

- Violence / Abuse
- Stress
- Diabetes
- Financial Instability
- Smoking
Phase 1 Focus

* Integrating preconception and interconception care into routine services for all women of reproductive age
Recommendations for the Routine Care of All Women of Reproductive Age*

Family planning counseling and use of reproductive life plan
- Routine health promotion activities for all women of reproductive age should begin with screening women for their intentions to become or not become pregnant in the short and long term and their risk of conceiving (whether intended or not).
- Providers should encourage patients (women, men, and couples) to consider a reproductive life plan and educate patients about how their reproductive life plan impacts contraceptive and medical decision-making.
- Every woman of reproductive age should receive information and counseling about all forms of contraception, from abstinence to permanent sterilization and the use of emergency contraception, that are consistent with her reproductive life plan and risk of pregnancy.

Physical activity
- All women should be assessed regarding weight-bearing and cardiovascular exercise and offered recommendations that are appropriate to their physical abilities.

Nutrition
- All women should have their BMI calculated at least annually.
- All women with BMIs ≥ 26 kg/m² should be counseled about the risks to their own health, the risks for exceeding the overweight category, and the risks to future pregnancies, including infertility. These women should be offered specific behavioral strategies to decrease caloric intake and increase physical activity and be encouraged to consider enrolling in structured weight loss programs.
- All women with a BMI <19.8 kg/m² should be counseled about the short- and long-term risks to their own health and the risks to future pregnancies, including infertility.
- All women with a low BMI should be assessed for eating disorders and distortions of body image. Women who are unwilling to consider and achieve weight gain may require referral for further evaluation of eating disorders.

*Adapted from Moos et al American J Obstet Gynecol 2008: 199 (6 Supple 2) S280-289
# Recommendations for the Routine Care of All Women of Reproductive Age

## Nutrient Intake
- All women of reproductive age should be advised to ingest 0.4 mg (400 mcg) of synthetic folic acid daily from fortified foods and/or supplements and to consume a balanced, healthy diet of folate-rich food.

## Immunizations
- All women of reproductive age should have their immunization status for tetanus, diphtheria, pertussis; measles, mumps, and rubella; and varicella reviewed annually and updated as indicated.
- All women should be assessed annually for health, lifestyle, and occupational risks for other infections and offered indicated immunizations.

## Infectious Disease
- Healthcare providers should assess STI risks regularly and routinely, provide counseling and other strategies that include immunizations to prevent the acquisition of STIs, and provide indicated STI testing and treatment for all women of childbearing age.

## Substance Exposures
- All women should be assessed for the use of tobacco at each encounter with the healthcare system, and those who smoke should be counseled, using the 5 As, to limit exposure.
- All women should be assessed at least annually for alcohol use patterns and risky drinking behaviors and provided with appropriate counseling; all women should be advised of the risks to the embryo/fetus of alcohol exposure in pregnancy and that no safe level of consumption has been established.

*Adapted from Moos et al American J Obstet Gynecol 2008: 199 (6 Supple 2) S280-289*
Risk factors for preterm birth and low birth weight

- High Blood Pressure
- Alcohol Use
- Drug Use
- Obesity
- Underweight
- Violence / Abuse
- Stress
- Diabetes
- Financial Instability
- Smoking
Life Planning
One Key Question® supports women’s power to decide by helping to transform their health care experience. The notion behind One Key Question® is simple: It asks all health providers and champions who support women to routinely ask, “Would you like to become pregnant in the next year?” From there, the provider or champion takes the conversation in the direction the woman herself indicates is the right one, whether that is family planning, preconception health, prenatal care, or other needs.

http://www.orfrh.org/patient-and-provider-resources/
Yes – Desires Pregnancy
- “Your health before you become pregnant is critical for a healthy pregnancy and baby. If you want to get pregnant soon…”
- “It’s best for your body and the health of your next baby to wait about 18 months after giving birth to become pregnant again. Talk with your partner about your goals for pregnancy and what steps you can take to be as healthy as possible.”

No – Does Not Desire Pregnancy
- “If you want to prevent pregnancy, there are many safe and effective birth control options.”

Unsure/At Risk
- “Whether or not you want to become pregnant talk to your health care provider today. Learn how to prepare for a healthy pregnancy and how to prevent pregnancy until you are ready.”

http://www.orfrh.org/patient-and-provider-resources/
Opportunities for Action

Carry this booklet with you! Remember that It’s About YOU!
Lower Hudson Valley Perinatal Network
22 Saw Mill River Road
3rd Floor, Mailbox 19
Hawthorne, NY 10532
(914) 922-2240 • www.lhvpn.net

Produced with funding from the New York State Department of Health, Division of Family Health
Interactive Activity
**Question 1:** Was your child born more than 2 weeks early or more than 2 weeks late?

37-38 weeks is early term. **≤37 weeks is premature.**

**YES**
- Attending well woman doctor visits regularly are vital, eating healthy food, being physically active for at least 30 minutes a day, and adopting a healthy lifestyle—ask your gynocologist or primary care provider for more information on reducing the risk of a future premature birth.

**NO**
- Attending well woman doctor visits regularly are vital, eating healthier food, and being active for at least 30 min/day.

**Less than 5lb 8oz = low birth weight.** Less than 3lb 5oz = very low birth weight.

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**Question 2:** Did the mother experience feelings of depression (mental health issues) anytime during or following the birth?

**Baby Blues** is common and can last for up to 2 weeks. Symptoms include feeling overwhelmed, irritable, frustration, and mood swings.

**Postpartum Depression:** The above symptoms last for more than 2 weeks.

**YES**
- Postpartum Depression affects 10-20% of new moms. Symptoms: frequent crying, persistent sadness, tiredness and guilt. See your doctor if you are having these symptoms. To locate a mental health provider, call the Growing Up Healthy Hotline at 800-522-5006.

**NO**
- Even if you don’t have these symptoms, be aware of them to support friends or family members who may be experiencing baby blues or postpartum depression.
### Question 3: Did mother use any of the following during her pregnancy? Alcohol, tobacco, prescription medications, other drugs /medications?

<table>
<thead>
<tr>
<th>YES</th>
<th>How ready are you to quit? If you need help with alcohol, smoking or substance abuse, see your doctor. You can call a substance abuse treatment facility locator at 800-662-4357 or the NYS Smoking Quitline at 866-697-8487.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>Continue this behavior even after pregnancy.</td>
</tr>
</tbody>
</table>

There is no safe consumption of alcohol during pregnancy. Fetal Alcohol Spectrum Disorder can result in movement, balance, thinking, speech and learning difficulties.

### Question 4A: Is this mother currently pregnant?

<table>
<thead>
<tr>
<th>YES</th>
<th>Get early and regular prenatal care (it is important!). Contact your healthcare provider if you haven’t already. Take folic acid (400 mcg/day). If you need a healthcare provider call 800-311-2229 (English) or 800-504-7081 (Spanish). Visit your obstetrician.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>Make sure you attend all of your prenatal visits. If you think you might be pregnant contact your healthcare provider - prenatal care is important. Take folic acid (400 mcg/day).</td>
</tr>
</tbody>
</table>

### Question 4B: If yes, is this mother receiving prenatal care?

<table>
<thead>
<tr>
<th>YES</th>
<th>Take 400 mcg/day of folic acid to reduce the risk of birth defects, utilize life Planning Booklet, and management of chronic diseases. Schedule a visit with your gynecologist.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>Discuss steps that will be taken to prevent an unplanned pregnancy, including contraception methods. Take a multivitamin which contains folic acid on a daily basis. Schedule a visit with your primary care provider or gynecologist.</td>
</tr>
</tbody>
</table>

### Question 4C: Would you like to become pregnant in the next 12 months?

<table>
<thead>
<tr>
<th>YES</th>
<th>Take 400 mcg/day of folic acid to reduce the risk of birth defects, utilize life Planning Booklet, and management of chronic diseases. Schedule a visit with your gynecologist.</th>
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</thead>
<tbody>
<tr>
<td>NO/ UNSURE</td>
<td>Discuss steps that will be taken to prevent an unplanned pregnancy, including contraception methods. Take a multivitamin which contains folic acid on a daily basis. Schedule a visit with your primary care provider or gynecologist.</td>
</tr>
</tbody>
</table>

51% of all pregnancies are unplanned. It is recommended to wait at least 18 months after giving birth to conceive/get pregnant again.
Exposure to smoking can be harmful to you and your baby both during and after pregnancy. Exposure to smoking may cause a miscarriage, prematurity, low birth weight and Sudden Infant Death Syndrome. Call the NYS Quitline at 866-697-8487.

**Question 5:** Does anyone living in the house smoke?

<table>
<thead>
<tr>
<th>YES</th>
<th>Exposure to smoking can be harmful to you and your baby both during and after pregnancy. Exposure to smoking may cause a miscarriage, prematurity, low birth weight and Sudden Infant Death Syndrome. Call the NYS Quitline at 866-697-8487.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>Emphasize the harmful effects of exposure to smoking.</td>
</tr>
</tbody>
</table>

Smoking: any exposure is harmful. Firsthand (mother smokes), secondhand (someone nearby smokes), and thirdhand (smoke in the surroundings)

**Question 6:** Please put a check mark to indicate which family members have the following: (see chronic disease chart)

| YES | Many chronic diseases run in families. Two examples are obesity and diabetes. Childhood obesity may lead to adult diabetes. It is important to make healthy lifestyle choices, along with a healthy diet and physical activity. |
| NO/UNSURE | Talk to your family to find out what diseases exist and share this info with your doctor. |

Chronic diseases such as high blood pressure, asthma, diabetes, heart disease, and kidney disease are risk factors for prematurity. Refer to primary care provider.
Question 7: Which feeding method did you use or are currently using? Breastfeeding, bottle feeding, or both?

Breastfeeding promotes mother-baby bonding, provides specific nutrients only found in breastmilk, and is cost-effective.

If the mother would like to become pregnant in the next 12 months, discuss/refer for breastfeeding education.

See reference guide for more info.
CHW met with Kim at the ABC office to go over the forms she had previously submitted. She brought her 5 year old son and 3 year old daughter with her because she was having difficulty finding a babysitter. The CHW stated to Kim, that after having reviewed the forms noticed that she had identified herself as having diabetes in response to (question 6) Please put a check mark to indicate which family member has the following chronic disease. She also said no to (question 4A) Is the mother currently pregnant? and yes to (question 4C) “Would you like to become pregnant in the next 12 months?”

What messages would you give Kim?
CHW visited Maria at her home for her first home visit. She is 4 months pregnant and this is her first pregnancy. The CHW prior to this visit, and after having reviewed her forms noticed she answered yes to (question 4A) *Are you currently pregnant?*, yes to (question 4B) *Is this mother receiving prenatal care?* and yes to (question 5) *Does anyone living in the house smoke?*

* What messages would you give Maria?
You are visiting Devon, mother of a 3 week old baby girl, at her home. She is concerned that the baby is not getting enough breastmilk and is considering supplementing with formula. Remind the client about the importance of that 8 week postpartum check up. The client answered breastfeeding to (question 32) Which feeding method did you use or are currently using? Breastfeeding, bottle feeding, or both. She also answered yes to (question 7) Did the mother experience feelings of depression (mental health issues) anytime during or following the birth?

What messages would you give Devon?
Empowering Referrals

- Obstetrician, Family Practitioner, Midwife – Post Partum Visit
- Primary Care
- Smoking Cessation
- Family Planning
- Diabetes Self Management Program
- Diabetes Prevention Program
- YMCA
- Support Circles
- Baby Cafés
- Psycho Social Support
- ..and more
Preconception Resources

* On-line Training – “Understanding Preconception Health: A Course for Community Health Workers”
  https://phtc-online.org/catalog/pch/

* Preconception Health -
  https://www.womenshealth.gov/pregnancy/you-get-pregnant/preconception-health

* Show Your Love - National preconception consumer resource and campaign
  http://showyourlovetoday.com/
Health Provider Resources

IMPLICIT interconception care toolkit
Incorporating maternal risk assessment into well-child visits to improve birth outcomes

- Interventions to Minimize Preterm and Low birth weight Infants using Continuous quality Improvement Techniques (IMPLICIT)

- https://www.prematurityprevention.org/Home
Health Provider Resources

* National Preconception Health and Health Care (PCHHC)
* https://beforeandbeyond.org/
  * Resource Guide for Clinicians
  * Toolkits
  * Educational Modules
Women’s Wellness Affirmation

* I am beautiful both inside and out.
* I am mentally and emotionally strong. No other individual can break me.
* I am NOT perfect and that is OKAY!
* I have value to myself and others. I am confident.
* Above all else, I can do anything I put my mind to.
It Takes a Village!

To ensure all women and men of reproductive age will achieve optimal health and wellness, fostering a healthy life course for them and any children they may have.*

* National Preconception Health and Health Care (PCHHC) Vision
What questions do YOU have for me?
It Takes a Village

For more information, please feel free to contact:

Lower Hudson Valley Perinatal Network
(914) 922-2240 phone
(914) 922-2254 fax

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