

# Preconception Health and Health Care *Reproductive Life Plan Tool For Health Professionals*



Health care providers can 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.



**Do you plan to have any (more) children at any time in your future?** *(Open ended and allows branching.)*

## IF YES:

- How many children would you like to have? *(Encourages the person to consider that there is a choice about the number of children one has.)*
- How long would you like to wait until you or your partner becomes pregnant? *(Encourages the person to vision their own future.)*

Studies have shown an association between shorter birth intervals (less than 6 months between giving birth and conception), and several adverse fetal outcomes, including low birth weight, preterm birth, and small for gestational age. Intervals of 60 months or longer had higher risks for preterm birth and very small for gestational age.<sup>i,ii</sup>

Many women are waiting until their 30s and 40s to have children. About one-third of couples in which the woman is older than 35 years have fertility problems.<sup>iii</sup>

- What family planning method do you plan to use until you or your partner are ready to become pregnant? *(Gives the patient an opportunity to formulate and communicate a personal strategy.)*

About half of all pregnancies in the United States are unplanned. Slightly more than half of unintended pregnancies occur among women who were not using any method of contraception in the month they conceived.<sup>iv</sup>

- How sure are you that you will be able to use this method without any problems? *(Encourages the patient to recognize that methods can have problems and to consider matching method choice to personal circumstances.)*

Contraception is highly effective; however, no method, including permanent sterilization, is perfect. In addition to nonuse of contraception, unintended pregnancies occur due to imperfect use of contraception (43%), and method failure (5%).<sup>iv</sup>



## IF NO:

- **What family planning method will you use to avoid pregnancy?** *(Gives an opportunity to formulate and communicate a personal strategy to achieve plan.)*

About half of all pregnancies in the United States are unplanned. Slightly more than half of unintended pregnancies occur among women who were not using any method of contraception in the month they conceived.<sup>iv</sup>

- **How sure are you that you will be able to use this method without any problems?** *(Encourages recognition that methods can have problems and to consider matching method choice to personal circumstances.)*

Contraception is highly effective; however, no method, including permanent sterilization, is perfect. In addition to nonuse of contraception, unintended pregnancies occur due to imperfect use of contraception (43%), and method failure (5%).<sup>iv</sup>

- **People's plans change. Is it possible you or your partner could ever decide to become pregnant?** *(Relays the message that plans can change and that it is okay, but deliberate decisions about becoming pregnant are possible and desirable.)*

## Action Steps

Once your patient has a plan—encourage her or him to take action. For example, if she's decided to use the pill, ask her if she has thought about how to take the pill the same time every day; if his plan is to use condoms, ask if he has thought about how to have a useable condom available whenever needed.

Remind patients that the plan doesn't have to be set in stone. Life is unpredictable! So, encourage people to make a plan today, give it some thought each year, and expect to make changes along the way.

For more information please visit: [www.cdc.gov/preconception](http://www.cdc.gov/preconception)

## References:

- i. Salihi HM, August EM, Mbah AK, de Cuba RJ 2<sup>nd</sup>, Alio AP, Rowland-Mishkit V, Berry EL. The Impact of Birth Spacing on Subsequent Feto-Infant Outcomes among Community Enrollees of a Federal Healthy Start Project. *J of Community Health*. 2011 Jun 9. [Epub ahead of print]
- ii. Grisaru-Granovsky S, Gordon ES, Haklai Z, Samueloff A, Schimmel MM. Effect of interpregnancy interval on adverse perinatal outcomes—a national study. *Contraception*. 2009 Dec;80(6):512-8. Epub 2009 Jul 22.
- iii. CDC. <http://www.cdc.gov/reproductivehealth/infertility/index.htm#8>
- iv. Frost JJ, Darroch JE and Remez L. Improving Contraceptive Use in the United States, In Brief, New York: Guttmacher Institute, 2008, No.1.

This Reproductive Life Plan was developed in partnership with Merry-K Moos, RN, FNP, MPH, FAAN, Department of Obstetrics and Gynecology, University of North Carolina at Chapel Hill and is based on her webinar, "Reproductive Life Plans" (February 25, 2010) available at <http://www.beforeandbeyond.org/?page=cme-modules>.



