Preconception Health Care Tool

One-stop shop for preconception care

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he 24-year-old graduate student coming to see you for renewal of her birth control.

The 34-year-old new patient with a history of hypothyroidism who comes in to discuss her fatigue.

The 42-year-old male smoker seeing you for blood pressure follow-up.

These encounters all represent potential opportunities to discuss preconception care. Preconception care broadly encompasses identifying potential physical, psychosocial, genetic, environmental, and behavioural risk factors for adverse pregnancy outcomes, and reducing those risks before conception through counseling, education, and intervention.1 It focuses on health promotion and illness prevention for everyone of reproductive age.

Bialystok et al identified that "there is no consistent set of national guidelines for this important component of ... care" and that "family physicians can make a crucial difference by incorporating preconception care into routine practice."2

Development

The Centre for Effective Practice, in collaboration with the Ontario College of Family Physicians, led an initiative to develop and disseminate an evidence-based, point-of-care tool for preconception care. Point-of-care tools are syntheses of evidence intended to disseminate information and support decision making at the point of care; these include resources such as decision aids and medical algorithms. The Preconception Health Care Tool (www.thewellhealth.ca/preconception) was developed in response to the recommendations in the Ontario Ministry of Health and Long-Term Care publication No Time to Wait: The Healthy Kids Strategy,3 which is based on well documented evidence that healthy individuals have a much better chance of having babies who enjoy good health throughout their lives.^{3,4} A hard

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copy of the Preconception Health Care Tool is included with this issue of Canadian Family Physician.

Clinical expertise was provided by a primary care nurse practitioner (R.B.) and a family physician (D.T.), with support from the Centre for Effective Practice staff, who provided guidance focusing on clinical and implementation evidence. An integrative knowledge translation approach was used to develop the clinical tool. This approach consisted of a comprehensive literature and gray literature search, as well as an environmental scan of existing tools and resources. Clinical evidence (including clinical practice guidelines, implementation evidence, and recommendations) was reviewed and appraised.

Iterations of the tool were tested and refined based on feedback obtained from stakeholders and organizations with expertise in maternal and infant health, as well as providers who practise comprehensive family medicine. Three focus groups were conducted with target end users to determine their needs and preferences, and the tool was modified based on this feedback.

The content is organized in sections of care, similar to a patient encounter. Within each content box are 3 sections: prevention and promotion, screening, and management. Links to provider and patient resources have been inserted directly in the tool for ease of access. Where applicable, links to Canadian guidelines and references are included. The tool also includes checkboxes and text fields for providers to use over a series of visits with their patients.

Applications and formats

The tool was designed to support primary care providers in screening, counseling, and treating all patients of reproductive age. It is designed to be used over a series of visits to identify potential physical, psychosocial, genetic, and environmental risk factors for adverse pregnancy outcomes. The tool encourages providers to engage their patients in developing a reproductive life plan, assess and optimize preconception physical and mental health, choose safe medications, and improve lifestyle habits (nutrition; physical activity; alcohol, tobacco, and other substance use) that might affect conception, pregnancy, and infant outcomes.

The Preconception Health Care Tool is available in multiple formats—on paper (1 page, double-sided), online as a modifiable form (www.thewellhealth.ca/precon ception), and integrated as a custom form in the electronic medical record TELUS PSS, the most widely used

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electronic medical record in Ontario. To date there have been more than 2500 hard-copy tool kits distributed and more than 20500 webpage views of the tool. In addition, the tool has been incorporated into several continuing professional development sessions, both provincially and nationally. Several public health units in Ontario have also supported implementation of the tool among their providers. It has also been translated into French.

Conclusion

The Preconception Health Care Tool will help standardize primary care providers' approach to preconception health care with all patients of reproductive age and provide guidance and resources to both providers and patients. We hope you will use it in practice, use it as a reference, and share it with colleagues.

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Competing interests

None declared

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