

# Upstream Impact

Engaging Primary Care to Improve  
Preconception Health to Reduce Maternal  
Morbidity in Rural Arizona



THE UNIVERSITY OF ARIZONA  
MEL & ENID ZUCKERMAN COLLEGE OF PUBLIC HEALTH

School of Health  
Professions

## Physician Assistant



**Nicole Caniglia, MSPAS, PA-C**

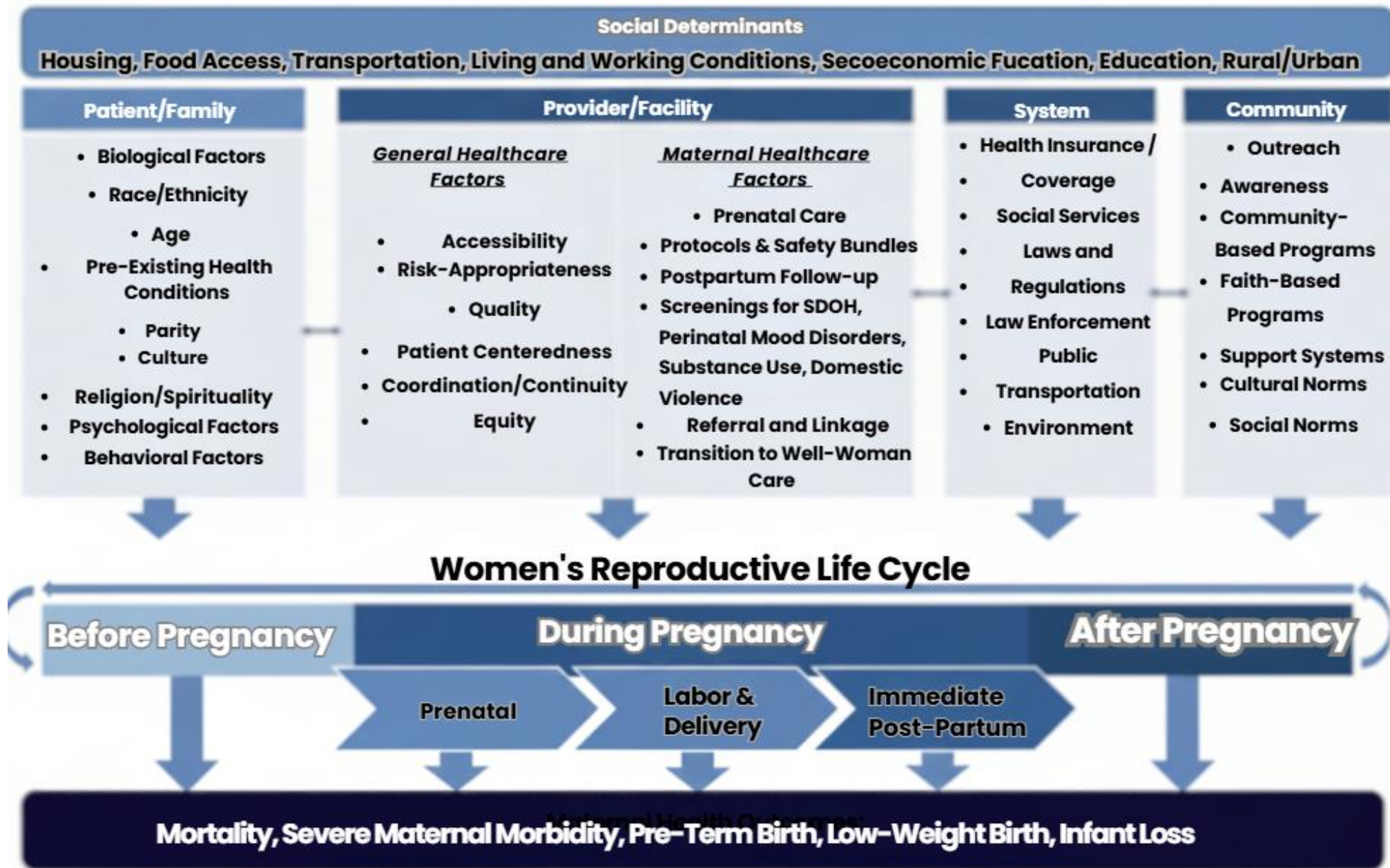


**Sherron Cook, DHSc, MS, PA-C**

# Learning Objectives



1. *Identify* key modifiable preconception risk factors contributing to maternal morbidity in rural populations
2. *Apply* brief, practical screening strategies within primary care visits
3. *Describe* how interdisciplinary approaches can expand access to preconception care



# Intervention Opportunities



Preconception



Family Planning



Pregnancy



Postpartum

# Pregnancy Intention

- Would you like to have (more) children?
- When do you think that might be?
- How would you respond to a positive pregnancy test?



- Contraceptive counseling
- Optimize pre-pregnancy health
- Minimize modifiable risk factors

# Medical History



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Mood disorders  
Substance use  
disorder

Diabetes  
Thyroid disorder  
Seizure disorder




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Chronic  
hypertension  
Heart disease  
Hx DVT/PE

Obesity  
Surgical hx





Postpartum Support International

Arizona  
PSI-AZ

# Mental Health

[Arizona Chapter of Postpartum Support International](#)

# Programs and Resources

## Patients/Families

- PSI- Online directory qualified perinatal mental health professionals
- HelpLine: English and Spanish
  - 1-800-944-4773
- National Maternal Mental Health Hotline 24/7 Free, Interpreter services 60 languages
  - 1-833-943-5746
- Online support groups, peer mentor program

## Medical Professionals

- Perinatal Psychiatric Consult Line
- Perinatal Mental Health Certification PMH-C





# Hypertension

# Risks of Chronic HTN in Pregnancy

Maternal	Fetal/neonatal
<ul style="list-style-type: none"><li>▪ Severe hypertension</li><li>▪ Superimposed preeclampsia</li><li>▪ Abruptio</li><li>▪ Cesarean delivery</li><li>▪ Postpartum hemorrhage</li><li>▪ Renal insufficiency/failure</li><li>▪ Stroke</li><li>▪ Myocardial infarction</li><li>▪ Pulmonary edema</li><li>▪ Death</li></ul>	<ul style="list-style-type: none"><li>▪ Fetal growth restriction/small for gestational age infant</li><li>▪ Preterm delivery</li><li>▪ Congenital anomalies</li><li>▪ Stillbirth</li><li>▪ Neonatal death</li></ul>



BASELINE  
LABORATORY TESTS



ECHOCARDIOGRAM OR 12-  
LEAD ECG, TESTING FOR  
SECONDARY CAUSES OF  
HYPERTENSION



REVIEW AND OPTIMIZE  
ANTIHYPERTENSIVE  
MEDICATION



EVALUATE FOR OTHER  
COMORBIDITIES



HOME BLOOD  
PRESSURE  
MONITORING

# Diabetes



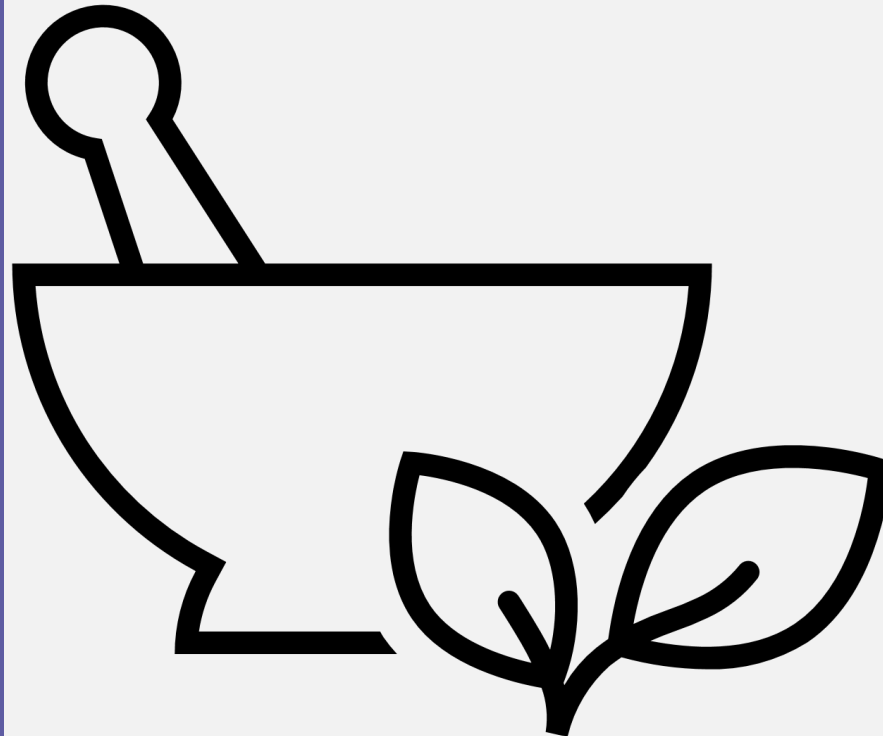
# American Diabetes Association Standards of Care in Diabetes



- Preconception Counseling Recommendations
  1. Starting at puberty and continuing in all people with diabetes and childbearing potential, preconception counseling should be incorporated into routine diabetes care.
  2. Family planning should be discussed, and effective contraception (with consideration of long-acting, reversible contraception) should be prescribed and used until an individual's treatment plan and A1C are optimized for pregnancy.
  3. Preconception counseling should address the importance of achieving glucose levels as close to normal as is safely possible, ideally A1C <6.5%, to reduce the risk of congenital anomalies, preeclampsia, macrosomia, preterm birth, and other complications.
  4. Individuals with a history of gestational diabetes mellitus (GDM) should seek preconception screening for diabetes and preconception care to identify and treat hyperglycemia and prevent congenital malformations.

# Medication Review

- Teratogenic medications
- ACE I/ARB
- Androgens
- Carbamazepine, lithium, phenytoin, valproic acid
- Methimazole
- MTX
- Tetracycline, Sulfa antibiotics
- Warfarin
- Retinoids



- Review all RX, OTC, vitamins, supplements, topicals
- Anticipatory counseling regarding safety profiles, dosing, specialist consultation
- Review alternatives
- Wash-out/waiting period?
- Lactation
- [MotherToBaby.org](http://MotherToBaby.org)



For accessible version, please see the summary of classifications at <https://www.cdc.gov/contraception/hcp/usmec/>

# Summary Chart of U.S. Medical Eligibility Criteria for Contraceptive Use (U.S. MEC)



**Updated in 2024.** This summary sheet only contains a subset of the recommendations from the U.S. MEC. For complete guidance, see: <https://www.cdc.gov/contraception/hcp/usmec/>. Most contraceptive methods do not protect against STIs. Consistent and correct use of the external (male) latex condom reduces the risk of STIs and HIV. Please see NIH guidelines for up to date recommendations on hormonal contraception and ARVs: <https://clinicalinfo.hiv.gov/en/guidelines/perinatal/prepregnancy-counseling-childbearing-age-overview?view=fulltable-3> and <https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-adult-and-adolescent-arv-drug-interactions-overview?view=full>.

**KEY:** 1 = No restriction (method can be used) 2 = Advantages generally outweigh theoretical or proven risks 3 = Theoretical or proven risks usually outweigh the advantages 4 = Unacceptable health risk (method not to be used)

Condition	Sub-Condition	Cu-IUD		LNG-IUD		Implant		DMPA		POP		CHC	
		I	C	I	C	I	C	I	C	I	C	I	C
Age	Menarche to <20 yrs:	2	2	2	2	1	1	2	2	1	1	2	2
	>=20 yrs:	1	1	1	1	1	1	1	1	1	1	1	1
	>45 yrs:	1	1	1	1	1	1	1	1	1	1	1	1
Anatomical abnormalities	a. Distorted uterine cavity	4	4										
	b. Other abnormalities	2	2										
Anemia, iron-deficiency		2	1	1	1	1	1	1	1	1	1	1	1
Benign ovarian tumors	(including cysts)	1	1	1	1	1	1	1	1	1	1	1	1
Breast disease	a. Undiagnosed mass	1	2*	2*	2*	2*	2*	2*	2*	2*	2*	2*	2*
	b. Benign breast disease	1	1	1	1	1	1	1	1	1	1	1	1
	c. Family history of cancer	1	1	1	1	1	1	1	1	1	1	1	1
	d. Breast cancer <sup>†</sup>												
	i. Current	1	4	4	4	4	4	4	4	4	4	4	4
ii. Past and no evidence of current disease for 5 years	1	3	3	3	3	3	3	3	3	3	3	3	
Breastfeeding	a. <21 days postpartum				2*	2*	2*	2*	2*	2*	2*	2*	4*
	b. 21 to <30 days postpartum												
	i. With other risk factors for VTE				2*	2*	2*	2*	2*	2*	2*	2*	3*
	ii. Without other risk factors for VTE				2*	2*	2*	2*	2*	2*	2*	2*	3*
	c. 30-42 days postpartum												
	i. With other risk factors for VTE				1*	2*	1*	1*	1*	1*	1*	1*	3*
ii. Without other risk factors for VTE				1*	1*	1*	1*	1*	1*	1*	1*	2*	
d. >42 days postpartum													
Cervical cancer	Awaiting treatment	4	2	4	2	2	2	2	2	1	1	2	2
Cervical ectropion		1	1	1	1	1	1	1	1	1	1	1	1
Cervical intraepithelial neoplasia		1	2	2	2	2	2	1	1	1	1	2	2
Chronic kidney disease <sup>†</sup>	a. Current nephrotic syndrome	1	1	2	2	2	3	2/4*	4	4	4	4	4
	b. Hemodialysis	1	1	2	2	2	3	2/4*	4	4	4	4	4
	c. Peritoneal dialysis	2	1	2	2	2	3	2/4*	4	4	4	4	4
Cirrhosis	a. Compensated (normal liver function)	1	1	1	1	1	1	1	1	1	1	1	1
	b. Decompensated <sup>†</sup> (impaired liver function)	1	2	2	3	2	4	4	4	4	4	4	4
Cystic fibrosis <sup>†</sup>		1*	1*	1*	2*	1*	1*	1*	1*	1*	1*	1*	1*
Deep venous thrombosis (DVT)/Pulmonary embolism (PE) <sup>†</sup>	a. Current or history of DVT/PVE, receiving anticoagulant therapy (therapeutic dose)	2*	2*	2*	2*	2*	2*	2*	2*	2*	2*	2*	3*
	b. History of DVT/PE, receiving anticoagulant therapy (prophylactic dose)												
	i. Higher risk for recurrent DVT/PE	2*	2*	2*	3*	2*	4*	4*	4*	4*	4*	4*	4*
	ii. Lower risk for recurrent DVT/PE	2*	2*	2*	2*	2*	2*	2*	2*	2*	2*	2*	3*
	c. History of DVT/PE, not receiving anticoagulant therapy												
	i. Higher risk for recurrent DVT/PE	1	2	2	3	2	4	4	4	4	4	4	4
ii. Lower risk for recurrent DVT/PE	1	2	2	2	2	3	3	3	3	3	3	3	
d. Family history (first-degree relatives)	1	1	1	1	1	1	1	1	1	1	1	2	
Depressive disorders		1*	1*	1*	1*	1*	1*	1*	1*	1*	1*	1*	1*

Condition	Sub-Condition	Cu-IUD		LNG-IUD		Implant		DMPA		POP		CHC	
		I	C	I	C	I	C	I	C	I	C	I	C
Diabetes	a. History of gestational disease	1	1	1	1	1	1	1	1	1	1	1	1
	b. Nonvascular disease												
	i. Non-insulin dependent	1	2	2	2	2	2	2	2	2	2	2	2
	ii. Insulin dependent <sup>†</sup>	1	2	2	2	2	2	2	2	2	2	2	2
c. Nephropathy, retinopathy, or neuropathy <sup>†</sup>		1	2	2	2	2	3	2	3/4*	2	3/4*	3/4*	3/4*
	d. Other vascular disease or diabetes of >20 years' duration <sup>†</sup>	1	2	2	2	2	3	2	3/4*	2	3/4*	3/4*	3/4*
Dysmenorrhea	Severe	2	1	1	1	1	1	1	1	1	1	1	1
Endometrial cancer <sup>†</sup>		4	2	4	2	1	1	1	1	1	1	1	1
Endometrial hyperplasia		1	1	1	1	1	1	1	1	1	1	1	1
Endometriosis		2	1	1	1	1	1	1	1	1	1	1	1
Epilepsy <sup>†</sup>	(see also Drug Interactions)	1	1	1*	1*	1*	1*	1*	1*	1*	1*	1*	1*
Gallbladder disease	a. Asymptomatic	1	2	2	2	2	2	2	2	2	2	2	2
	b. Symptomatic												
	i. Current	1	2	2	2	2	2	2	2	2	2	3	3
ii. Treated by cholecystectomy	1	2	2	2	2	2	2	2	2	2	2	2	
iii. Medically treated	1	2	2	2	2	2	2	2	2	2	2	3	
Gestational trophoblastic disease (GTD) <sup>†</sup>	a. Suspected GTD (immediate postevacuation)												
	i. Uterine size first trimester	1*	1*	1*	1*	1*	1*	1*	1*	1*	1*	1*	1*
	ii. Uterine size second trimester	2*	2*	2*	2*	2*	2*	2*	2*	2*	2*	2*	2*
	b. Confirmed GTD												
	i. Undetectable or non-pregnant β-hCG levels	1*	1*	1*	1*	1*	1*	1*	1*	1*	1*	1*	1*
	ii. Decreasing β-hCG levels	2*	1*	2*	1*	1*	1*	1*	1*	1*	1*	1*	1*
iii. Persistently elevated β-hCG levels or malignant disease, with no evidence or suspicion of intrauterine disease	2*	1*	2*	1*	1*	1*	1*	1*	1*	1*	1*	1*	
iv. Persistently elevated β-hCG levels or malignant disease, with evidence or suspicion of intrauterine disease	4*	2*	4*	2*	1*	1*	1*	1*	1*	1*	1*	1*	
Headaches	a. Nonmigraine (mild or severe)	1	1	1	1	1	1	1	1	1	1	1	1
	b. Migraine												
	i. Without aura (includes menstrual migraine)	1	1	1	1	1	1	1	1	1	1	2*	2*
ii. With aura	1	1	1	1	1	1	1	1	1	1	4*	4*	
History of bariatric surgery <sup>†</sup>	a. Restrictive procedures	1	1	1	1	1	1	1	1	1	1	1	1
	b. Malabsorptive procedures	1	1	1	1	1	3	3	3	3	3	3	3
History of cholestasis	a. Pregnancy related	1	1	1	1	1	1	1	1	1	1	1	2
	b. Past CDC related	1	2	2	2	2	2	2	2	2	2	2	3
History of high blood pressure during pregnancy		1	1	1	1	1	1	1	1	1	1	2	2
History of pelvic surgery	(see also Postpartum (including cesarean delivery))	1	1	1	1	1	1	1	1	1	1	1	1
HIV	a. High risk for HIV	1*	1*	1*	1*	1*	1*	1*	1*	1*	1*	1*	1*
	b. HIV infection					1*	1*	1*	1*	1*	1*	1*	1*
	i. Clinically well receiving ARV therapy	1	1	1	1	1	1	1	1	1	1	1	1
ii. Not clinically well or not receiving ARV therapy <sup>†</sup>	2	1	2	1	1	1	1	1	1	1	1	1	

**Abbreviations:** ARV = antiretroviral; C = continuation of contraceptive method; CHC = combined hormonal contraceptive (pill, patch, and ring); COC = combined oral contraceptive; Cu-IUD = copper intrauterine device; DMPA = depot medroxyprogesterone acetate; I = initiation of contraceptive method; LNG-IUD = levonorgestrel intrauterine device; NA = not applicable; POP = progestin-only pill; P/R = patch/ring; SSRI = selective serotonin reuptake inhibitor; STI = sexually transmitted infection; VTE = venous thromboembolism. <sup>†</sup>Condition associated with increased risk as a result of pregnancy. \*Please see the complete guidance for a clarification to this classification: <https://www.cdc.gov/contraception/hcp/usmec/>.

# Summary Chart of U.S. Medical Eligibility Criteria for Contraceptive Use (U.S. MEC)



Condition	Sub-Condition	Cu-IUD		LNG-IUD		Implant		DMPA		POP		CHC	
		I	C	I	C	I	C	I	C	I	C	I	C
Hypertension	a. Adequately controlled hypertension	1*		1*		1*		2*		1*		3*	
	b. Elevated blood pressure levels (properly taken measurements)												
	i. Systolic 140-159 or diastolic 90-99	1*		1*		1*		2*		1*		3*	
	ii. Systolic ≥160 or diastolic ≥100*	1*		2*		2*		3*		2*		4*	
	c. Vascular disease	1*		2*		2*		3*		2*		4*	
Inflammatory bowel disease	(ulcerative colitis or Crohn's disease)	1		1		1		2		2		2/3*	
Ischemic heart disease <sup>2</sup>	Current and history of	1	2	3	2	3	2	3	2	3	2	4	
Liver tumors	a. Benign												
	i. Focal nodular hyperplasia	1		2		2		2		2		2	
	ii. Hepatocellular adenoma <sup>2</sup>	1		2		2		3		2		4	
	b. Malignant <sup>1</sup> (hepatocellular carcinoma)	1		3		3		3		3		4	
Malaria		1		1		1		1		1		1	
Multiple risk factors for atherosclerotic cardiovascular disease	(e.g., older age, smoking, diabetes, hypertension, low HDL, high LDL, or high triglyceride levels)	1		2		2*		3*		2*		3/4*	
Multiple sclerosis	a. Without prolonged immobility	1		1		1		2		1		1	
	b. With prolonged immobility	1		1		1		2		1		3	
Obesity	a. Body mass index (BMI) ≥30 kg/m <sup>2</sup>	1		1		1		1		1		2*	
	b. Menarche to <18 years and BMI ≥30 kg/m <sup>2</sup>	1		1		1		2		1		2*	
Ovarian cancer <sup>2</sup>		1		1		1		1		1		1	
Parity	a. Nulliparous	2		2		1		1		1		1	
	b. Parous	1		1		1		1		1		1	
Past ectopic pregnancy		1		1		1		1		2		1	
Pelvic inflammatory disease	a. Current	4	2*	4	2*	1	1	1	1	1	1	1	
	b. Past												
	i. With subsequent pregnancy	1	1	1	1	1	1	1	1	1	1	1	
	ii. Without subsequent pregnancy	2	2	2	2	1	1	1	1	1	1	1	
Peripartum cardiomyopathy <sup>3</sup>	a. Normal or mildly impaired cardiac function												
	i. <6 months	2	2	1	2	1	2	1	4				
	ii. ≥6 months	2	2	1	2	1	3						
	b. Moderately or severely impaired cardiac function	2	2	2	3	2	4						
Postabortion (spontaneous or induced)	a. First trimester abortion												
	i. Procedural (surgical)	1*		1*		1*		1*		1*		1*	
	ii. Medication	1*		1*		1*		1/2*		1*		1*	
	iii. Spontaneous abortion with no intervention	1*		1*		1*		1*		1*		1*	
	b. Second trimester abortion												
	i. Procedural (surgical)	2*		2*		1*		1*		1*		1*	
	ii. Medication	2*		2*		1*		1*		1*		1*	
	iii. Spontaneous abortion with no intervention	2*		2*		1*		1*		1*		1*	
	c. Immediate postseptic abortion	4		4		1*		1*		1*		1*	
	a. <21 days					1		2		1		4	
Postpartum (nonbreastfeeding)	b. 21 days to 42 days												
	i. With other risk factors for VTE					1		2		1		3*	
	ii. Without other risk factors for VTE					1		1		1		2	
	c. >42 days					1		1		1		1	
	a. <10 minutes after delivery of the placenta	2*		2*									
	b. 10 minutes after delivery of the placenta to <4 weeks	2*		2*									
Postpartum (including cesarean delivery, breastfeeding, or nonbreastfeeding)	c. ≥4 weeks	1*		1*									
	d. Postpartum sepsis	4		4									
		4*		4*		NA*		NA*		NA*		NA*	

Condition	Sub-Condition	Cu-IUD		LNG-IUD		Implant		DMPA		POP		CHC	
		I	C	I	C	I	C	I	C	I	C	I	C
Rheumatoid arthritis	a. Not on immunosuppressive therapy	1		1		1		2		1		2	
	b. On immunosuppressive therapy	2	1	2	1	1		2/3*		1		2	
Schistosomiasis	a. Uncomplicated	1		1		1		1		1		1	
	b. Fibrosis of the liver <sup>1</sup> (if severe, see also Cirrhosis)	1		1		1		1		1		1	
Sexually transmitted infections (STIs)	a. Current purulent cervicitis or chlamydial infection or gonococcal infection	4	2*	4	2*	1		1		1		1	
	b. Vaginitis (including Trichomonas vaginalis and bacterial vaginosis)	2	2	2	2	1		1		1		1	
	c. Other factors related to STIs	2*	2	2*	2	1		1		1		1	
Sickle cell disease <sup>4</sup>		2		1		1		2/3*		1		4	
Smoking	a. Age <35	1		1		1		1		1		2	
	b. Age ≥35, <15 cigarettes/day	1		1		1		1		1		3	
	c. Age ≥35, ≥15 cigarettes/day	1		1		1		1		1		4	
Solid organ transplantation <sup>1</sup>	a. No graft failure	1	1	1	1	2		2/3*		2		2*	
	b. Graft failure	2	1	2	1	2		2/3*		2		4	
Stroke <sup>1</sup>	History of cerebrovascular accident	1		2		2	3	3	2	3	4		
Superficial venous disorders	a. Varicose veins	1		1		1		1		1		1	
	b. Superficial venous thrombosis (acute or history)	1		1		1		2		1		3*	
Surgery	a. Minor surgery without immobilization	1		1		1		1		1		1	
	b. Major surgery												
	i. Without prolonged immobilization	1		1		1		1		1		2	
	ii. With prolonged immobilization	1		1		1		2		1		4	
Systemic lupus erythematosus <sup>1</sup>	a. Positive (or unknown) antiphospholipid antibodies	1*	1*	2*		2*		3*	3*	2*		4*	
	b. Severe thrombocytopenia	3*	2*	2*		2*		3*	2*	2*		2*	
	c. Immunosuppressive therapy	2*	1*	2*		2*		2*	2*	2*		2*	
	d. None of the above	1*	1*	2*		2*		2*	2*	2*		2*	
Thalassemia		2		1		1		1		1		1	
Thrombophilia <sup>1</sup>		1*		2*		2*		3*		2*		4*	
Thyroid disorders	Simple goiter, hyperthyroid, or hypothyroid	1		1		1		1		1		1	
Tuberculosis <sup>1</sup> (see also Drug Interactions)	a. Nonpelvic	1	1	1	1	1*		1*		1*		1*	
	b. Pelvic	4	3	4	3	1*		1*		1*		1*	
Unexplained vaginal bleeding	(suspectious for serious condition) before evaluation	4*	2*	4*	2*	3*		3*		2*		2*	
Uterine fibroids		2		2		1		1		1		1	
Valvular heart disease	a. Uncomplicated	1		1		1		1		1		2	
	b. Complicated <sup>2</sup>	1		1		1		2		1		4	
Vaginal bleeding patterns	a. Irregular pattern without heavy bleeding	1		1		1		2		2		1	
	b. Heavy or prolonged bleeding	2*		1*		2*		2*		2*		1*	
Viral hepatitis	a. Acute or flare	1		1		1		1		1		3/4*	2
	b. Chronic	1		1		1		1		1		1	1
<b>Drug Interactions</b>													
Antiretrovirals (ARVs) used for prevention (PrEP) or treatment of HIV <sup>1</sup>	Fosamprenavir (FPV)	1/2*	1*	1/2*	1*	2*		2*		2*		2*	3*
	All other ARVs are 1 or 2 for all methods												
Anticonvulsant therapy	a. Certain anticonvulsants (phenytoin, carbamazepine, barbiturates, primidone, topiramate, oxcarbazepine)	1		1		2*		1*		3*		3*	
	b. Lamotrigine	1		1		1		1		1		3*	
Antimicrobial therapy	a. Broad-spectrum antibiotics	1		1		1		1		1		1	
	b. Antifungals	1		1		1		1		1		1	
	c. Antiparasitics	1		1		1		1		1		1	
	d. Rifampin or rifabutin therapy	1		1		2*		1*		3*		3*	
SSRIs		1		1		1		1		1		1	
St. John's wort		1		1		2		1		2		2	

# Infectious disease screening

Syphilis, HIV, HBV, HCV,  
chlamydia, gonorrhea, TB



U.S. CENTERS FOR DISEASE  
CONTROL AND PREVENTION



# Immunization Status

**Table 1. Summary of Maternal Immunization Recommendations\***

Vaccine	Given During Every Pregnancy	Given to Specific Groups During Pregnancy	Contraindicated During Pregnancy	Can Be Initiated While Breastfeeding and While Postpartum
Routinely recommended vaccines during pregnancy				
Inactivated influenza	X (1)			X (1)
COVID-19	X (2)			X (2)
Tdap	X (4)			X (4)
Maternal RSV (Abrysvo)	Given seasonally in 1st pregnancy; the infant monoclonal antibody should be offered in subsequent pregnancies (3)			
Recommended vaccines based on comorbidities or disease risk factors				
Pneumococcal		X (14)		X (14)
Meningococcal conjugate (MenACWY or MenABCWY) and meningococcal serogroup B		X (15, 16)		X (15, 16)
Hepatitis A		X (17)		X (17)
Hepatitis B		X (17, 18)		X (17, 18)
HPV				X (19)
MMR			X (20)	X (20)
Varicella			X (21)	X (21)

COVID-19, coronavirus disease 2019; Tdap, tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis; RSV, respiratory syncytial virus; HPV, human papillomavirus; MMR, measles-mumps-rubella.

\*"X" indicates that the vaccine can be given in this window.

## Summary of Routinely Recommended Maternal Vaccines

Vaccine	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	
Tdap	Can be administered at any time												
COVID-19		Administer as soon as available	However, can be administered anytime of the year to eligible individuals										
Influenza		Ideally administer early fall	However, can be administered anytime while the virus is circulating										
RSV		Administer September through January in most of the continental U.S.*											

# ACOG Recommendations



### Tdap Vaccine

**Vaccine Product:** Any Tdap vaccine product may be administered.

**Schedule:** Administer a dose of Tdap, preferably during the early part of gestational weeks 27 through 36, during each pregnancy irrespective of the patient's prior Tdap vaccination history.

For more information, see [Committee Opinion: Update on Immunization and Pregnancy: Tetanus, Diphtheria, and Pertussis Vaccination](#).



### COVID-19 Vaccine

**Vaccine Product:** Any COVID-19 vaccine product may be administered.

**Schedule:** Vaccination may occur in any trimester, and emphasis should be on vaccine receipt as soon as possible to maximize maternal and fetal health.

For more information, see [Practice Advisory: COVID-19 Vaccination Considerations for Obstetric-Gynecologic Care](#).

These vaccines can be safely co-administered.



### Influenza Vaccine

**Vaccine Product:** Only administer inactivated influenza vaccine (IIV) or recombinant influenza vaccine (RIV) products.

**Schedule:** Administer a dose of IIV or RIV to people who are pregnant during any trimester or will be pregnant during influenza season.

Influenza vaccination should be given before the start of the influenza season, by the end of October, but vaccination at any time during the influenza season is encouraged to ensure protection during the period that virus is circulating in the community.

For more information, see [Practice Advisory: Influenza in Pregnancy: Prevention and Treatment](#).



### RSV Vaccine

**Vaccine Product:** Only administer Pfizer's RSV vaccine (Abrysvo), approved as a one-time dose. Infant monoclonal antibody may be administered to the infant as an alternative to vaccinating during pregnancy and in subsequent pregnancies after a patient has received Abrysvo in a previous pregnancy.

**Schedule:** Administer a dose of Pfizer's RSV vaccine (Abrysvo) only between 32 through 36 weeks of gestation during September through January in most of the continental United States if the patient was not previously vaccinated.

\*In jurisdictions with seasonality that differs from most of the continental United States, (eg, Alaska, jurisdictions with tropical climates) health care professionals should follow state, local, or territorial guidance on the timing of administration.

For more information, see [Practice Advisory: Maternal Respiratory Syncytial Virus Vaccination](#).

#### Additional vaccines may be needed based on ...

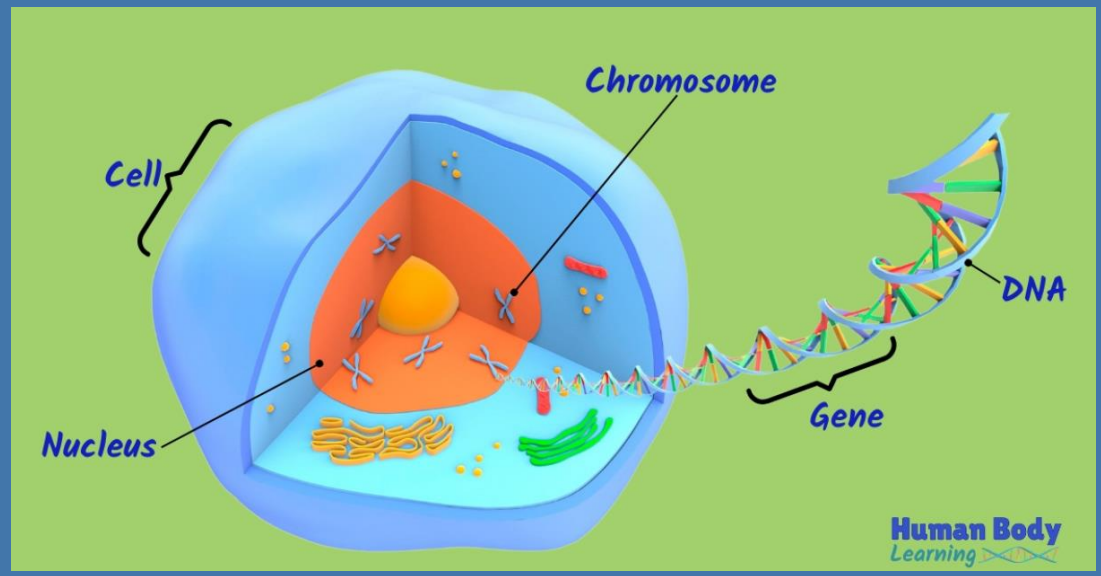
- Patient's age; health status; risk of exposure; and vaccination history such as Hepatitis B, meningococcal vaccines, and pneumococcal vaccines. See [Immunization Tools and Resources | ACOG](#) for more information.
- Travel outside the United States. See [Pregnant Travelers | Yellow Book | CDC](#) for detailed guidance.

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This information is designed as an educational resource to aid clinicians in providing care, and use of this information is voluntary. This information should not be considered inclusive of all proper treatments or methods of care, nor as a statement of the standard of care. This information does not represent ACOG clinical guidance and is not intended to substitute for the independent professional judgment of the treating clinician. For ACOG's complete disclaimer, visit [www.acog.org/iz-disclaimer](http://www.acog.org/iz-disclaimer)

Birth defects  
(previous pregnancy  
or in the family)

Hemophilia,  
Duchenne muscular  
dystrophy, Fragile X

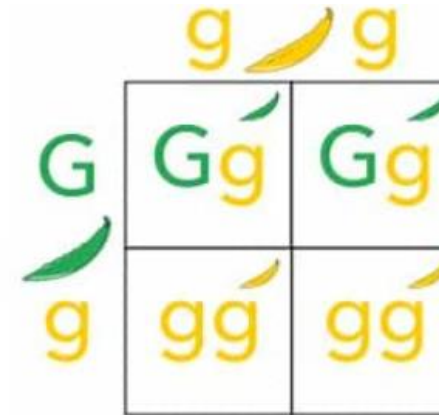


Marfan's syndrome

Mitochondrial DNA

Cystic fibrosis,  
Hemoglobinopathies

Ashkenazi decent:  
Tay-Sachs, Canavan,  
Familial  
dysautonomia, etc.



# Family History AKA Genetics

# Exposures



## *Explore alternatives to household exposures*

Plastics with Bisphenol-A (BPA)  
Lead paint  
Asbestos

Agricultural: pesticides  
Manufacturing: organic solvents/heavy metals

Health care: organics and radiation  
Dry cleaning solvents

## *Refer to occupational health*



## *Counsel on risks of adverse outcomes*

- ETOH ( $\geq 4$  drinks)?
- Tobacco products?
- Rx drugs for non-medical reasons?
- Illegal drugs?

“I talk to all of my patients about safe and healthy relationships because it can have such a large impact on their health...”

## *Respond to Intimate Partner Violence*



# Nutrition & Physical activity

- Advise that high or low BMI is associated with infertility and pregnancy complications (ideal BMI  $>18$  or  $\leq 25$ )
- Encourage eating a healthy diet (MVT with 400mcg folic acid at least 1 mo. prior to pregnancy)
- Recommend at least 30 min of moderate physical activity most days



# Standardizing Our Screening

## Reproductive desire

**PATH**– 1) *Do you think you might like to have (more) children at some point?*

2) *When do you think that might be?*

3) *How important is it to you to prevent pregnancy (until then)?*

**OKQ**– Would you like to become pregnant in the next year? You can answer yes, no, unsure, or okay either way.

## Service-based

**RHSSQ**– Can I help you with any reproductive services today, such as preventing pregnancy or planning a healthy pregnancy?

**SINC**– We ask everyone about their reproductive health needs. Do you want to talk about contraception or pregnancy prevention during your visit today?

# General tips for communication

- Start with small talk about the client's life to build rapport and learn about the client's goals.

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- Ask open-ended probing questions to explore client preferences.

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- Find something the client says to agree with, empathize with, or validate. Instead of "No" or "But," try to start with "Yes! And ...".

---

*"It sounds like you are incredibly busy with work and school."*

---

*"How would that be for you?"*

*"Has that happened to you?"*

*"How do you see yourself managing this?"*

*"What is most important to you?"*

---

Agreement: *"Yes, your absolutely right, AND ..."*

Display of empathy: *"I can see this is concerning to you, AND ..."*

Validation: *"Yes, many of my clients say that, AND ..."*

# General tips for communication

- **Point out health-supporting behaviors or knowledge.**  
Acknowledge as many positives as possible.

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- **Paraphrase what the client says** so they know you have heard them, they can correct or confirm, and you can redirect the conversation in a client-centered way.

---

- **Use natural frequencies** instead of percentages and use common denominators.

---

*“That’s a really great question.”*

*“I wish all of my patient’s knew that!”*

*“You are clearly interested in protecting yourself.”*

---

*“It sounds like on the one hand you are saying ..., yet on the other hand you are saying ..., do I have that right?”*

---

*“If 100 women have unprotected sex for a year, 85 of them will get pregnant.”*

# General tips for communication

- **Reflect and validate feelings.** Let clients know that you heard them and that their feelings are normal.

---

- **Confirm the client's understanding** by asking them to phrase information in their own words. Phrase the request so the provider takes the responsibility for needing clarification.

---

*“Wow, I think most people would find that really hard to deal with.”*

---

*“We have discussed many different things today; I would like to be sure I was clear. Can you tell me how you will ...”*



# Q & A

We'd be happy to answer any questions you may have!

[nicolecaniglia@arizona.edu](mailto:nicolecaniglia@arizona.edu)

[sherroncook@arizona.edu](mailto:sherroncook@arizona.edu)

# Resources

- ❖ **Arizona Resources for IPV (Intimate Partner Violence) Services:** If you or someone you know is experiencing IPV in Arizona, there are multiple *state, county, and national resources* available for safety, legal help, shelter, and advocacy.
  - **24-hour Domestic Violence Hotline (AZ):** 800-799-7233 or 800-787-3224 (TTY) [Arizona Department of Economic Security](#)
  - **National Domestic Violence Hotline:** 1-800-799-7233 or text **LOVES** to 22522 [Maricopa Association of Governments](#)
  - **RAINN Sexual Assault Hotline:** 1-800-656-4673 [Maricopa Association of Governments](#)
  - **National Human Trafficking Hotline:** 888-373-7888 or text **BeFree** to 233733 [Maricopa Association of Governments](#)
  - **AZ Coalition to End Sexual and Domestic Violence Helpline:** 1-800-782-6400 or 602-279-2980 (TTY: 602-279-7270) [Maricopa Association of Governments](#)
- ❖ **Arizona Coalition to End Sexual and Domestic Violence (ACESDV)** [acesdv.org](#)
  - **Services:** Mobile and community-based advocacy, lay legal advocacy, emergency shelter, transitional housing, and coordination with local organizations [Arizona Department of Economic Security](#).

# Resources

- ❖ American Diabetes Association (ADA) Standards of Care in Diabetes: [15. Management of Diabetes in Pregnancy: Standards of Care in Diabetes—2026 | Diabetes Care | American Diabetes Association](#)
- ❖ Center for Disease Control [Screening and Testing for HIV, Viral Hepatitis, STD & Tuberculosis in Pregnancy | Pregnancy and HIV, Viral Hepatitis, STDs, & Tuberculosis Prevention | CDC](#)
- ❖ Postpartum Support International (PSI) [Postpartum Support International - PSI](#)
- ❖ Reproductive Health National Training Center <https://rhntc.org>

**Website Disclaimer:** The funding for the Reproductive Health National Training Center ended on March 31, 2026. While our resources will continue to be available through September 30, 2026, they will not be updated. The Training Tracking System features will remain available until June 15, 2026. We will provide additional updates to training account users, including Training Administrators, in the coming months.
- ❖ Screening tools: PATH – <https://pubmed.ncbi.nlm.nih.gov/27776920>; OKQ – <https://pubmed.ncbi.nlm.nih.gov/23773527>; RHSSQ – <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9805867>; SINC – <https://pcrhp.ucsf.edu/SINC>