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Advocacy
Education
Leadership
Engagement
Outcomes

Smoking, Sleep, Spacing: Basics of Interconception Care

Ohio AAP 3S Interconception Care (ICC) Team

February 19, 2026

Thank you for joining! We will begin shortly.

Welcome!

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- We will mute all lines other than speakers upon the beginning of the presentation to avoid background noise
- Have questions during the presentation?
  - Due to the number of attendees, please send questions through the chat box
  - There will be scheduled breaks for questions to be read by our moderator and answered by presenters
  - Any questions that cannot be answered during the presentation will be shared with our team for follow up afterward
- We will record the presentation and share the link and slides via email

Reminders

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- To obtain CME credit for this presentation:
  - An evaluation link will be emailed to you after the presentation
  - Upon completion of the evaluation online you will receive an email with a PDF as well as access to print the certificate
  - This presentation is approved for 1 total hours based upon full participation
- Presentation materials and resources will also be available to attendees through a link provided in the follow up email
- Additional resources are available in the 3S Digital Toolkit at:
  - https://ohioaap.org/3s-interconception-care

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Thank you

CareSource®
Health Care with Heart

The 3S Interconception Care Program is supported by a grant from the CareSource Foundation.

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Disclosure

The planners, faculty, and others in control of content (either individually or as a group) have no relevant financial relationships with ineligible companies.

Objectives

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- Define interconception care
- Develop plan to consistently screen for and discuss risks associated with smoke exposure for infants
- Apply discussions of harm reduction strategies in safe sleep conversations with families and caregivers of infants
- Identify and discuss recommendations for family planning based upon individual patient needs
- Compare and utilize appropriate resources to provide education and resources to families for each topic

Today's Presenters

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Michele Dritz, MD, FAAP

Jamie Macklin, MD, MPH, FAAP

Jennifer Bain, MD

Interconception Care

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- Care provided between the end of one pregnancy and the start of the next
- Optimizes maternal health, improves future birth outcomes and benefits current family health
- Opportunities to address:
  - Smoking Cessation
  - Safe Sleep
  - Ideal Birth Spacing
  - Mental Health, etc

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Every Step Counts: Tobacco Screening and Cessation Support for Families

Michele Dritz, MD, FAAP
Adolescent Medicine physician
Dayton Children's Hospital & University of Toledo

Objective

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- Describe ways to incorporate smoking cessation strategies into family interactions using screening and using a harm reduction lens

We've all been here…

How can we help support families on successful cessation journey?

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Build Trust

Start the Conversation

Build on Strengths

Focus on Motivation

Meet Moms Where they Are

Keep the Conversation Going

Lend a Supporting Hand AND Specific Resources

Goals of The Conversation:

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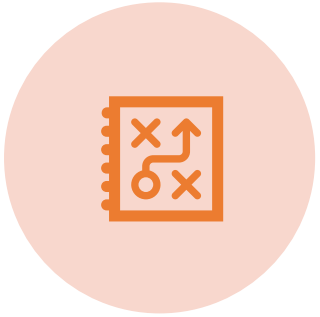
ASK THE QUESTION(S)



UNDERSTAND THEIR MOTIVATION & READINESS FOR CHANGE

HELP THEM DEVELOP "SMART" WINNABLE GOALS THAT REDUCE HARM ALONG THE WAY

CREATE (& DOCUMENT) A FOLLOW-UP PLAN

ASK THE QUESTION(S)

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Build Trust

- Checking in… over & over
- Showing Empathy
- Checking Your Own Biases

- Listening
- Offering Support & Guidance
- Showing You Care

Establishing a Working Alliance =
give space for the parent to be his or her own best expert

- Look at your screener (i.e. ask the question):
- Does mom smoke or vape? = **Yes**
- *"Thank you for filling out the health questionnaire again as we check in about you and your baby's health. I noticed you said you are smoking again. If you don't mind, can you tell me a little more about that?"*

Opportunities Everywhere

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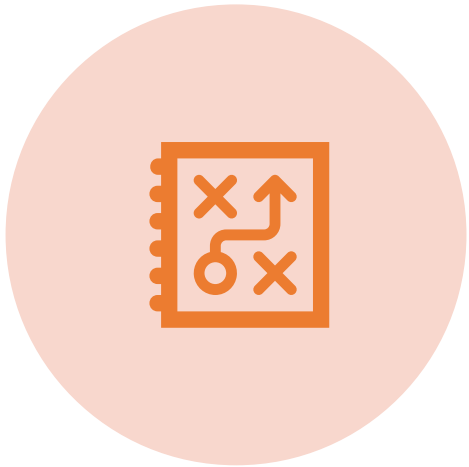
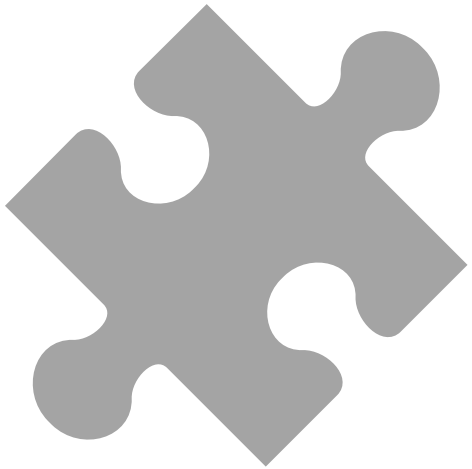
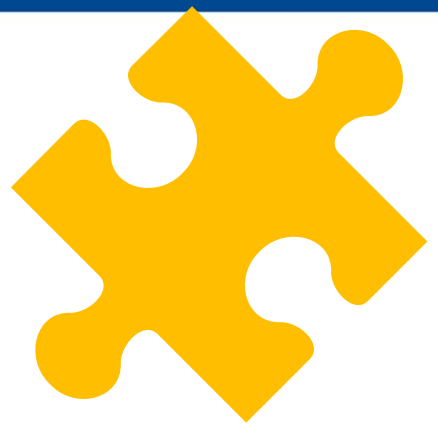
- If a parent tells you they do not (or no longer) smoke/vape…
  - Congratulate them for their healthy choice!!
  - Ask about how they navigate relapse if they previously smoked
  - Reiterate risks if restart for their baby & for them
  - Emphasize prevention



UNDERSTAND THEIR
MOTIVATION & READINESS
FOR CHANGE

SBIRT





Change Talk

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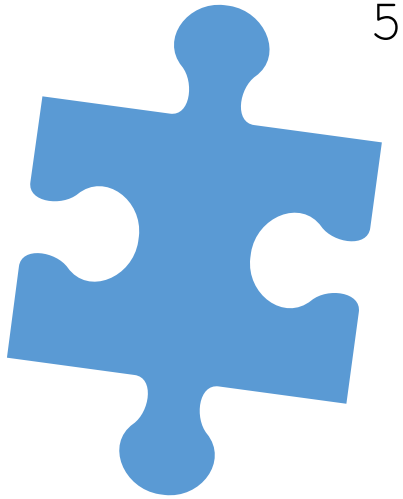

It's all part of the same puzzle…

Having Effective Conversations &
Supporting Healthy Behavior Changes

Motivational
Interviewing

Brief
Negotiated
Interview

Readiness for Change

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Meet them Where They Are:

Wishes for their child…
Wishes for themselves…

MEET THEM WHERE THEY ARE & HELP THEM GET WHERE THEY WANT TO GO –

IT IS USUALLY IN THE SAME DIRECTION YOU ARE TRYING TO HEAD

HELP THEM DEVELOP "SMART" WINNABLE GOALS THAT REDUCE HARM ALONG THE WAY

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Reaching Behavior Change Goals

PATIENT-DIRECTED

HARM REDUCTION

SMALL STEPS COUNT

BUILD SELF-EFFICACY

Why Harm Reduction Can Be So Important

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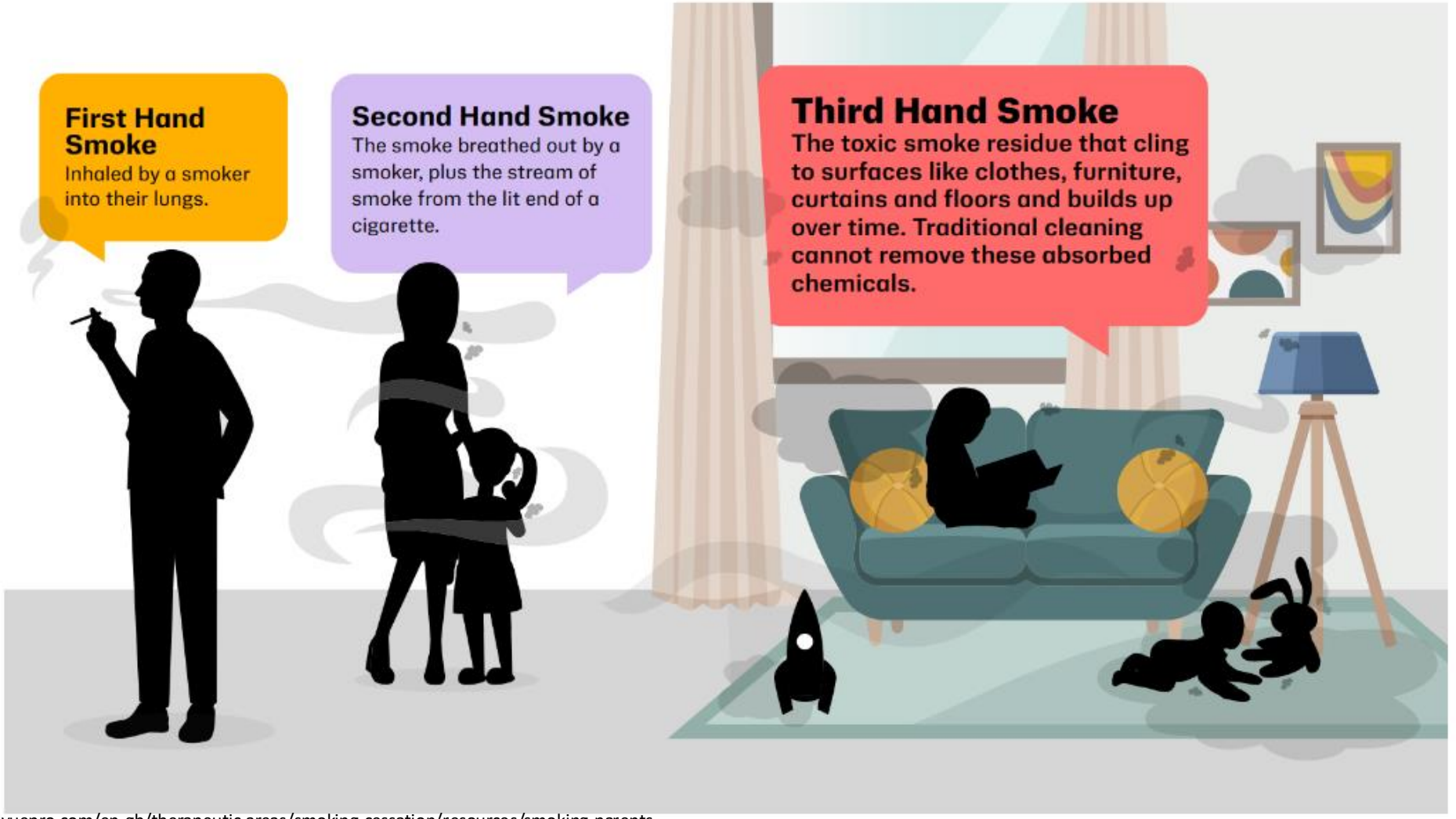
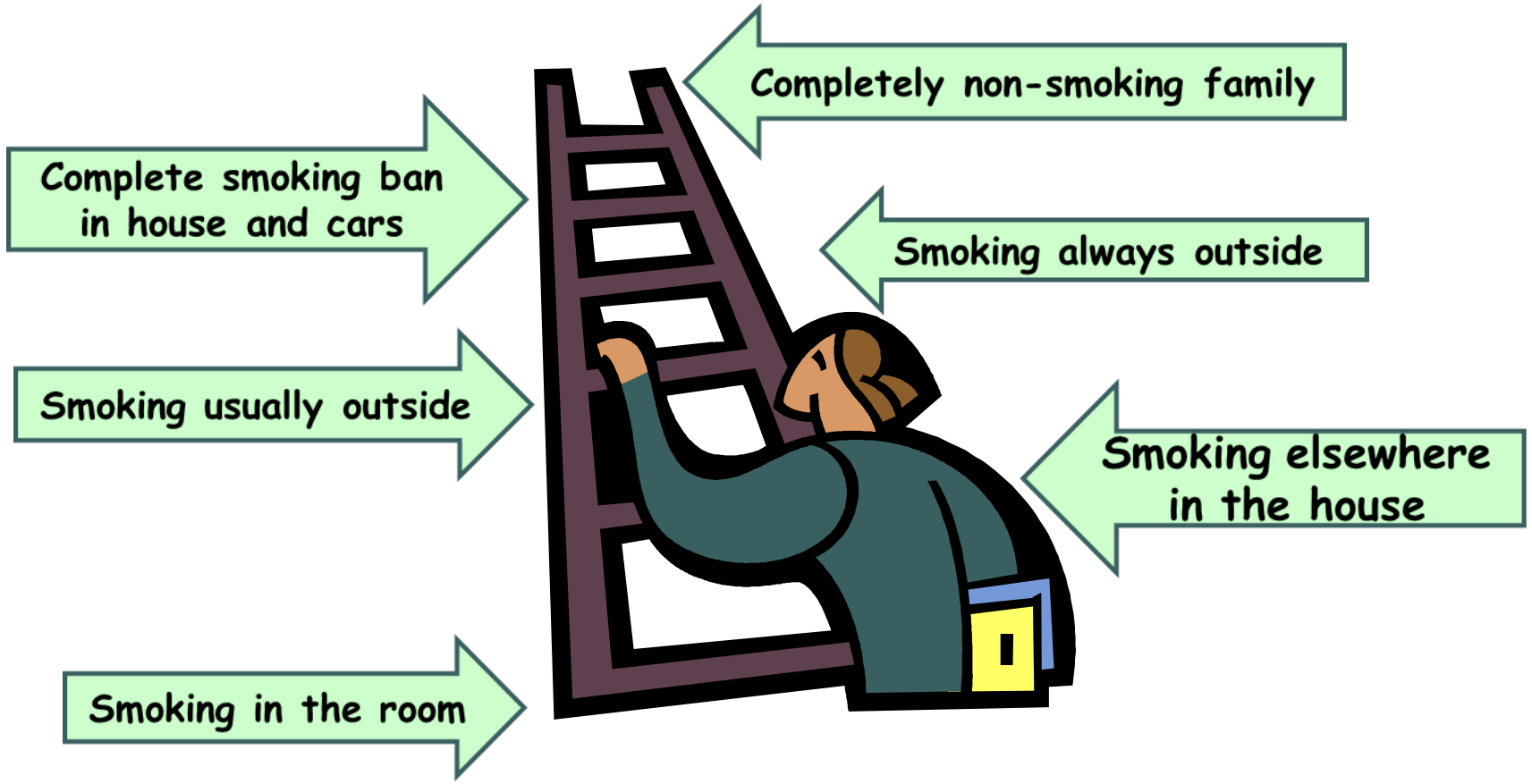


Infographic from: https://kenvuepro.com/en-gb/therapeutic-areas/smoking-cessation/resources/smoking-parents

Harm Reduction = The Exposure Ladder



Pyle, S.A., Haddock, C.K., Hymowitz, N., Schwab, J., Meshberg, S. (2005). Family rules about exposure to environmental tobacco smoke. Families, Systems & Health, 23(1), 3-14.

Ask About (and Offer) a Helping Hand

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- What (if anything) would they like to change?
- What do they see as the challenges in getting there?
- What strategies do they would help them be successful?
- Are there additional supports you can help them think through or access?
  - Strategizing with them & consider playing devil's advocate to help brainstorm potential barriers
  - Offer educational materials for them or family
  - Offer Quit Line referral or other cessation resources
  - Recommend mom follow-up with her primary care provider for additional support (NRT, medication?)
- "Can I check in with you again at our next visit?"

Even Brief Interventions Count

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- Be clear:
  - "Quitting smoking & having a smoke-free home is important for your baby's health AND yours."

- Let them know you are here to help…their health is important
- Ask if you can check in with them again at their next visit
- Offer resources they can walk out the door with

- Minimal interventions lasting less than 3 minutes increase overall tobacco use abstinence rates

EX Program offers personalized quit plans, interactive text message support, and 24/7 access to the nation's most established online quit community. Ready to take the first step towards quitting nicotine products? Text EXPROGRAM to 88709 to join for FREE today.

truth initiative
freedom from nicotine addiction

The Facts on E-cigarettes

The risks of secondhand smoke and its effect on children are widely known. But many people think that e-cigarettes or "vaping" is a safer choice. More testing still needs to be done to find out more health risks of these products. What we do know is **e-cigarettes are dangerous**.

The risks of using e-cigarettes with kids at home

There are many concerns about e-cigare

- **Secondhand smoke:** There are mo health. E-cigarette vapor can cause eye vapor can cause asthma, colds and skin
- **Accidental ingestion:** Vaping liquid vaping liquid can poison a person who from e-cigarettes or refill liquids. Mor should be even more careful. If you ha

Liquid Nicotine Poisoni

- Vomiting
- Dizziness
- Hard time breathing

If you think your child was ex Poison Center hotline: 800-2

Protect your child from e-ciga

It is hard to protect your children from co way to keep your children safe is for you a whole family is worth it. Here are some t

- **A "quit plan":** Make a plan that gi cravings. (Check out the National C
- **1-800-QUIT-NOW hotline:** Y tools you can use.
- **The Smokefree Women webs**
- **Other support groups** like Nico

Talk to your doctor about other ways t

- **Nicotine replacement therap** doctors about using these options, e
- **Medication** from your doctor like

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This project is funded by the Ohio Department of H

Smoking: What's True and What's Not

Smoking During Pregnancy and After Your Baby is Born

Not True: I smoked during my last pr
True: Every time you smoke while you an in the past were OK, anytime you smoke

Not True: I am already pregnant. Ther
True: The moment you quit smoking, yo and their risk of premature death increase or who has lung problems, is no differen

Not True: Smoking relaxes me, and be
True: Although you may feel calm, the e the oxygen to their lungs is reduced whe

Not True: If I smoke, I should not bre
True: Breast milk provides your baby wi smoking, but it is also important to cont immediately before or during breastfeed nicotine that actually crosses into your b

Not True: Smoking in a room away fr
True: Smoke can travel through walls an your child to poisons that increase your c

Not True: Sudden Infant Death Syndr
True: Both the baby's sleeping position ar higher if a baby sleeps in the same bed w and always use the **ABCs of Safe Sleep** blankets and toys.

Not True: A little smoking will not ha
True: Every cigarette smoked around yo level of exposure to tobacco smoke.

Quitting Smoking

Not True: It's too late to quit – the dan
True: The sooner you quit, the soone improve - literally within minutes of qui day after quitting, your chance of having decreases and at one year, the risk of h attack is cut in half.

Tobacco smoke and the chemicals from nicotine are harmful to everyone - **especially your baby!** Your baby breathes the same smoke you do if you smoke indoors or in the car, and these chemicals can make your baby very sick. If you or your family member are not ready to quit smoking, the next best thing for your baby is to make your home and car smoke free. Your baby's health is at risk when they live, visit or ride where someone smokes.

Three Reasons to Consider Quitting Smoking:

1. **Your Health:** Stopping smoking reduces your chances of cancer, heart disease, stroke, breathing problems, and other serious diseases
2. **Your Baby's Health:** When you stop smoking and create a smoke free home, you reduce your baby's chances of having:
   - Coughs, colds and ear infections
   - Developmental delays
   - Asthma
   - Sudden Infant Death Syndrome (SIDS, or crib death), a condition in which otherwise healthy babies die within the first year of life.
3. **Your Money:** The average smoker spends $1,500 - $3,000 per year on cigarettes

Don't Put Baby at Risk

Make your home and car smoke free! Commit to not smoking or letting anyone smoke in your home or in the car where your baby rides.

This is the date my home and car will be smoke free:

Help for You!

Contact the Ohio Tobacco Quit Line

When you or your smoking family member decide to quit smoking, contact the Ohio Tobacco Quit Line. The Ohio Tobacco Quit Line offers FREE tobacco cessation services by telephone and online. Also, if eligible, smokers can receive two weeks of FREE nicotine replacement therapy. If you decide to quit smoking, please call 1 (800) QUIT NOW (784-8669).
Go to: *http://ohio.quitlogix.org/*

Other actions you can take to quit:

- Schedule an appointment with a primary care physician about quitting smoking as soon as possible
- Speak to a doctor or pharmacist about trying over the counter nicotine replacement therapy *(such as the nicotine patch).*
- **American Legacy Foundation:** The EX plan website offers a free plan to quit as well as access to a virtual support community and various mobile formats.
  Go to: *http://www.becomeanex.org/*
- **Text4Baby:** Text messages to keep you and your baby healthy.
  Go to: *https://www.text4baby.org/*
- **Quit4Baby:** Text messages to help you quit smoking.
  Go to: *https://www.quit4baby.com/*
- **Center for Disease Control (CDC) Smoking Cessation Information**
  Go to: *https://www.cdc.gov/tobacco/quit_smoking/*

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Vaping and Juuling

What's the big deal?

Marketed as the safe alternative to smoking, we are now learning that vaping is the cause of hundreds of cases of severe lung disease and several deaths across the country.

Aren't E-cigs (or Vapes) safer than cigarettes?

Vapes and cigarettes are actually a lot alike. They both put nicotine and cancer-causing chemicals into your body causing problems both now and long into the future – making it hard to live your best life.

Safer ≠ Safe

But I only vape every once in a while – I can stop anytime...

Juuls and vape juice – even the ones that say "no nicotine" – usually contain nicotine – and **a lot of it!** Nicotine is as addictive as heroin, cocaine and alcohol – especially for teens and young adults since our brains are still developing into our mid 20s. Juul and the vape companies count on that, spending **BILLIONS** every year to target teens, minorities, LGBTQ, and others to hook them for life.

Vape now = cigarettes later

(If you vape, you're 4x more likely to start smoking.)

Get the Facts about Vaping:

- 1 Juul pod = **20 cigarettes**
- New reports of severe lung problems, hospitalizations, and **DEATH** suggest it's not a safer alternative to smoking
- Nicotine **rewires** your **brain**, affecting learning, memory, focus and emotions
- Flavors are designed to be **the hook**; nicotine then becomes **the need**
- Got stress? Nicotine can **worsen** anxiety, mood swings, irritability and our emotional health
- It's not just water vapor – chemicals from vaping can cause **breathing problems** and lower sports performance

$12.8 Billion =
what Marlboro tobacco company paid to be a part of Juul's company...
makes you think, huh?

Additional Resources:
https://ohioaap.org/3s-interconception-care

CREATE (& DOCUMENT) A FOLLOW-UP PLAN

Develop a Specific Plan

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- Mom has a specific goal she wants to work on?
  - Help her develop a specific goal with a timeframe (think SMART Aim!)
- Mom not interested in developing specific goal?
  - Acknowledge the challenges and emphasize your support when she is ready
  - Give handouts and/or additional resources if she is interested (i.e. Ohio QuitLine)
- Either Way:
  - Develop a follow-up plan to check in on how she' is doing…
    - Opportunity to assess progress and set new goal
    - or
    - Opportunity to reassess readiness for change and move closer toward action

Reasons to Document your Work:

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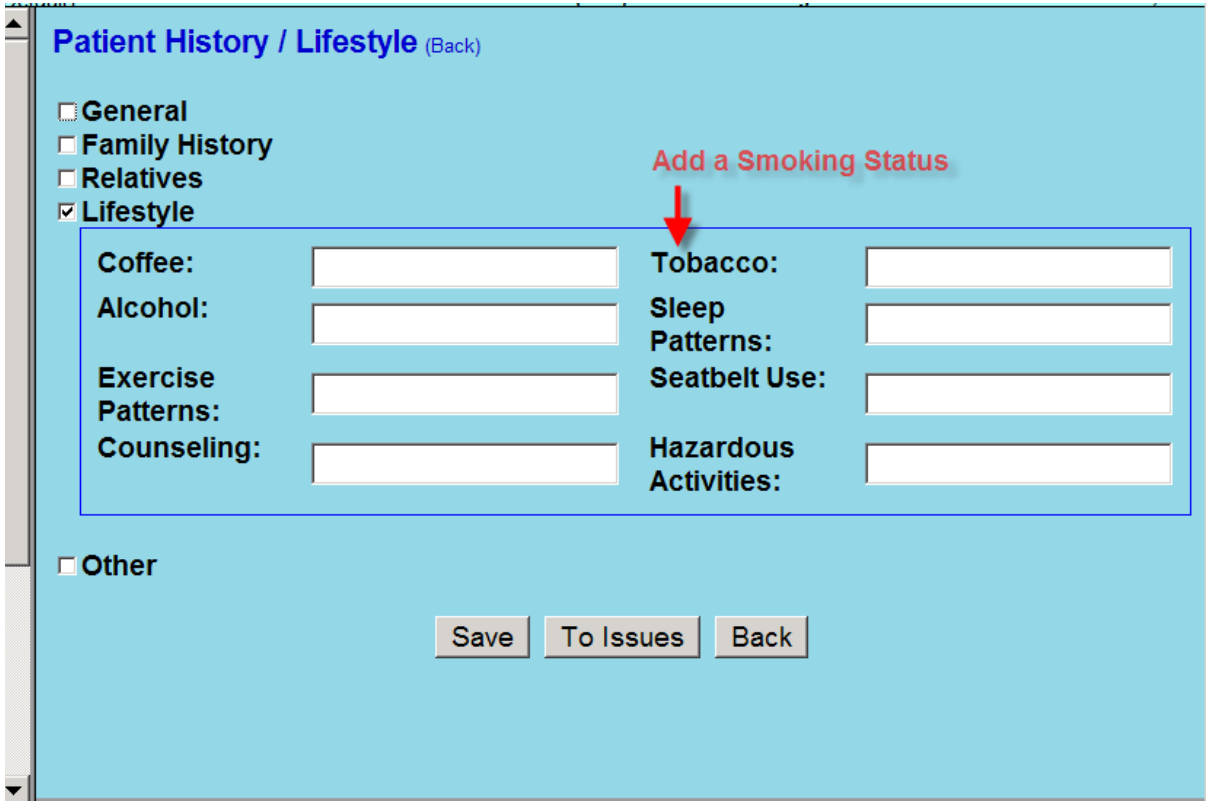
- Parent feels heard and remembered
- Allows you to follow up on specific goals and build on next steps
- Sometimes opportunity for additional reimbursement
  - i.e. E&M asthma or recurrent AOM visits **PLUS** time-based visit for parental smoking counseling/exposure with modifier 25 for preventive counseling codes (99401-99404)



Keep The Conversation Going

Questions or Discussion

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- Time Allowing
  - Please raise your hand in the webinar to be called on for questions
  - You may also type questions into the chat box to be read to the presenters

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When the Crib Becomes a Deathbed:

A Discussion on Safe Sleep, Child Fatality Data, and Ways to Help

Jamie Macklin, MD, MPH, FAAP

February 19, 2026

Objectives

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- Summarize and identify sources for Ohio-specific data related to infant sleep-related deaths
- Apply new harm reduction strategies in safe sleep conversations with families and caregivers of infants

OECD Infant Mortality Rates

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Infant Mortality Rate (IMR) in 2021= 5.4/1,000 births

Source: America's Health Rankings, https://www.americashealthrankings.org/

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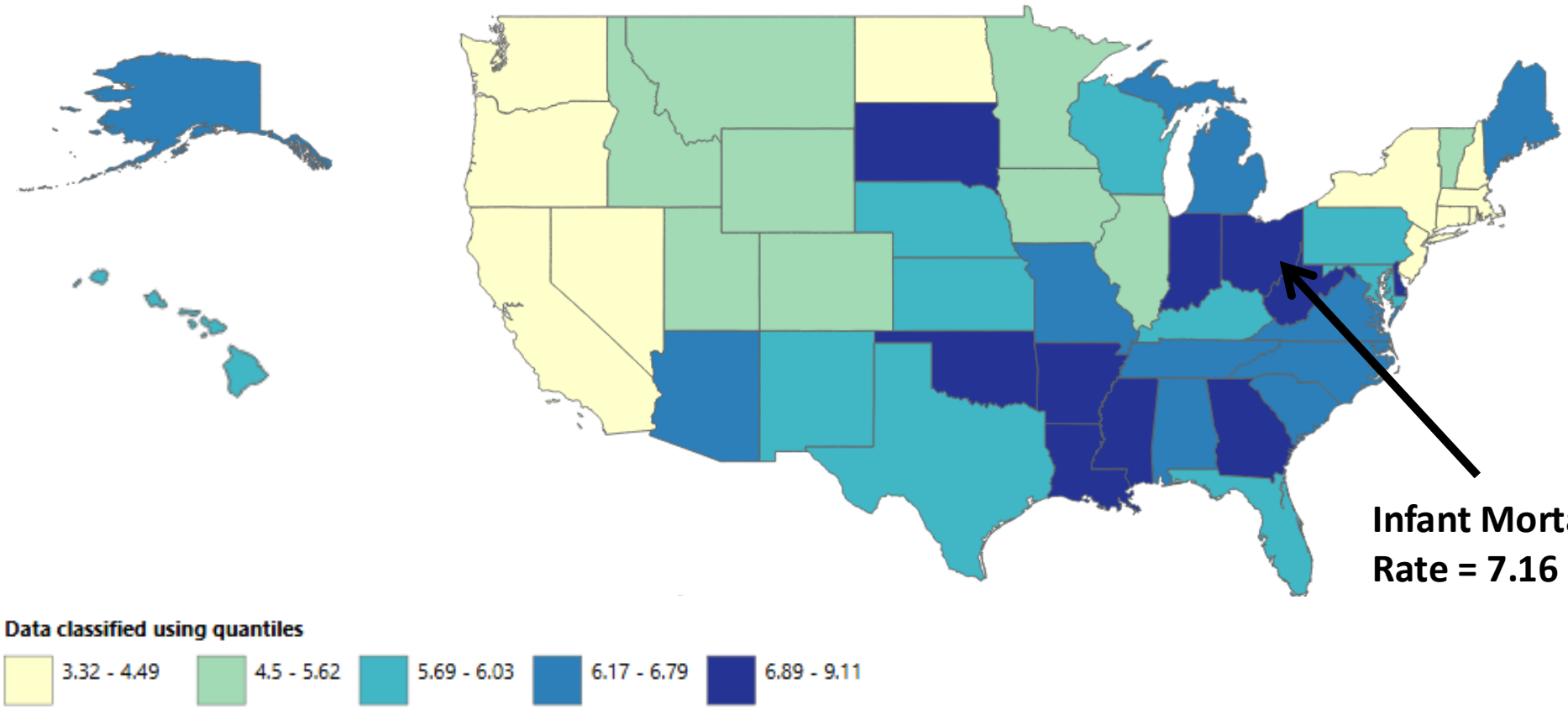
A Problem Close to Home…



Source: The Centers for Disease Control and Prevention WONDER database, wonder.cdc.gov

What Can We Do?

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- Prematurity:
  - Encourage prenatal/interconception care, vitamins
- Encourage breastfeeding
- Encourage smoking cessation
- **Safe Sleep**

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Why Safe Sleep?

- Major cause of infant mortality in the United States
- Leading causes of infant deaths (2022):
  - Congenital malformations, deformations and chromosomal abnormalities
  - Disorders related to short gestation and low birthweight: not elsewhere classified
  - Sudden infant death syndrome
  - Accidents (unintentional injuries)
  - Newborn affected by maternal complications of pregnancy

Source: The Centers for Disease Control and Prevention, www.cdc.gov

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In Ohio…

- 682 infant sleep-related deaths in 2018-2022
- >2 sleep-related infant deaths/week
  - Enough to fill 5-6 kindergarten classrooms every year
- Infant sleep-related deaths accounted for ~12% of deaths in Ohio
- 78% of infant sleep-related deaths reviewed were preventable!

Source: Ohio Child Fatality Review Annual Report, 2023

Who Is Dying?

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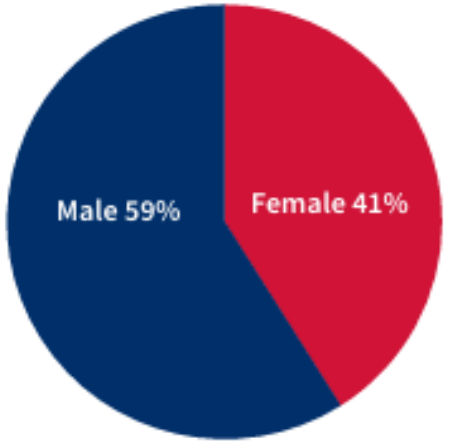
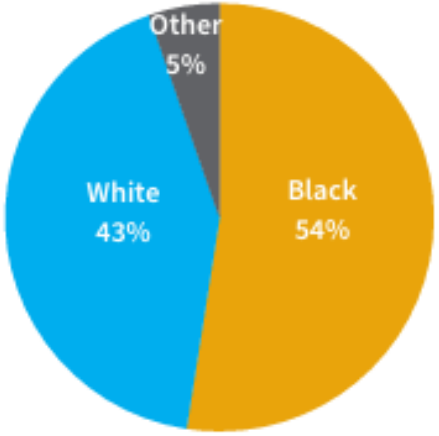
- No disparity between sexes among sleep-related deaths
- Males 59% of sleep-related deaths
  - 58% of all CFR deaths
- Females 41% of sleep-related deaths
  - 42% of CFR deaths



- Black infants are highly over-represented among infant sleep-related deaths
- Black 54% of sleep-related deaths
  - 36% of all CFR deaths
- White 43% of sleep-related deaths
  - 61% of CFR deaths



Source: Ohio Child Fatality Review Annual Report, 2023

When Are They Dying?

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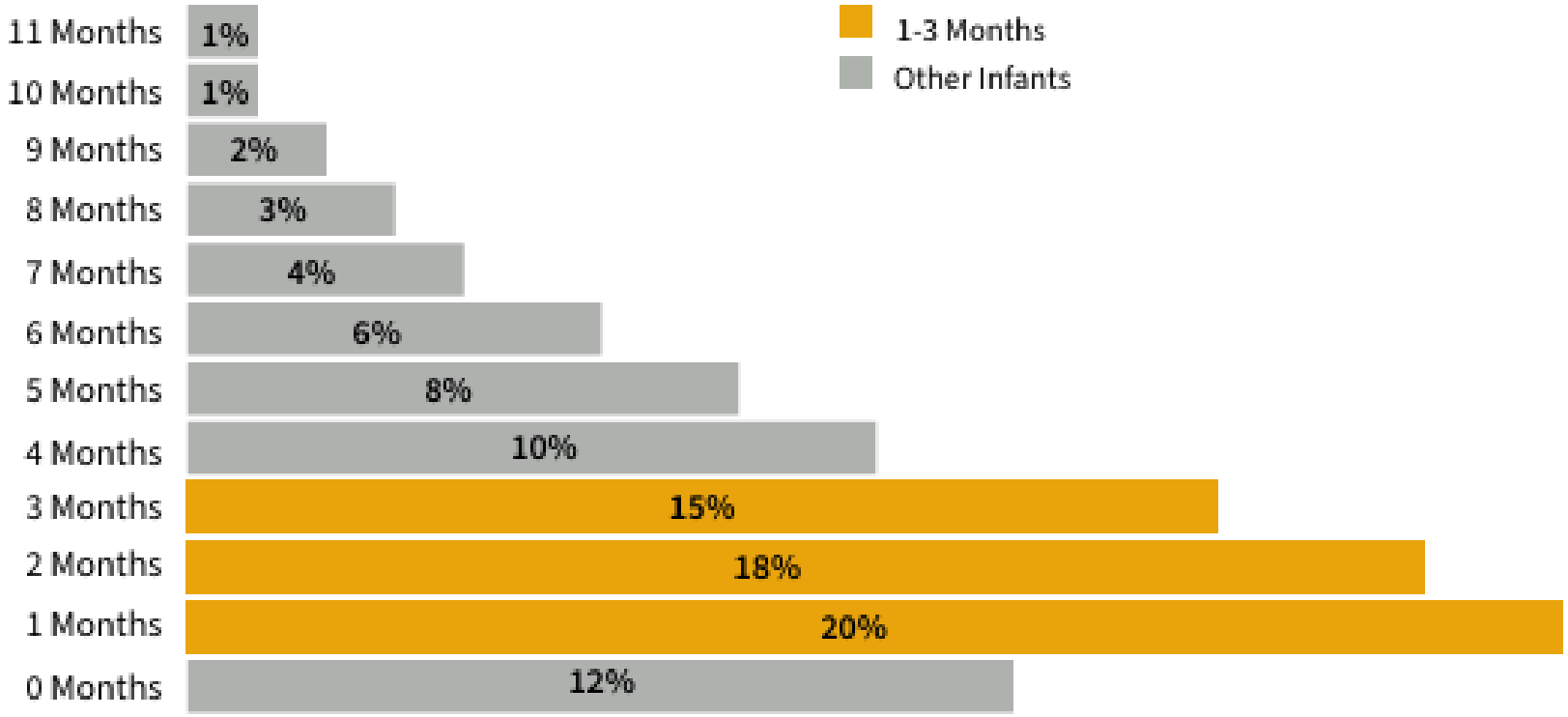
Most infants died at 1 to 3 months old.

Distribution of Age in Months Among Reviews of Infant Sleep-Related Deaths, from 2018 through 2022 (n=682).



Source: Ohio Child Fatality Review Annual Report, 2023

Where Are They Dying?

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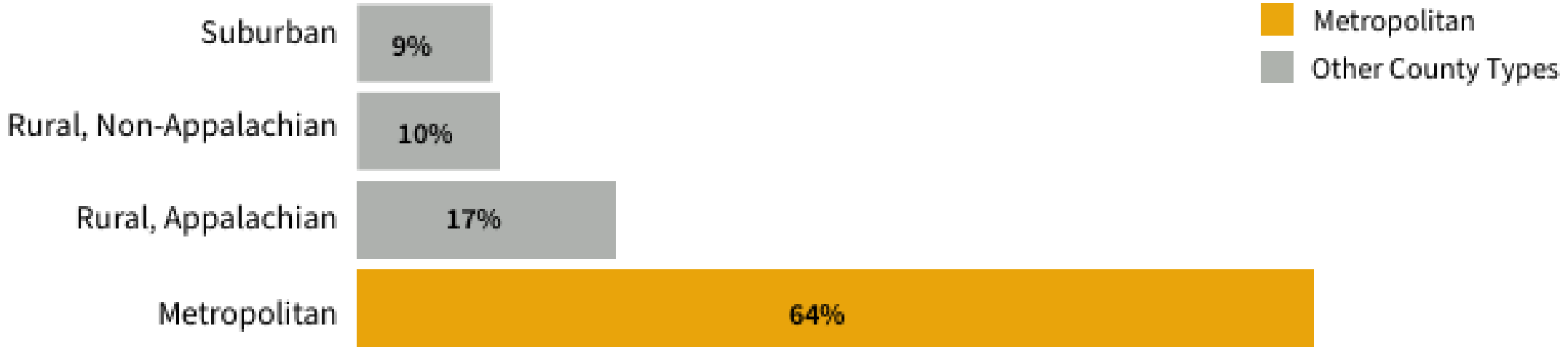
Distribution of Resident County Types Among Reviews of Infant Sleep-Related Deaths, from 2018 through 2022 (n=682).



Source: Ohio Child Fatality Review Annual Report, 2023

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Source: Ohio Child Fatality Review Annual Report, 2023

Risk Factors

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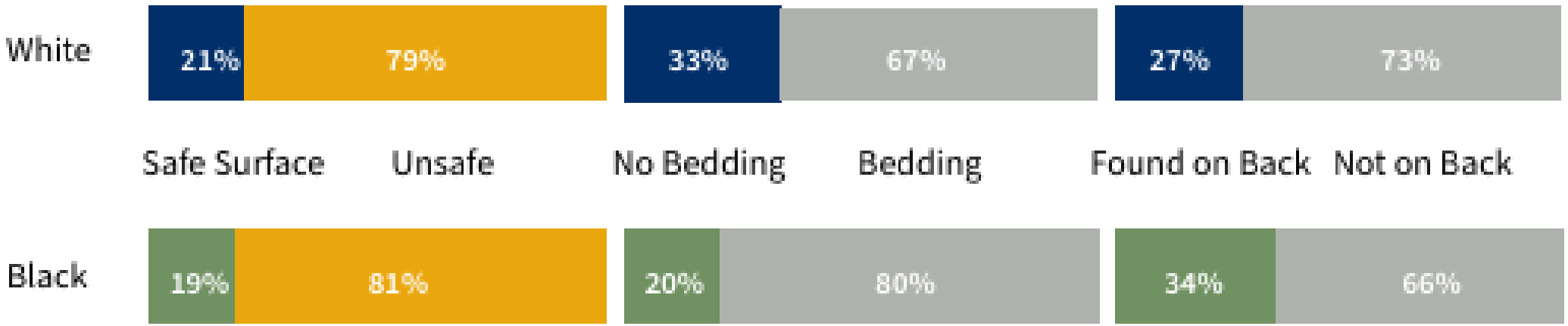
Unsafe sleep environment was the most prevalent risk factor found among deaths reviewed.

Distribution of Risks Factors Among Reviews of Infant Sleep-Related Deaths, from 2018 through 2022 (n=682).



Source: Ohio Child Fatality Review Annual Report, 2023

Unsafe Sleep Behaviors

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Bedding in sleep environment (blanket, flat sheet, comforter, etc.)	327 (52.3%)	
Pillow in sleep environment	196 (31.4%)	
Swaddled/wrapped in blanket	87 (13.9%)	
Overheated	40 (6.4%)	
Secondhand smoke exposure	188 (30.1%)	
Adult fell asleep while feeding	56 (9.0%)	

Source: Ohio Child Fatality Review Annual Report, 2023

External Factors

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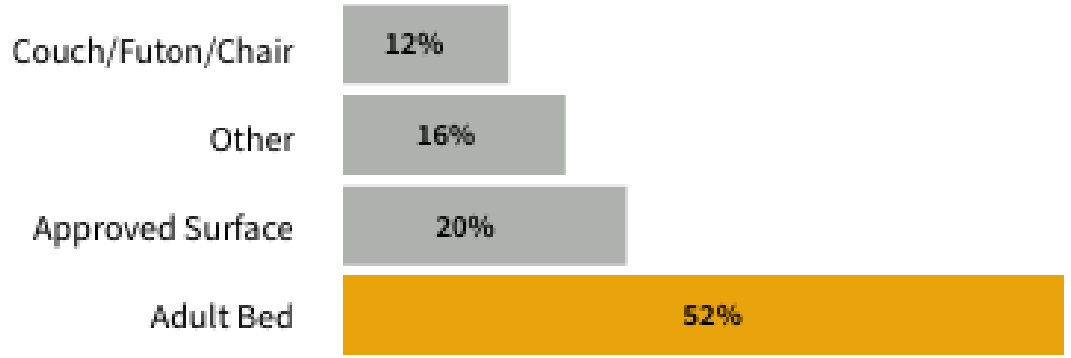
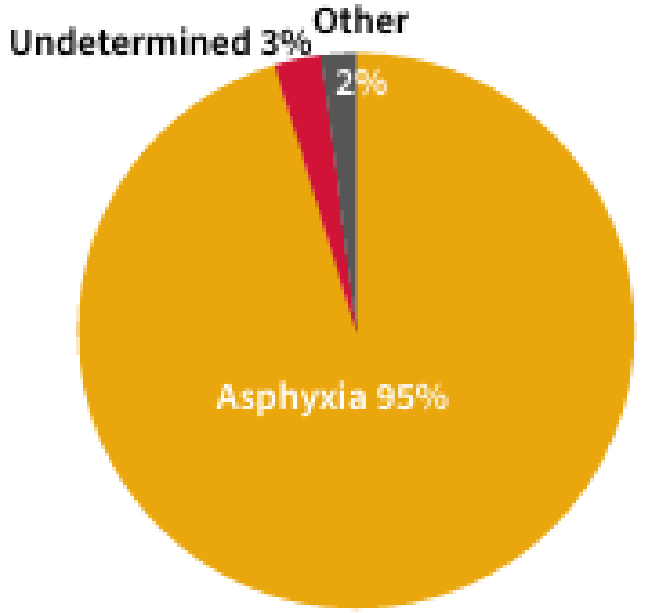
Most infants died in an adult's bed.

Distribution of Sleep Location Among Reviews of Infant Sleep-Related Deaths, from 2018 through 2022 (n=682).





Source: Ohio Child Fatality Review Annual Report, 2023

What to Do?

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- In 2011, the AAP Task Force on SIDS expanded its focus towards creating a safe sleep environment for infants
  - All SUID's (including SIDS)
- 2016, 2022 with revisions to recommendations
- Nineteen recommendations directed at
  - parents
  - healthcare providers
  - researchers
  - health policy makers

Source*:* Sleep-Related Infant Deaths: Updated 2022 Recommendations for Reducing Infant Deaths in the Sleep Environment. *Pediatrics* 2022.

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Recommendations

- Back to Sleep, Every Time! (Level A)
- Correct Sleep Environment (Level A)
- Everything Out of the Crib (Level A)
- Avoid Smoke Exposure (Level A)
- Pacifiers are Good! (Level A)
- Yes to Room Sharing, No to Bed/Surface Sharing (Level A)

Infant Sleep Location and Breastfeeding

- Survey of postpartum mothers ~2 months after delivery
- Moms who surface-shared 2.5 times more likely to be exclusively breastfeeding
- BUT—60% of exclusively breastfeeding moms room-shared overall
- Receiving advice on room-sharing and breastfeeding increased both behaviors dose-dependently

Source: Smith LA, Geller NL, Kellams AL et al. Infant Sleep Location and Breastfeeding Practices in the United States, 2011-2014. *Academic Pediatrics* 2016.

! Hot Topic in Safe Sleep !

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- Co-Sleeping (Bed/surface-sharing)
  - James McKenna, Notre Dame anthropologist
  - “Recognized as the world’s leading authority on mother-infant co-sleeping in relationship to breastfeeding and SIDS”
  - “Mothers and infants have evolved to co-sleep”
    - “However, modern beds and bedding did not”.

Sources: University of Notre Dame Mother-Infant Behavioral Sleep Laboratory, http://cosleeping.nd.edu;
The Huffington Post, http://www.huffingtonpost.com/arianna-huffington/james-mckenna-co-sleeping-expert_b_7119782.html

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2022 AAP Guidelines

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- “The safest place for an infant to sleep is on a separate sleep surface designed for infants close to the parents’ bed.”
- “Bed-sharing can occur unintentionally if parents fall asleep while feeding their infant, or at times when parents are particularly tired or infants are fussy.”

When is Infant Most at Risk?

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- <4 months of age
- Preterm infant
- Current smoker in bed
- Bed-sharing with someone who uses alcohol, illicit drugs, or pain medications
- Bed-sharing with another child or multiple other people in the bed
- When placed on a very soft surface or surrounded by soft bedding

Sources: Colvin, JD et al. Sleep environment risks for younger and older infants. *Pediatrics* 2014.
Tappin, D et al. Bedsharing, roomsharing, and sudden infant death syndrome in Scotland: a case control study. *Journal of Pediatrics* 2005.

When is Infant Most at Risk?

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Table 1. Hazardous Risk Factors or Circumstances During Bedsharing

These are factors that increase the risk of SIDS and fatal sleeping accidents, either alone or when combined with bedsharing.[11,26,41,42]

- Sharing a sofa with a sleeping adult ("sofa-sharing")
- Infant sleeping next to an adult who is impaired by alcohol[a] or drugs
- Infant sleeping next to an adult who smokes
- Sleeping in the prone position
- Never initiating breastfeeding
- Sharing a chair with a sleeping adult
- Sleeping on soft bedding
- Being born preterm or of low birth weight

Sources: Blair PS, et al. Bedsharing and Breastfeeding: The Academy of Breastfeeding Medicine Protocol #6, Revision 2019. *Breastfeeding Medicine* 2020.

Practical Pediatrics

- What should I do when parents decide to surface-share?
  - Educate on ABC's
  - Counsel appropriately
  - But--meet them where they are
    - Don't promote, but don't judge either
  - Risk mitigation

Suggestions

- If parents bed/surface-share/co-sleep:
  - Counsel on risk to preterm and younger infants
  - Counsel on tobacco/EtOH/drug use
  - Counsel on breastfeeding
  - Safer to share space in bed rather than couch or chair
  - No blankets (wear a sweatshirt), no pillows
  - Toddler rails on the bed or mattress on the floor against a wall
  - Mom only, no other kids or pets, dad to the couch?

Suggestions

Table 2. Elements of Safe Bedsharing Advice, *in Order of Importance*

1. Never sleep with infants on a sofa, armchair, or unsuitable surface, including a pillow (level 3).[11]
2. Place infants to sleep away from any person impaired by alcohol or drugs (level 3).[11]
3. Place infants supine for sleep (level 3)[11] (level 4)[43] (level 5).[44]
4. Place infants to sleep away from secondhand smoke and away from a caregiver who routinely smokes (level 1)[28] and clothing or objects that smell of smoke (thirdhand smoke) (level 5).[45] (In cases where the mother smokes, this will not be possible).
5. The bed should be away from walls and furniture to prevent wedging of the infant's head or body (level 1).[46]
6. The bed's surface should be firm, just as with a crib (level 3),[41] without thick covers (e.g., duvets, doonas), pillows, or other objects that could cause accidental head covering and asphyxiation.
7. The infant should not be left alone on an adult bed (level 1).[47]
8. Adoption of the C-position ("cuddle curl"), with the infant's head across from the adult's breast, adult's legs and arm(s) curled around the infant, infant on their back, away from the pillow, is the optimal safe sleeping position (Fig. 1) (level 4).[48,49]
9. There is insufficient evidence to make recommendations on multiple bedsharers or the position of the infant in bed with respect to both parents in the absence of hazardous circumstances.[50,51] Each locality should consider the cultural circumstances unique to its situation with respect to sleep conditions.

Sources: Blair PS, et al. Bedsharing and Breastfeeding: The Academy of Breastfeeding Medicine Protocol #6, Revision 2019. *Breastfeeding Medicine* 2020.

Cribs for Kids

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- Provide funding to organizations that promote safe sleep practices and distribute cribs ("Cribettes") to eligible families
  - Mothers must be at least 32 WGA or have an infant <1 year of age
  - Low income (<200% of Federal Poverty Level)
  - Caregivers are eligible
  - Twins and multiple births are eligible
  - Agencies/organizations will determine if two cribs can be provided to parents residing in separate homes
- cribsforkids.org

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Cribs for Kids Providers

Source: Ohio Dept. of Children & Youth

Questions or Discussion

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- Time Allowing
  - Please raise your hand in the webinar to be called on for questions
  - You may also type questions into the chat box to be read to the presenters

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3S Interconception Care: Spacing Births

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Interconception Care

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- AKA “interpregnancy care”
- Interconception/interpregnancy interval: the time period from birth to conception

Why space pregnancies?

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- 45% of pregnancies are unintended
- Goal: improve health outcomes for parents and babies
- More risks of poor outcomes to pregnant persons and babies if pregnancies are < 18 months apart
  - 1 in 3 women in the US currently become pregnant within 18 months after birth

Short interpregnancy interval effects on pregnant persons:

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- Goal: allow body to recover from stress of pregnancy and birth
- Can result in late prenatal care and unintended pregnancy
- Stress is physical and emotional – healing necessary to allow pregnant persons body and mind to support and nurture new life
- Nutritional recovery – build up iron, calcium, folic acid
- Inflammation and trauma caused by pregnancy and birth
- Manage any medical conditions that arose during pregnancy
  - E.g., Gestational diabetes or hypertension, cardiomyopathy, postpartum depression
- Manage and stabilize any chronic medical conditions
  - E.g., diabetes, asthma, depression

Short interpregnancy interval effects on fetus:

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Increased risks of :

- Preterm birth
- Low birth weight
- More NICU admissions
- Infant mortality (early infant death)

Current recommendations for birth spacing

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- Ideal, 18 – 59 months between pregnancies (birth to conception)
- *At least* 6 months between pregnancies
  - May be more beneficial in some circumstances; such as:
    - Advanced maternal age
    - Infertility
    - Progressive medical conditions (e.g., cancers or cancer preventive treatments, multiple sclerosis)

How to start or have conversations about birth spacing?

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- Key question – “Do you think you would like to have more children? If so, when?
- Ask of all fertile/reproductive persons who gave birth to the children you are seeing to reduce biases
- Acknowledge plans and desires change over time
- Counsel patients the safest interval between pregnancies is 18 months (at least 6, if extenuating circumstances exist)
- Can prompt conversations about family planning: birth control options, access, cost, prior problems with contraception, fertility, breast feeding

Resources for birth spacing conversations

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Digital toolkit

- For providers:
  - Reproductive Health National Training Center – e-learning modules
  - One Key Question Online Modules
- For patients:
  - March of Dimes birth spacing handout
  - CDC Reproductive Life Plan

Contraceptive Options

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- Hormonal or non
- Prescription or non
- Various modes of delivery
  - Oral
  - Transdermal
  - Subdermal
  - Intrauterine
- Requires procedure
  - IUD
  - Implant
- Obtain online or in-person

Contraceptive Options

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- Pills (combination or progesterone only)
  - Emergency contraception
  - Abortion pill
- Patch
- Vaginal ring
- Shot (progesterone only)
- Intrauterine Device
- Implant (Nexplanon)
- Diaphragm
- Cervical cap
- Vaginal gel (Phexxi)
- Vasectomy
- Tubal ligation

- Abstinence
- Condoms (internal, external)
- Spermicide
- Withdrawal
- Opill (progesterone only, over the counter, online or in stores)
- Natural family planning
- Lactational amenorrhea

Resources for contraceptive information

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- Provider: Digital toolkit: RHNTC Birth Control Methods Chart
  - CDC – Contraception
- Patient:
  - Bedsider.org
  - CDC - contraception

Natural Family Planning

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AKA:

- “Fertility awareness methods”
- “Rhythm method”

- Tracking menstrual cycles to determine most fertile (and infertile) time of cycle
- Basal body temp
- Observing cervical fluid changes
- Urine LH tests (ovulation tests)
- Lactational amenorrhea

Lactational Amenorrhea

- Consensus guidelines for using breastfeeding as a safe and effective method of birth spacing
- 3 criteria must be met to ensure adequate protection from pregnancy:
  - Amenorrhea
  - Fully or nearly exclusive breastfeeding – intervals between breastfeedings not exceeding 4 hours during the day and 6 hours at night
  - <6 months postpartum

Resources for patients to get contraceptives

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- 50% of unintended pregnancies report barriers to access
- Refer reproductive person to
  - PCP
  - Family Planning Clinic – Digital Toolkit
    - ODH Reproductive Health and Wellness Program
      - Click on “Find a Family Planning Clinic”
    - Online:
      - Planned Parenthood.org
      - Opill
      - Nurx.com

Final Questions and Discussion

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Closing Reminders

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- Any questions that were not answered during the presentation will be shared with our team for follow up afterward
- We have recorded the presentation and will share slides as well
- To obtain CME credit:
  - An evaluation link will be emailed to you after the presentation

Closing Reminders

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- Questions or assistance regarding implementing interconception care in your organization?
  - hsouthworth@ohioaap.org
  - Consider joining our Practice Coaching opportunity – details will be included in follow up email
  - For those joining Practice Coaching, the Kick-off Webinar in March 10, 12:00 pm

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