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3S Interconception Care: Practice Coaching Kick-Off Session

March 10, 2026

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Welcome!

- 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

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Reminders

- 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.

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Agenda

- Overview: Keeping the Conversation Going
  - Previous Program Results
  - Discussing motivations and strategies
  - Documentation and billing strategies
- Data collection and project resources
- Family planning discussion role play
- Discussion, Closing and Reminders

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CME Learning Objectives

- Define interconception care and explain data to support incorporating it into well-child visits
- Use discussion techniques for common scenarios addressing interconception care with caregivers
- Apply data collection plan to evaluate incorporation of interconception care into practice

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Today's Presenters

Michele Dritz, MD, FAAP

Jamie Macklin, MD, MPH, FAAP

Jennifer Bain, MD

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Keeping the Conversation Going: Meeting Families Where They Are

Michele Dritz, MD, FAAP

Adolescent Medicine physician

Dayton Children's Hospital & University of Toledo

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3S Interconception Care Practice Coaching/Impact Education Program

Spacing

- Encourage birth spacing for **at least 18 months from the end of one pregnancy to the beginning of the next** for the optimal health of mom, future children and families

Smoking

- Promote smoking cessation **before, during and after pregnancy** and eliminate smoke exposure for infants

Safe Sleep

- Ensure families are aware of the **ABC's of safe sleep** (alone, back, crib) for the 1st year of life

Previous OH AAP Program Results

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- When compared with results from the statewide Ohio Pregnancy Assessment Survey, screening rates for interconception care needs by QI participants were higher in all topics than the general population

Focus Area Screening	OPAS Postpartum Visit (2021)	HMHF WCC (Wave 1 2021-2022)	HMHF WCC (Wave 2 2022-2023)	HMHF WCC (Wave 3 2023-2024)
Depression/Anxiety	90.6% (n = 115,995)	92.1% (n = 987)	99.4% (n = 3,701)	99.4% (n = 2,617)
Tobacco Use	60.7% (n = 115,822)	92.5% (n = 988)	99.8% (n = 3,701)	99.5% (n = 2,617)
Multivitamin Use	48.0% (n = 115,635)	92.2% (n = 988)	94.3% (n= 3,699)	99.0% (n = 2,617)
Family Planning	52.4% - 88.5 % (n = 115,898 - 115,876)	91.6% (n = 987)	90.3% (n= 3,699)	99.4% (n = 2,617)

Previous OH AAP Program Results

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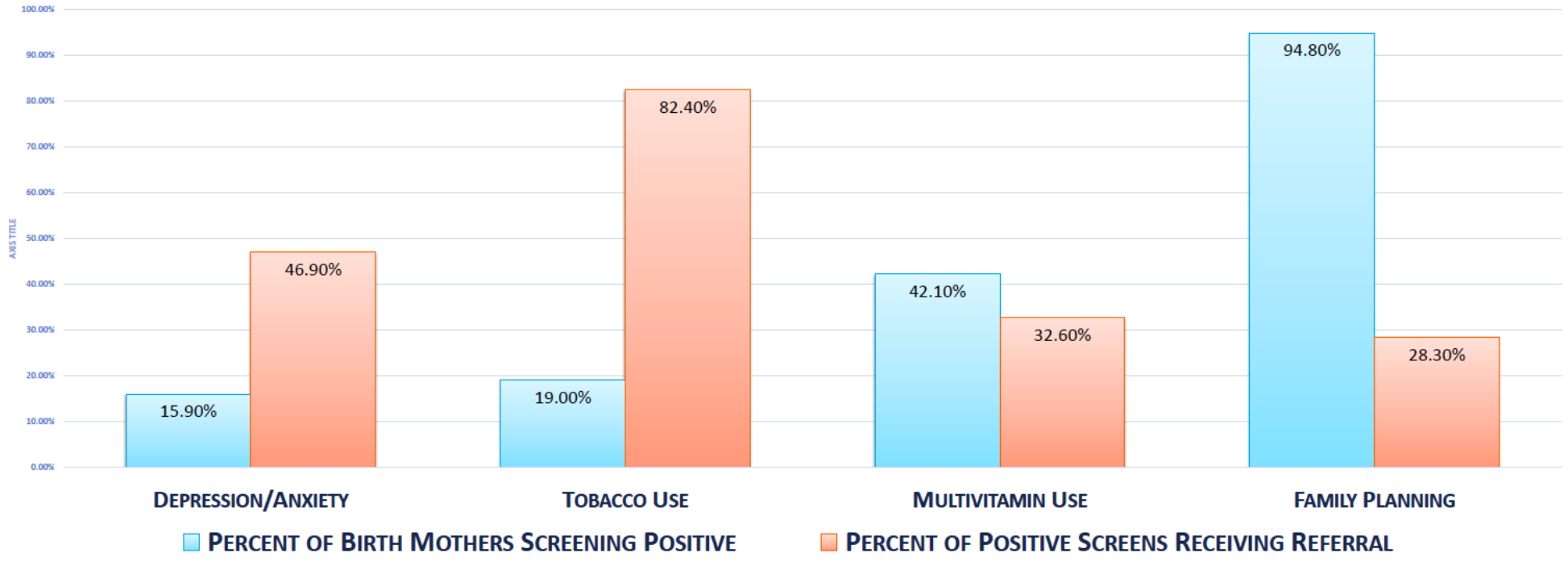
- The areas of most common need (family planning and multivitamin use) are also those addressed with referrals the least even following increases from 0% for most sites prior to participation in QI



Previous OH AAP Program Results

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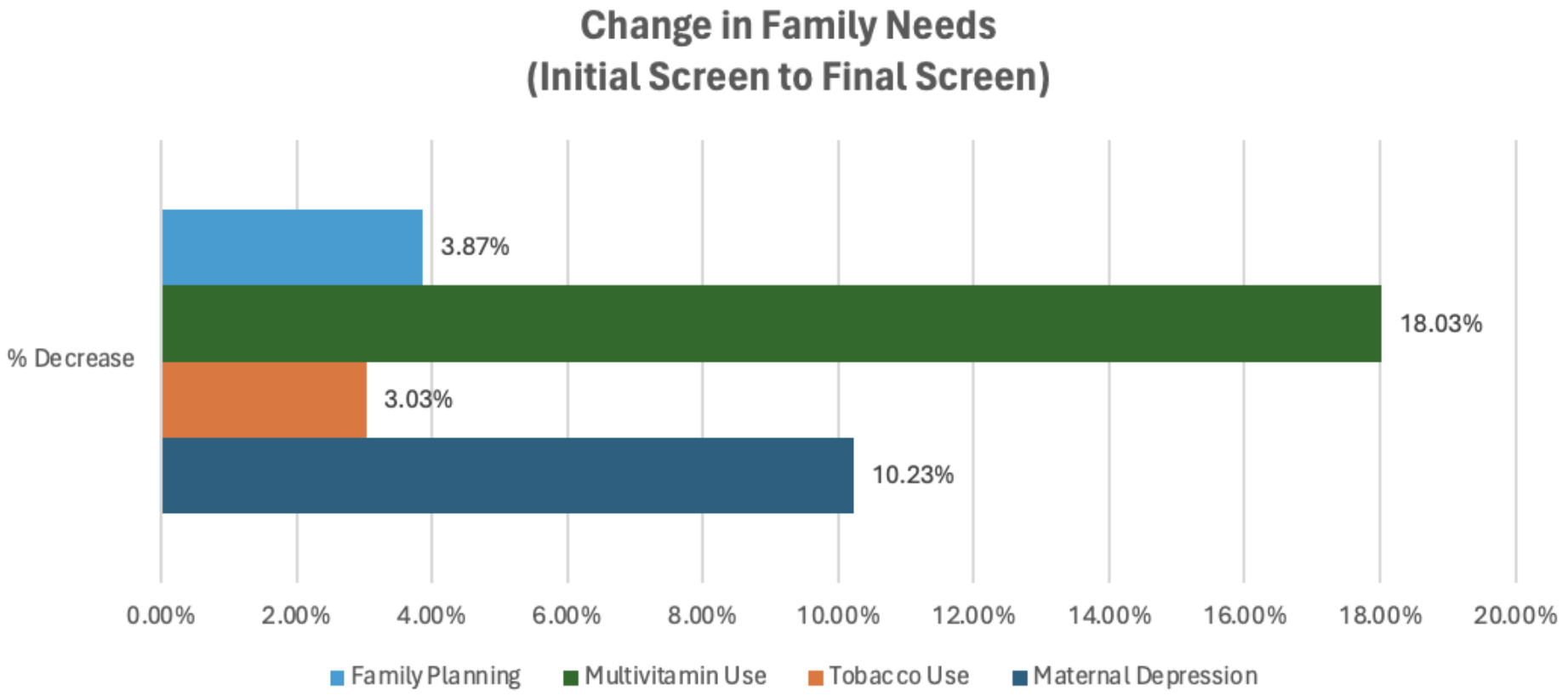
- Families showed decreased needs in repeat screenings after providers addressed interconception care topics at pediatric WCVs



Previous OH AAP Program Results

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"It has surprised me the number of times we've had mothers say they did not want another kid anytime soon, but weren't using any form of contraception. I've found myself in conversations with relatively simple barriers to overcome, but barriers that I had not known were in place had I not asked."

Jordan Hoerr, MD

Shipley Child Health Clinic, Canton, OH

HMHF Wave 1 Participant

Build Trust

Start the Conversation

Build on Strengths & Needs

Meet Moms Where they Are

Focus on Motivation

Keep the Conversation Going

Lend a Supporting Hand AND Specific Resources

Birth Spacing Conversations in particular:

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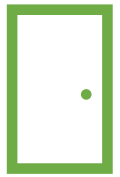
Can feel unnecessary… ”mom’s Ob/Gyn is taking care of that”	• 40-57% of women do not attend post-partum OR primary care visits in their 1st year • Higher risk: younger, minority groups, limited resources (i.e. transportation)
Can feel… “out of our wheelhouse”	• Women’s health = Family Medicine/IM wheelhouse • Infant/Child/Adolescent/Future child health = Pediatric wheelhouse • General contraception care knowledge is important for ALL primary care
Can feel like… “invading privacy”	• It is all in the wording – as are most conversations we have with families
Can feel like… “opening a can of worms”	• Screening process can streamline WHO could benefit from a conversation • Sometimes the “can” needs to be opened • It is an opportunity to start the conversation and offer resources

- ACOG, Committee Opinion #736: Optimizing Postpartum Care, May 2018
- Cedar Gate Technologies, “Cedar Gate Data Finds Nearly 60% of New Mothers Miss Essential Postpartum Follow-Up Care”, https://www.globenewswire.com/news-release/2025/07/29/3123232/0/en/Cedar-Gate-Data-Finds-Nearly-60-of-New-Mothers-Miss-Essential-Postpartum-Follow-Up-Care.html , Accessed on: 1/20/26
- Dewan AS, Narayan A, Adashi EY. Newborn Visits as Touchpoints to Bridge Postpartum Care Gaps. *JAMA Health Forum.* 2025;6(9):e253608

Recognizing our Assumptions

Be cognizant of your own belief systems and the how they influence your views



Check your assumptions at the door

Ask non-judgmental questions in a respectful, caring fashion

Getting The Conversation Started

Foster

Foster a safe space to talk

- "These visits are about checking in about your baby's health AS WELL AS how you are doing. One thing we sometimes forget to think about as new parents is our own health and our body's recovery after pregnancy. That includes ideally waiting at least 18 months after the end of one pregnancy to get pregnant again. Have you had your follow-up visit with your OB or primary care provider yet and talked about ways to prevent pregnancy during this recovery time?"

Build

Build rapport

- "Having a new baby at home can be stressful for many families. Just keeping up with the day-to-day can be challenging enough let alone your own important doctor appointments. I know you haven't been able to schedule your post-partum visit yet, but can I help by giving you some information on some safe birth control options for breastfeeding moms that you can then talk more about with your OB at your upcoming appointment?"
- If you feel comfortable, answer questions about various contraceptive options and discuss the OTC progestin-only OPill® and condoms that mothers than start using immediately

Explore

Explore needs, goals & contraindications for Patient-Centered Counseling

- Develop an understanding of what matters to them, including interests, challenges and needs
- "Is there a method you were already thinking about using or worked well for you in the past?"
- "Breastfeeding or certain medical conditions (i.e. DVTs, migraines w/ aura, HTN)?=need to avoid estrogen"
- "Challenge remembering to take daily medicine or needs confidentiality from partner? = consider LARC options such as IUD, implant or medroxyprogesterone shot"
- Offer resources while awaiting their Ob and/or Primary Care visit
- Bedsider.org; ACOG.org; OH AAP Birth Control handout

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
- Potential opportunity for additional reimbursement
  - Birth Spacing & Safe Sleep Conversations = no current reimbursement option for Pediatricians
  - Smoking Cessation Conversations = 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)

Data Collection Details: Family Feedback Survey

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- Data will be collected through a Family Feedback Survey to be offered to families following WCV for ages birth to three years.
  - The survey is optional for families.
  - No PHI or contact information is captured for families.
- The Ohio AAP will provide an iPad for use in administering the survey.
  - Additional data collection options include paper survey forms, an electronic link, or a QR code to be provided to families.

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Family Feedback Survey Live Demo

- Survey Link: https://ohioaap.org/3siccfamsurvey/
  - Maximum of 8 questions
  - All multiple choice
  - Link to submit next response appears in confirmation

3S INTERCONCEPTION CARE FAMILY SURVEY

The provider you saw today is working with the Ohio AAP to improve the care that is being provided to children and their families. We have a brief anonymous survey to help us understand what discussions occurred and to learn if this was helpful. **Participation is optional.**

If you choose to participate, your individual responses will not be shared with your provider and it will have no affect on future care given. Your responses are totally anonymous, confidential, and will not be entered in your child's medical record.

Your responses were successfully submitted. Thank you!

To submit another response, please click here: https://ohioaap.org/3siccfamsurvey/

Family Feedback Survey

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Please select ALL items below that anyone in the office TALKED WITH YOU ABOUT during your visit today. (Select all that apply)

- Birth spacing and/or family planning
- Smoking cessation or exposure
- Safe sleep environments (for children less than 12 months of age)
- None of the Above

Did anyone give you ITEMS such as handouts, links, books or sleep sacks related to ANY of these topics as part of your visit today? (Select all that apply)

- Birth spacing and/or family planning
- Smoking cessation or exposure
- Safe sleep environments (for children less than 12 months of age)
- None of the Above

Please select ALL items below that YOU LEARNED ANYTHING NEW ABOUT during your visit today. (Select all that apply)

- Birth spacing and/or family planning
- Smoking cessation or exposure
- Safe sleep environments (for children less than 12 months of age)
- None of the Above

Family Feedback Survey (continued)

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- Questions regarding likelihood to change are logic based, depending on answers to previous questions
  - Up to 3 likelihood to change questions (one per topic) could be included

How likely are you to make changes in your child's sleep environment?

- 0 - Not ready to change
- 1 - Should consider changing someday
- 2 - Should change but not quite ready
- 3 - Thinking about changing
- 4 - Seriously considering changes
- 5 - Ready to change/already changing
- No changes needed or this does not apply to me

Family Planning Role Play

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Jennifer Bain, MD
(In the role of physician)

Jamie Macklin, MD, MPH, FAAP
(In the role of mother)

Sample Conversation: Patient 1

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- *Setting: Mother attends WCV for a 12-month-old child at the pediatrician; two older siblings are in school/preschool*
- Provider introduces conversation
  - Now that we've talked about your child's health, I'd like to check in with you if that's OK. What do you envision for yourself in terms of planning for your next possible pregnancy?

Sample Conversation: Patient 1

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- *Setting: Mother attends WCV for a 12-month-old child at the pediatrician; two older siblings are in school/preschool*
- Provider introduces conversation
  - Now that we've talked about your child's health, I'd like to check in with you if that's OK. What do you envision for yourself in terms of planning for your next possible pregnancy?
- Mother indicates no interest in future pregnancies and has a current contraceptive plan
- Provider offers support through handouts and/or links, and reminds mom to connect with her provider for follow up

Sample Conversation: Patient 2

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- *Setting: Mother attends WCV for a 1-month-old patient at the pediatrician; this is her first child*
- Provider introduces conversation
  - I know we're focusing on your baby today, but your health is just as important. How have you been feeling since the delivery? Have you been able to schedule your postpartum visit with your OB/GYN yet?

Sample Conversation: Patient 2

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- *Setting: Mother attends WCV for a 1-month-old patient at the pediatrician; this is her first child*
- Provider introduces conversation
  - I know we're focusing on your baby today, but your health is just as important. How have you been feeling since the delivery? Have you been able to schedule your postpartum visit with your OB/GYN yet?
- Mother had not scheduled postpartum visit, and had questions regarding timeframe for possible conception and breastfeeding
- Provider encouraged scheduling for postpartum visit and possible barrier methods for contraception at this time

Sample Conversation: Patient 3

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- *Setting: Mom attends a WCV for a 6-month-old infant at the family practice where she is a patient; mom is interested in getting pregnant again soon*
- Provider introduces conversation using 1 key question:
  - Would you like to become pregnant in the next year?

Sample Conversation: Patient 3

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- *Setting: Mom attends a WCV for a 6-month-old infant at the family practice where she is a patient; mom is interested in getting pregnant again soon*
- Provider introduces conversation using 1 key question:
  - Would you like to become pregnant in the next year?
- Mother is confident in decision to try for another pregnancy soon
- Provider offers education on birth spacing, but also discusses options with mom to reduce risks from shorter interpregnancy interval, including prenatal vitamins and scheduling a follow up appointment

Family Planning Resource

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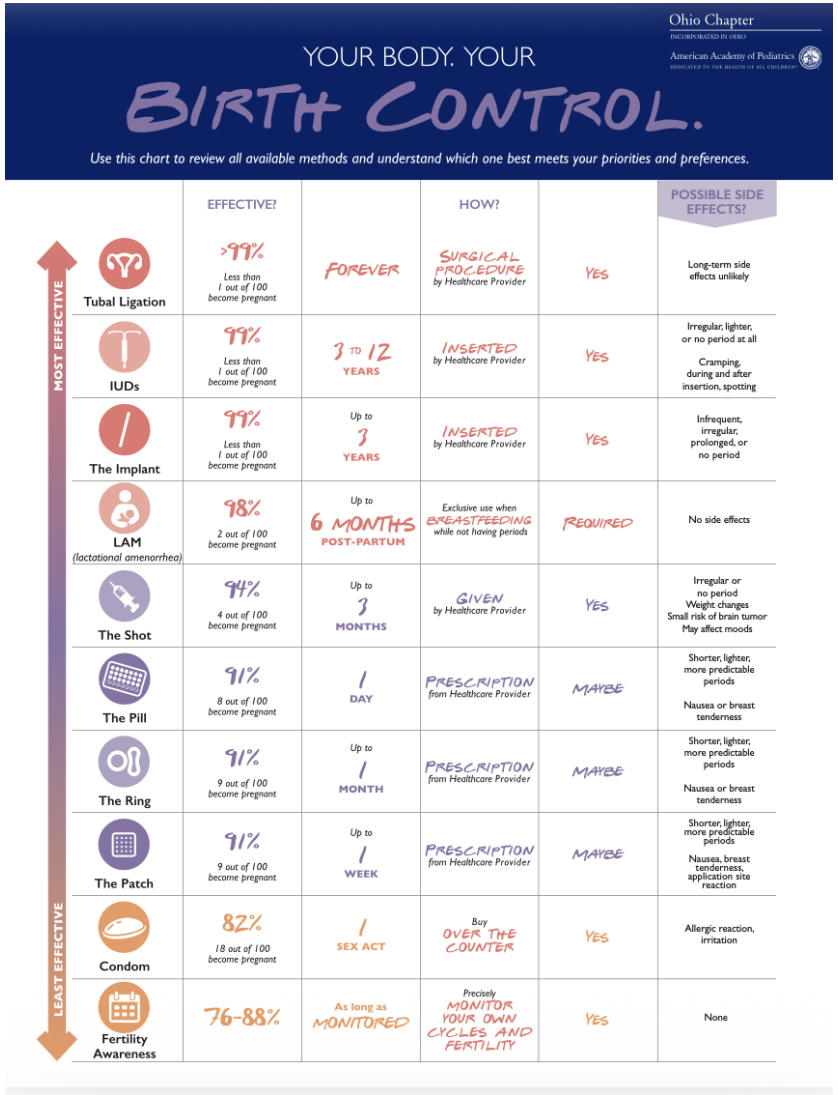

Zoom Poll

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- What type of family planning resources and/or referrals do you think you will use with families? (select all that apply)
  - Share birth control options handout
  - Make referral for parent to Ob/Gyn and/or adult PCP
  - Provide contraceptive care for parent in our own clinic
  - Make recommendation to start prenatal vitamin
  - Use other handouts on birth spacing or family planning
  - I have another idea (please share in chat)

Sample Conversation Discussion

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- What other questions do you frequently hear or anticipate from families – on any 3S topic?
- How might you have handled any of these situations differently?

Zoom Poll

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- On a scale of 1-5, how ready are you to implement discussions and resources for 3S ICC topics into your practice?
  - 1 – Not ready at all – need more than 2 weeks to start
  - 2 – May be able to begin within 10 days
  - 3 – Should be ready to start within 1 week
  - 4 – Will be ready to start within 2-4 days
  - 5 – Ready to start today

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Next Steps

- Project materials (iPads, sleep sacks, board books, and handouts) will be shipped to your site this week
- Determine how to implement screenings, discussions, and family surveys into your office flow
  - Reach out to Hayley for assistance or with questions
- Begin collecting data using the family survey by March 20
  - Check in email with initial survey entry numbers provided by March 30
- Coaching webinars to be scheduled in late April/early May
  - Data review (first ~6 weeks of surveys) will be included in the coaching call
  - Stipends will be processed following completion of these calls
- Exit interviews will be scheduled in July

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Wrap-up with Q&A

- Discussion:
  - What questions do you have regarding the practice coaching project?
  - What barriers do you foresee in implementing discussions and resources for these topics?
  - What other resources do you need to get started?

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