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| **PCC Indicator: Percentage of women having a live birth who had a health care visit during the 12 months before pregnancy and received counseling from a doctor, nurse, or other health care worker about their desire to have or not have children** | | | |
| **Demographic Group**: Women aged 18—44 years with recent live birth | **Data Source**: Pregnancy Risk Assessment Monitoring System (PRAMS) | **Data availability**:  Phase 8 Core | **Clinical Utility**: Potentially improves both pregnancy outcomes and long term women’s health outcomes |
| **Numerator**: Female respondents aged 18-44 years who received counseling about her desire to have or not have children at a health care visit in the 12 months before pregnancy and answered “Yes” to the following questions:  “During any of your health care visits in the 12 months before you got pregnant, did a doctor, nurse or other health care worker do any of the following things?”  "Talk to me about my desire to have or not have children" | | **Denominator**: Female respondents aged 18-44 years who answered “Yes” to the following question:  “In the 12 months before you got pregnant with your new baby, did you have any health care visits with a doctor, nurse, or other health care worker, including a dental or mental health worker?” | |
| **Clinical Recommendations**:  ACOG: (2016) Reproductive Life Planning to Reduce Unintended Pregnancy. ACOG Committee Opinion No. 654. Obstet Gynecol;27:e66-9  Quality Family Planning Guidelines: (2014) Providing quality family planning services: recommendations of CDC and the US Office of Population Affairs. MMWR Recomm Rep;63(RR-04)  Institute of Medicine: (2011). Clinical Preventive Services for Women: Closing the Gaps. Washington, DC: The National Academies Press.  CDC: (2006) Recommendations to Improve Preconception Health and Health Care — United States: a report of the CDC/ ATSDR Preconception Care Work Group and the Select Panel on Preconception Care. MMWR 2006;55(No. RR-6) | | | |

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| **PCC Indicator: Percentage of women having a live birth who received counseling from a doctor, nurse, or other health care worker at their postpartum checkup about how long to wait before getting pregnant again** | | | |
| **Demographic Group**: Women aged 18—44 years with recent live birth | **Data Source**: Pregnancy Risk Assessment Monitoring System (PRAMS) | **Data availability**:  Phase 8 Core | **Clinical Utility**: Potentially improves both pregnancy outcomes and long term women’s health outcomes |
| **Numerator**: Female respondents aged 18-44 years who received counseling about how long to wait before getting pregnant again at their postpartum checkup and answered “Yes” to the following questions:  “During your postpartum checkup, did a doctor, nurse, or other health care worker do any of the following things?” and answered “Yes” to the following question  "Talk to me about how long to wait before getting pregnant again" | | **Denominator**: Female respondents aged 18-44 years who answered “Yes” to the following question:  “Since your new baby was born, have you had a postpartum checkup for yourself? A postpartum checkup is the regular checkup a woman has about 4-6 weeks after she gives birth.” | |
| **Clinical Recommendations**:  ACOG: (2019) Prepregnancy Counseling. ACOG Committee Opinion No. 762 Obstet Gynecol 2019;133:e78–89  ACOG: (2018) Optimizing Postpartum Care. ACOG Committee Opinion No. 736 Obstet Gynecol 2018;131:e140–50  Quality Family Planning Guidelines: (2014) Providing quality family planning services: recommendations of CDC and the US Office of Population Affairs. MMWR Recomm Rep;63(RR-04)  CDC: (2006) Recommendations to Improve Preconception Health and Health Care — United States: a report of the CDC/ ATSDR Preconception Care Work Group and the Select Panel on Preconception Care. MMWR 2006;55(No. RR-6) | | | |

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| **PCC Indicator: Percentage of women having a live birth who received counseling from a doctor, nurse, or other health care worker at their postpartum checkup about birth control methods to use after giving birth** | | | |
| **Demographic Group**: Women aged 18—44 years with recent live birth | **Data Source**: Pregnancy Risk Assessment Monitoring System (PRAMS) | **Data availability**:  Phase 8 Core | **Clinical Utility**: Potentially improves both pregnancy outcomes and long term women’s health outcomes |
| **Numerator**: Female respondents aged 18-44 years who received counseling about birth control at their postpartum checkup and answered “Yes” to the following questions:  “During your postpartum checkup, did a doctor, nurse, or other health care worker do any of the following things?" and answered “Yes” to the following question: "Talk to me about birth control methods I can use after giving birth” | | **Denominator**: Female respondents aged 18-44 years who answered “Yes” to the following question:  “Since your new baby was born, have you had a postpartum checkup for yourself? A postpartum checkup is the regular checkup a woman has about 4-6 weeks after she gives birth.” | |
| **Clinical Recommendations**:  ACOG: (2018) Optimizing Postpartum Care. ACOG Committee Opinion No. 736 Obstet Gynecol 2018;131:e140–50[[1]](#footnote-1)  CDC: (2016 ) US Selected Practice Recommendations (US SPR) for Contraceptive Use. MMWR Recomm Rep 2016;65(No. RR-4):1–66  CDC: (2011) Update to CDC's U.S. Medical Eligibility Criteria for Contraceptive Use, 2010: Revised Recommendations for the Use of Contraceptive Methods During the Postpartum Period MMWR/ 60(26);878-883 | | | |

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| **PCC Indicator: Percentage of women having a live birth who had a health care visit during the 12 months before pregnancy and received counseling from a doctor, nurse, or other health care worker about using birth control to prevent pregnancy** | | | |
| **Demographic Group**: Women aged 18—44 years with recent live birth | **Data Source**: Pregnancy Risk Assessment Monitoring System (PRAMS) | **Data availability**:  Phase 8 Core | **Clinical Utility**: Potentially improves both pregnancy outcomes and long term women’s health outcomes |
| **Numerator**: Female respondents aged 18-44 years who received counseling about birth control at a health care visit in the 12 months before pregnancy and answered “Yes” to the following questions:  “During any of your health care visits in the 12 months before you got pregnant, did a doctor, nurse, or other health care worker do any of the following things?"  "Talk to me about using birth control to prevent pregnancy” | | **Denominator**: Female respondents aged 18-44 years who answered “Yes” to the following question:  “In the 12 months before you got pregnant with your new baby, did you have any health care visits with a doctor, nurse, or other health care worker, including a dental or mental health worker?” | |
| **Clinical Recommendations**:  ACOG: (2019) Prepregnancy Counseling. ACOG Committee Opinion No. 762 Obstet Gynecol 2019;133:e78–89[[2]](#footnote-2)  AAFP: (2013) Recommendations for Preconception Counseling and Care Am Fam Physician. 2013 Oct 15;88(8):499-506 | | | |

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| **PCC Indicator: Percentage of women having a live birth who had a health care visit during the 12 months before pregnancy for family planning or birth control** | | | |
| **Demographic Group**: Women aged 18—44 years with recent live birth | **Data Source**: Pregnancy Risk Assessment Monitoring System (PRAMS) | **Data availability**:  Phase 8 Core | **Clinical Utility**: Potentially improves both pregnancy outcomes and long term women’s health outcomes |
| **Numerator**: Female respondents aged 18-44 years who reported a health care visit for family planning or birth control in the 12 months before pregnancy  “What type of health care visit did you have in the 12 months before you got pregnant with your new baby?” and answered "Visit for family planning or birth control” | | **Denominator**: Female respondents aged 18-44 years who answered “Yes” to the following question:  “In the 12 months before you got pregnant with your new baby, did you have any health care visits with a doctor, nurse, or other health care worker, including a dental or mental health worker?” | |
| **Clinical Recommendations**:  CDC: (2016 ) US Selected Practice Recommendations (US SPR) for Contraceptive Use. MMWR Recomm Rep 2016;65(No. RR-4):1–66  Quality Family Planning Guidelines: (2014) Providing quality family planning services: recommendations of CDC and the US Office of Population Affairs. MMWR Recomm Rep;63(RR-04)[[3]](#footnote-3) | | | |

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| **PCC Indicator: Percentage of women having a live birth who had an IUD (Mirena, ParaGard, Liletta, or Skyla) or a contraceptive implant (Nexplanon or Implanon) inserted by a doctor, nurse, or other health care worker at their postpartum checkup[[4]](#footnote-4)** | | | |
| **Demographic Group**: Women aged 18—44 years with recent live birth | **Data Source**: Pregnancy Risk Assessment Monitoring System (PRAMS) | **Data availability**:  Phase 8 Core | **Clinical Utility**: Potentially improves both pregnancy outcomes and long term women’s health outcomes |
| **Numerator**: Female respondents aged 18-44 years who received an IUD or contraceptive implant at their postpartum checkup and answered “Yes” to the following questions:  “During your postpartum checkup, did a doctor, nurse, or other health care worker do any of the following things?"  "Insert an IUD (Mirena®, ParaGard®, Liletta®, or Skyla®) or a contraceptive implant (Nexplanon® or Implanon®)” | | **Denominator**: Female respondents aged 18-44 years who answered “Yes” to the following question:  “Since your new baby was born, have you had a postpartum checkup for yourself? A postpartum checkup is the regular checkup a woman has about 4-6 weeks after she gives birth.” | |
| **Clinical Recommendations**:  ACOG: Postpartum Contraceptive Access Initiative (PCAI) <https://www.acog.org/About-ACOG/ACOG-Departments/Long-Acting-Reversible-Contraception/Postpartum-Contraceptive-Access-Initiative>  ACOG: (2018) Optimizing Postpartum Care. ACOG Committee Opinion No. 736 Obstet Gynecol 2018;131:e140–50[[5]](#footnote-5)  CDC: (2016 ) US Selected Practice Recommendations (US SPR) for Contraceptive Use. MMWR Recomm Rep 2016;65(No. RR-4):1–66  CDC: (2011) Update to CDC's U.S. Medical Eligibility Criteria for Contraceptive Use, 2010: Revised Recommendations for the Use of Contraceptive Methods During the Postpartum Period MMWR/ 60(26);878-883 | | | |

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| **PCC Indicator: Percentage of women having a live birth who were given or prescribed a contraceptive method such as the pill, patch, shot, (Depo-Provera), NuvaRing, or condoms by a doctor, nurse, or other health care worker at their postpartum checkup** | | | |
| **Demographic Group**: Women aged 18—44 years with recent live birth | **Data Source**: Pregnancy Risk Assessment Monitoring System (PRAMS) | **Data availability**:  Phase 8 Core | **Clinical Utility**: Potentially improves both pregnancy outcomes and long term women’s health outcomes |
| **Numerator**: Female respondents aged 18-44 years who were prescribed birth control at their postpartum checkup and answered “Yes” to the following questions:  “During your postpartum checkup, did a doctor, nurse, or other health care worker do any of the following things?"  "Give or prescribe me a contraceptive method such as the pill, patch, shot (Depo-Provera®), NuvaRing®, or condoms” | | **Denominator**: Female respondents aged 18-44 years who answered “Yes” to the following question:  “Since your new baby was born, have you had a postpartum checkup for yourself? A postpartum checkup is the regular checkup a woman has about 4-6 weeks after she gives birth.” | |
| **Clinical Recommendations**:  ACOG: (2018) Optimizing Postpartum Care. ACOG Committee Opinion No. 736 Obstet Gynecol 2018;131:e140–50[[6]](#footnote-6)  CDC: (2016 ) US Selected Practice Recommendations (US SPR) for Contraceptive Use. MMWR Recomm Rep 2016;65(No. RR-4):1–66  CDC: (2011) Update to CDC's U.S. Medical Eligibility Criteria for Contraceptive Use, 2010: Revised Recommendations for the Use of Contraceptive Methods During the Postpartum Period MMWR/ 60(26);878-883 | | | |

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| **PCC Indicator: Percentage of women having a live birth who had a health care visit during the 12 months before pregnancy for a regular checkup at a family doctor's or OB/GYN's office** | | | |
| **Demographic Group**: Women aged 18—44 years with recent live birth | **Data Source**: Pregnancy Risk Assessment Monitoring System (PRAMS) | **Data availability**:  Phase 8 Core | **Clinical Utility**: Potentially improves both pregnancy outcomes and long term women’s health outcomes |
| **Numerator**: Female respondents aged 18-44 years who reported a health care visit for a regular checkup at family doctor's or OB/GYN's office in the 12 months before pregnancy  “What type of health care visit did you have in the 12 months before you got pregnant with your new baby?” and answered "Regular checkup at my family doctor’s office" OR "Regular checkup at my OB/GYN’s office" | | **Denominator**: Female respondents aged 18-44 years | |
| **Clinical Recommendations**:  AAFP: (2013) Recommendations for Preconception Counseling and Care Am Fam Physician. 2013 Oct 15;88(8):499-506  ACOG: (2019) Prepregnancy Counseling. ACOG Committee Opinion No. 762 Obstet Gynecol 2019;133:e78–89  CDC: (2006) Recommendations to Improve Preconception Health and Health Care — United States: a report of the CDC/ ATSDR Preconception Care Work Group and the Select Panel on Preconception Care. MMWR 2006;55(No. RR-6) | | | |

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| **PCC Indicator: Percentage of women who had a routine checkup within the past year (anytime less than 12 months ago)** | | | |
| **Demographic Group**: Women aged 18—44 years | **Data Source**: Behavioral Risk Factor Surveillance System (BRFSS) | **Data availability**:  Core (2013-2018) | **Clinical Utility**: Potentially improves both pregnancy outcomes and long term women’s health outcomes |
| **Numerator**: Female respondents aged 18-44 years who reported seeing a health professional in the past 12 months  “A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. About how long has it been since you last visited a doctor for a routine checkup?" and answered "Within the past year (anytime less than 12 months ago)" | | **Denominator**: Non-pregnant female respondents aged 18-44 years | |
| **Clinical Recommendations**:  AAFP: (2018) AAFP Joins Other Groups to Develop Well-Woman Resource https://www.aafp.org/news/health-of-the-public/20181206wpsichart.html  ACOG: (2018) Well-woman visit. ACOG Committee Opinion No. 755. Obstet Gynecol 2018;132:e181–86. | | | |

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| **PCC Indicator: Percentage of women having a live birth who had a postpartum checkup** | | | |
| **Demographic Group**: Women aged 18—44 years with recent live birth | **Data Source**: Pregnancy Risk Assessment Monitoring System (PRAMS) | **Data availability**:  Phase 8 Core | **Clinical Utility**: Potentially improves both pregnancy outcomes and long term women’s health outcomes |
| **Numerator**: Female respondents aged 18-44 years who answered “Yes” to the following question:  “Since your new baby was born, have you had a postpartum checkup for yourself? A postpartum checkup is the regular checkup a woman has about 4-6 weeks after she gives birth.” | | **Denominator**: Female respondents aged 18-44 years | |
| **Clinical Recommendations**:  ACOG: (2018) Optimizing Postpartum Care. ACOG Committee Opinion No. 736 Obstet Gynecol 2018;131:e140–50  CDC: (2006) Recommendations to Improve Preconception Health and Health Care — United States: a report of the CDC/ ATSDR Preconception Care Work Group and the Select Panel on Preconception Care. MMWR 2006;55(No. RR-6) | | | |

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| **PCC Indicator: Percentage of women having a live birth who had a health care visit during the 12 months before pregnancy to have their teeth cleaned by a dentist or dental hygienist** | | | |
| **Demographic Group**: Women aged 18—44 years with recent live birth | **Data Source**: Pregnancy Risk Assessment Monitoring System (PRAMS) | **Data availability**:  Phase 8 Core | **Clinical Utility**: Potentially improves both pregnancy outcomes and long term women’s health outcomes |
| **Numerator**: Female respondents aged 18-44 years who reported a health care visit to have their teeth cleaned by a dentist or dental hygienist in the 12 months before pregnancy and answered “Yes” to the following questions:  “What type of health care visit did you have in the 12 months before you got pregnant with your new baby?”  "Visit to have my teeth cleaned by a dentist or dental hygienist" | | **Denominator**: Female respondents aged 18-44 years who answered “Yes” to the following question:  “In the 12 months before you got pregnant with your new baby, did you have any health care visits with a doctor, nurse, or other health care worker, including a dental or mental health worker?” | |
| **Clinical Recommendations**:  ACOG: (2013 reaffirmed 2017) Oral Health Care During Pregnancy and Through the Lifespan Comittee Opinion No. 569 Obstet Gynecol 2013;122:417–22.  CDC: (2006) Recommendations to Improve Preconception Health and Health Care — United States: a report of the CDC/ ATSDR Preconception Care Work Group and the Select Panel on Preconception Care. MMWR 2006;55(No. RR-6) | | | |

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| **PCC Indicator: Percentage of women having a live birth who had a health care visit during the 12 months before pregnancy and received advice from a doctor, nurse or other health care worker to take a vitamin with folic acid** | | | |
| **Demographic Group**: Women aged 18—44 years with recent live birth | **Data Source**: Pregnancy Risk Assessment Monitoring System (PRAMS) | **Data availability**:  Phase 8 Core | **Clinical Utility**: Potentially improves pregnancy outcomes |
| **Numerator**: Female respondents aged 18-44 years who received advice about taking a vitamin with folic acid at a health care visit in the 12 months before pregnancy and answered “Yes” to the following questions:  “During any of your health care visits in the 12 months before you got pregnant, did a doctor, nurse, or other health care worker do any of the following things?”  "Tell me to take a vitamin with folic acid" | | **Denominator**: Female respondents aged 18-44 years who answered “Yes” to the following question:  “In the 12 months before you got pregnant with your new baby, did you have any health care visits with a doctor, nurse, or other health care worker, including a dental or mental health worker?” | |
| **Clinical Recommendations**:  ACOG: (2019) Prepregnancy Counseling. ACOG Committee Opinion No. 762 Obstet Gynecol 2019;133:e78–89  USPSTF: (2017) Folic Acid for the Prevention of Neural Tube Defects: Preventive Medication  https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/folic-acid-for-the-prevention-of-neural-tube-defects-preventive-medication?ds=1&s=folic acid  AAFP: (2016) Position Paper on Preconception care Am Fam Physician. 94(6):508-510.  CPSTF: (2010) Preventing Birth Defects: Community-Wide Campaigns to Promote the Use of Folic Acid Supplements  https://www.thecommunityguide.org/findings/birth-defects-community-wide-campaigns-promote-use-folic-acid-supplements  CDC: (2006) Recommendations to Improve Preconception Health and Health Care — United States: a report of the CDC/ ATSDR Preconception Care Work Group and the Select Panel on Preconception Care. MMWR 2006;55(No. RR-6) | | | |

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| **PCC Indicator: Percentage of women having a live birth who received advice from a doctor, nurse, or other health care worker at their postpartum checkup to take a vitamin with folic acid** | | | |
| **Demographic Group**: Women aged 18—44 years with recent live birth | **Data Source**: Pregnancy Risk Assessment Monitoring System (PRAMS) | **Data availability**:  Phase 8 Core | **Clinical Utility**: Potentially improves pregnancy outcomes |
| **Numerator**: Female respondents aged 18-44 years who received advice about taking a vitamin with folic acid at their postpartum checkup and answered “Yes” to the following questions:  “During your postpartum checkup, did a doctor, nurse, or other health care worker do any of the following things?”  "Tell me to take a vitamin with folic acid" | | **Denominator**: Female respondents aged 18-44 years who answered “Yes” to the following question:  “Since your new baby was born, have you had a postpartum checkup for yourself? A postpartum checkup is the regular checkup a woman has about 4-6 weeks after she gives birth.” | |
| **Clinical Recommendations**:  ACOG: (2019) Prepregnancy Counseling. ACOG Committee Opinion No. 762 Obstet Gynecol 2019;133:e78–89  USPSTF: (2017) Folic Acid for the Prevention of Neural Tube Defects: Preventive Medication  https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/folic-acid-for-the-prevention-of-neural-tube-defects-preventive-medication?ds=1&s=folic acid  AAFP: (2016) Position Paper on Preconception care Am Fam Physician. 94(6):508-510.  CPSTF: (2010) Preventing Birth Defects: Community-Wide Campaigns to Promote the Use of Folic Acid Supplements  https://www.thecommunityguide.org/findings/birth-defects-community-wide-campaigns-promote-use-folic-acid-supplements  CDC: (2006) Recommendations to Improve Preconception Health and Health Care — United States: a report of the CDC/ ATSDR Preconception Care Work Group and the Select Panel on Preconception Care. MMWR 2006;55(No. RR-6) | | | |

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| **PCC Indicator: Percentage of women having a live birth who reported that before they got pregnant, a doctor, nurse, or other health care worker talked with them about how smoking during pregnancy can affect a baby** | | | |
| **Demographic Group**: Women aged 18—44 years with recent live birth | **Data Source**: Pregnancy Risk Assessment Monitoring System (PRAMS) | **Data availability**:  Phase 8 Standard | **Clinical Utility**: Potentially improves pregnancy outcomes |
| **Numerator**: Female respondents aged 18-44 years who received counseling about how smoking during pregnancy can affect a baby at a health care visit before pregnancy and answered “Yes” to the following questions:  “Before you got pregnant with your new baby, did a doctor, nurse, or other health care worker talk with you about any of the things listed below about preparing for a pregnancy?”  "How smoking during pregnancy can affect a baby" | | **Denominator**: Female respondents aged 18-44 years who answered “Yes” to the following question:  "Before you got pregnant with your new baby, did a doctor, nurse or other health care worker talk to you about preparing for a pregnancy?" | |
| **Clinical Recommendations**:  ACOG: (2019) Prepregnancy Counseling. ACOG Committee Opinion No. 762 Obstet Gynecol 2019;133:e78–89  AAFP: (2016) Position Paper on Preconception care Am Fam Physician. 94(6):508-510.  USPSTF: (2015) Tobacco Smoking Cessation in Adults, Including Pregnant Women: Behavioral and Pharmacotherapy Interventions  https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/tobacco-use-in-adults-and-pregnant-women-counseling-and-interventions1?ds=1&s=tobacco%20use  CPSTF: (2014) Tobacco Use and Secondhand Smoke Exposure: Comprehensive Tobacco Control Programs  https://www.thecommunityguide.org/findings/tobacco-use-and-secondhand-smoke-exposure-comprehensive-tobacco-control-programs  CDC: (2006) Recommendations to Improve Preconception Health and Health Care — United States: a report of the CDC/ ATSDR Preconception Care Work Group and the Select Panel on Preconception Care. MMWR 2006;55(No. RR-6) | | | |

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| **PCC Indicator: Percentage of women having a live birth who had a health care visit during the 12 months before pregnancy and were asked by a doctor, nurse, or other health care worker about smoking cigarettes** | | | |
| **Demographic Group**: Women aged 18—44 years with recent live birth | **Data Source**: Pregnancy Risk Assessment Monitoring System (PRAMS) | **Data availability**:  Phase 8 Core | **Clinical Utility**: Potentially improves both pregnancy outcomes and long term women’s health outcomes |
| **Numerator**: Female respondents aged 18-44 years who were asked if they smoked cigarettes at a health care visit in the 12 months before pregnancy and answered “Yes” to the following questions:  “During any of your health care visits in the 12 months before you got pregnant, did a doctor, nurse or other health care worker do any of the following things?”  "Ask me if I was smoking cigarettes" | | **Denominator**: Female respondents aged 18-44 years who answered “Yes” to the following question:  “In the 12 months before you got pregnant with your new baby, did you have any health care visits with a doctor, nurse, or other health care worker, including a dental or mental health worker?” | |
| **Clinical Recommendations**:  ACOG: (2019) Prepregnancy Counseling. ACOG Committee Opinion No. 762 Obstet Gynecol 2019;133:e78–89  AAFP: (2016) Position Paper on Preconception care Am Fam Physician. 94(6):508-510.  USPSTF: (2015) Tobacco Smoking Cessation in Adults, Including Pregnant Women: Behavioral and Pharmacotherapy Interventions  https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/tobacco-use-in-adults-and-pregnant-women-counseling-and-interventions1?ds=1&s=tobacco%20use  CPSTF: (2014) Tobacco Use and Secondhand Smoke Exposure: Comprehensive Tobacco Control Programs  https://www.thecommunityguide.org/findings/tobacco-use-and-secondhand-smoke-exposure-comprehensive-tobacco-control-programs  CDC: (2006) Recommendations to Improve Preconception Health and Health Care — United States: a report of the CDC/ ATSDR Preconception Care Work Group and the Select Panel on Preconception Care. MMWR 2006;55(No. RR-6) | | | |

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| **PCC Indicator: Percentage of women having a live birth who were asked by a doctor, nurse, or other health care worker at their postpartum checkup about smoking cigarettes** | | | |
| **Demographic Group**: Women aged 18—44 years with recent live birth | **Data Source**: Pregnancy Risk Assessment Monitoring System (PRAMS) | **Data availability**:  Phase 8 Core | **Clinical Utility**: Potentially improves both pregnancy outcomes and long term women’s health outcomes |
| **Numerator**: Female respondents aged 18-44 years who were asked about smoking cigarettes at their postpartum checkup and answered “Yes” to the following questions:  "During your postpartum checkup, did a doctor, nurse, or other health care worker do any of the following things?”  "Ask me if I was smoking cigarettes" | | **Denominator**: Female respondents aged 18-44 years who answered “Yes” to the following question:  “Since your new baby was born, have you had a postpartum checkup for yourself? A postpartum checkup is the regular checkup a woman has about 4-6 weeks after she gives birth.” | |
| **Clinical Recommendations**:  AAFP: (2016) Position Paper on Preconception care Am Fam Physician. 94(6):508-510.  ACOG: (2019) Prepregnancy Counseling. ACOG Committee Opinion No. 762 Obstet Gynecol 2019;133:e78–89  CDC: (2006) Recommendations to Improve Preconception Health and Health Care — United States: a report of the CDC/ ATSDR Preconception Care Work Group and the Select Panel on Preconception Care. MMWR 2006;55(No. RR-6)  CPSTF: (2014) Tobacco Use and Secondhand Smoke Exposure: Comprehensive Tobacco Control Programs  https://www.thecommunityguide.org/findings/tobacco-use-and-secondhand-smoke-exposure-comprehensive-tobacco-control-programs  USPSTF: (2015) Tobacco Smoking Cessation in Adults, Including Pregnant Women: Behavioral and Pharmacotherapy Interventions  https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/tobacco-use-in-adults-and-pregnant-women-counseling-and-interventions1?ds=1&s=tobacco%20use | | | |

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| **PCC Indicator: Percentage of women having a live birth who reported that before they got pregnant, a doctor, nurse, or other health care worker talked with them about how drinking alcohol during pregnancy can affect a baby** | | | |
| **Demographic Group**: Women aged 18—44 years with recent live birth | **Data Source**: Pregnancy Risk Assessment Monitoring System (PRAMS) | **Data availability**:  Phase 8 Standard | **Clinical Utility**: Potentially improves pregnancy outcomes |
| **Numerator**: Female respondents aged 18-44 years who received counseling about how drinking alcohol during pregnancy can affect a baby at a health care visit in before pregnancy and answered “Yes” to the following questions:  “Before you got pregnant with your new baby, did a doctor, nurse, or other health care worker talk with you about any of the things listed below about preparing for a pregnancy?”  "How drinking alcohol during pregnancy can affect a baby" | | **Denominator**: Female respondents aged 18-44 years who answered “Yes” to the following question:  "Before you got pregnant with your new baby, did a doctor, nurse or other health care worker talk to you about preparing for a pregnancy?" | |
| **Clinical Recommendations**:  ACOG: (2019) Prepregnancy Counseling. ACOG Committee Opinion No. 762 Obstet Gynecol 2019;133:e78–89  AAFP: (2016) Position Paper on Preconception care Am Fam Physician. 94(6):508-510.  ACOG: (2011 reaffirmed 2013) At-risk drinking and alcohol dependence: obstetric and gynecologic implications. Committee Opinion No. 496. Obstet Gynecol;118:383-8  CDC: (2006) Recommendations to Improve Preconception Health and Health Care — United States: a report of the CDC/ ATSDR Preconception Care Work Group and the Select Panel on Preconception Care. MMWR 2006;55(No. RR-6) | | | |

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| **PCC Indicator: Percentage of women who had their last routine check up within 2 years and were offered advice the about harm/risk to health from alcohol misuse** | | | |
| **Demographic Group**: Women aged 18—44 years | **Data Source**: Behavioral Risk Factor Surveillance System (BRFSS) | **Data availability**:  Module: Alcohol Screening & Brief Intervention (ASBI) (2017, 2014) | **Clinical Utility**: Potentially improves both pregnancy outcomes and long term women’s health outcomes |
| **Numerator**: Female respondents aged 18—44 years who answered "Yes" to the following question:  “Healthcare providers may ask during routine checkups about behaviors like alcohol use, whether you drink or not. We want to know about their questions. You told me earlier that your last routine checkup was [within the past year/within the past 2 years]. Were you offered advice about what level of drinking is harmful or risky for your health?” | | **Denominator**: Female respondents aged 18-44 years who reported having a routine checkup within past 2 years  "A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. About how long has it been since you last visited a doctor for a routine checkup?" and answered:  "Within the past year (anytime less than 12 months ago)" OR "Within the past 2 years (1 year but less than 2 years ago)" | |
| **Clinical Recommendations**:  USPSTF: (2018) Unhealthy Alcohol Use in Adolescents and Adults: Screening and Behavioral Counseling Interventions https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/unhealthy-alcohol-use-in-adolescents-and-adults-screening-and-behavioral-counseling-interventions  AAFP: (2016) Position Paper on Preconception care Am Fam Physician. 94(6):508-510.  CPSTF: (2014) Excessive Alcohol Consumption http://www.thecommunityguide.org/alcohol/eSBI.html  ACOG: (2011 reaffirmed 2013) At-risk drinking and alcohol dependence: obstetric and gynecologic implications. Committee Opinion No. 496. Obstet Gynecol;118:383-8  CDC: (2006) Recommendations to Improve Preconception Health and Health Care — United States: a report of the CDC/ ATSDR Preconception Care Work Group and the Select Panel on Preconception Care. MMWR 2006;55(No. RR-6) | | | |

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| **PCC Indicator: Percentage of women who were asked at their last routine check up if they drank 4 or more alcoholic drinks on an occasion** | | | |
| **Demographic Group**: Women aged 18—44 years | **Data Source**: Behavioral Risk Factor Surveillance System (BRFSS) | **Data availability**:  Module: Alcohol Screening & Brief Intervention (ASBI) (2017, 2014) | **Clinical Utility**: Not likely to improve either pregnancy outcomes or long-term women’s health outcomes |
| **Numerator**: Female respondents aged 18-44 years who answered "Yes" to the following question:  “Healthcare providers may ask during routine checkups about behaviors like alcohol use, whether you drink or not. We want to know about their questions. Did the healthcare provider specifically ask whether you drank 4 or more alcoholic drinks on an occasion?” | | **Denominator**: Female respondents aged 18-44 years who reported having a routine checkup within past 2 years  "A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. About how long has it been since you last visited a doctor for a routine checkup?" and answered  "Within the past year (anytime less than 12 months ago)" OR "Within the past 2 years (1 year but less than 2 years ago)" | |
| **Clinical Recommendations**:  USPSTF: (2018) Unhealthy Alcohol Use in Adolescents and Adults: Screening and Behavioral Counseling Interventions https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/unhealthy-alcohol-use-in-adolescents-and-adults-screening-and-behavioral-counseling-interventions  AAFP: (2016) Position Paper on Preconception care Am Fam Physician. 94(6):508-510.  CPSTF: (2014) Excessive Alcohol Consumption http://www.thecommunityguide.org/alcohol/eSBI.html  ACOG: (2011 reaffirmed 2013) At-risk drinking and alcohol dependence: obstetric and gynecologic implications. Committee Opinion No. 496. Obstet Gynecol;118:383-8  CDC: (2006) Recommendations to Improve Preconception Health and Health Care — United States: a report of the CDC/ ATSDR Preconception Care Work Group and the Select Panel on Preconception Care. MMWR 2006;55(No. RR-6) | | | |

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| **PCC Indicator: Percentage of women having a live birth who had a health care visit during the 12 months before pregnancy and were asked by a doctor, nurse, or other health care worker about feeling down or depressed** | | | |
| **Demographic Group**: Women aged 18—44 years with recent live birth | **Data Source**: Pregnancy Risk Assessment Monitoring System (PRAMS) | **Data availability**:  Phase 8 Core | **Clinical Utility**: Potentially improves both pregnancy outcomes and long term women’s health outcomes |
| **Numerator**: Female respondents aged 18-44 years who were asked about feeling down and depressed at a health care visit in the 12 months before pregnancy and answered “Yes” to the following questions:  “During any of your health care visits in the 12 months before you got pregnant, did a doctor, nurse, or other health care worker do any of the following things?”  "Ask me if I was feeling down or depressed" | | **Denominator**: Female respondents aged 18-44 years who answered “Yes” to the following question: “In the 12 months before you got pregnant with your new baby, did you have any health care visits with a doctor, nurse, or other health care worker, including a dental or mental health worker?” | |
| **Clinical Recommendations**:  ACOG: (2019) Prepregnancy Counseling. ACOG Committee Opinion No. 762 Obstet Gynecol 2019;133:e78–89  AAFP: (2016) Position Paper on Preconception care Am Fam Physician. 94(6):508-510.  USPSTF: (2016) Depression in Adults: Screening  https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/depression-in-adults-screening1?ds=1&s= depression  ACOG: (2015) Screening for Perinatal Depression. Committee Opinion No 757, Obstet Gynecol 2018;132:e208-12.  CPSTF: (2010) Mental Health and Mental Illness: Collaborative Care for the Management of Depressive Disorders  https://www.thecommunityguide.org/findings/mental-health-and-mental-illness-collaborative-care-management-depressive-disorders  CDC: (2006) Recommendations to Improve Preconception Health and Health Care — United States: a report of the CDC/ ATSDR Preconception Care Work Group and the Select Panel on Preconception Care. MMWR 2006;55(No. RR-6) | | | |

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| **PCC Indicator: Percentage of women having a live birth who were asked by a doctor, nurse, or other health care worker at their postpartum checkup about feeling down or depressed** | | | |
| **Demographic Group**: Women aged 18—44 years with recent live birth | **Data Source**: Pregnancy Risk Assessment Monitoring System (PRAMS) | **Data availability**:  Phase 8 Core | **Clinical Utility**: Potentially improves both pregnancy outcomes and long term women’s health outcomes |
| **Numerator**: Female respondents aged 18-44 years who were asked about feeling down or depressed at their postpartum checkup and answered “Yes” to the following questions:  “During your postpartum checkup, did a doctor, nurse, or other health care worker do any of the following things?”  "Ask me if I was feeling down or depressed" | | **Denominator**: Female respondents aged 18-44 years who answered “Yes” to the following question:  “Since your new baby was born, have you had a postpartum checkup for yourself? A postpartum checkup is the regular checkup a woman has about 4-6 weeks after she gives birth.” | |
| **Clinical Recommendations**:  ACOG: (2019) Prepregnancy Counseling. ACOG Committee Opinion No. 762 Obstet Gynecol 2019;133:e78–89  AAFP: (2016) Position Paper on Preconception care Am Fam Physician. 94(6):508-510.  USPSTF: (2016) Depression in Adults: Screening  https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/depression-in-adults-screening1?ds=1&s= depression  ACOG: (2015) Screening for Perinatal Depression. Committee Opinion No 757, Obstet Gynecol 2018;132:e208-12.  CPSTF: (2010) Mental Health and Mental Illness: Collaborative Care for the Management of Depressive Disorders  https://www.thecommunityguide.org/findings/mental-health-and-mental-illness-collaborative-care-management-depressive-disorders  CDC: (2006) Recommendations to Improve Preconception Health and Health Care — United States: a report of the CDC/ ATSDR Preconception Care Work Group and the Select Panel on Preconception Care. MMWR 2006;55(No. RR-6) | | | |

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| **PCC Indicator: Percentage of women having a live birth who received counseling from a doctor, nurse, or other health care worker at their postpartum checkup about healthy eating, exercise, and losing weight gained during pregnancy** | | | |
| **Demographic Group**: Women aged 18—44 years with recent live birth | **Data Source**: Pregnancy Risk Assessment Monitoring System (PRAMS) | **Data availability**:  Phase 8 Core | **Clinical Utility**: Potentially improves both pregnancy outcomes and long term women’s health outcomes |
| **Numerator**: Female respondents aged 18-44 years who received counselingabout healthy eating, exercise, and losing weight gained during pregnancy at their postpartum checkup and answered “Yes” to the following questions:  “During your postpartum checkup, did a doctor, nurse, or other health care worker do any of the following things?  "Talk to me about healthy eating, exercise, and losing weight gained during pregnancy” | | **Denominator**: Female respondents aged 18-44 years who answered “Yes” to the following question:  “Since your new baby was born, have you had a postpartum checkup for yourself? A postpartum checkup is the regular checkup a woman has about 4-6 weeks after she gives birth.” | |
| **Clinical Recommendations**:  ACOG: (2009 reaffirmed 2018) Motivational Interviewing: A Tool for Behavior Change. Committee Opinion No. 423. Obstet Gynecol.113(1):243-6  ACOG: ( 2015 Reaffirmed 2017) Physical Activity and Exercise During Pregnancy and the Postpartum Period. Committee Opinion No. 650. Obstet Gynecol;126:e135–42.  ACOG: (2014 reaffirmed 2018) Challenges for Overweight and Obese Women. Committee Opinion No. 591. Obstet Gynecol; 123:726–30  Academy of Nutrition and Dietetics: (2016) Position of the Academy of Nutrition and Dietetics: Obesity, Reproduction, and Pregnancy Outcomes. Journal of the Academy of Nutrition and Dietetics. 116(4):677-91  AAFP: (2013) Recommendations for Preconception Counseling and Care Am Fam Physician. 2013 Oct 15;88(8):499-506  CDC: (2006) Recommendations to Improve Preconception Health and Health Care — United States: a report of the CDC/ ATSDR Preconception Care Work Group and the Select Panel on Preconception Care. MMWR 2006;55(No. RR-6) | | | |

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| **PCC Indicator: Percentage of women having a live birth who had a health care visit during the 12 months before pregnancy and received counseling from a doctor, nurse, or other health care worker about sexually transmitted infections such as chlamydia, gonorrhea, or syph** | | | |
| **Demographic Group**: Women aged 18—44 years with recent live birth | **Data Source**: Pregnancy Risk Assessment Monitoring System (PRAMS) | **Data availability**:  Phase 8 Core | **Clinical Utility**: Potentially improves both pregnancy outcomes and long term women’s health outcomes |
| **Numerator**: Female respondents aged 18-44 years who received counseling about sexually transmitted infections (STIs) at a health care visit in the 12 months before pregnancy and answered “Yes” to the following questions:  “During any of your health care visits in the 12 months before you got pregnant, did a doctor, nurse, or other health care worker do any of the following things?"  "Talk to me about sexually transmitted infections such as chlamydia, gonorrhea, or syphilis” | | **Denominator**: Female respondents aged 18-44 years who answered “Yes” to the following question:  “In the 12 months before you got pregnant with your new baby, did you have any health care visits with a doctor, nurse, or other health care worker, including a dental or mental health worker?” | |
| **Clinical Recommendations**:  ACOG: (2019) Prepregnancy Counseling. ACOG Committee Opinion No. 762 Obstet Gynecol 2019;133:e78–89  USPSTF: (2014) Chlamydia and Gonorrhea: Screening https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/chlamydia-and-gonorrhea-screening?ds=1&s=chlamydia  CDC: (2006) Recommendations to Improve Preconception Health and Health Care — United States: a report of the CDC/ ATSDR Preconception Care Work Group and the Select Panel on Preconception Care. MMWR 2006;55(No. RR-6) | | | |

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| **PCC Indicator: Percentage of women with gestational diabetes who had a live birth and a postpartum checkup who were tested for diabetes at the postpartum check-up** | | | |
| **Demographic Group**: Women aged 18—44 years with recent live birth | **Data Source**: Pregnancy Risk Assessment Monitoring System (PRAMS) | **Data availability**:  Phase 8 Core | **Clinical Utility**: Potentially improves both pregnancy outcomes and long term women’s health outcomes |
| **Numerator**: Female respondents aged 18-44 years who had gestational diabetes were tested for diabetes during their postpartum checkup and answered “Yes” to the following questions:  “During your postpartum checkup, did a doctor, nurse, or other health care worker do any of the following things?"  "Test me for diabetes" | | **Denominator**: Female respondents aged 18-44 years who answered “Yes” to the following question:  “Since your new baby was born, have you had a postpartum checkup for yourself? A postpartum checkup is the regular checkup a woman has about 4-6 weeks after she gives birth.” and also answered "Yes" to "During your most recent pregnancy, did you have any of the following health conditions? Gestational diabetes (diabetes that started during this pregnancy)?” | |
| **Clinical Recommendations**:  ACOG: (2018) Optimizing Postpartum Care. ACOG Committee Opinion No. 736 Obstet Gynecol 2018;131:e140–50    ACOG: (2018) Gestational Diabetes Mellitus Practice Bulletin 190  American Diabetes Association: (2017) Position Statement: Standards of Medical Care in Diabetes—2017. Diabetes Care 40(Suppl. 1):S1–S138)  USPSTF: (2015) Abnormal Blood Glucose and Type 2 Diabetes Mellitus: Screening https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/screening-for-abnormal-blood-glucose-and-type-2-diabetes?ds=1&s=diabete  CDC: (2006) Recommendations to Improve Preconception Health and Health Care — United States: a report of the CDC/ ATSDR Preconception Care Work Group and the Select Panel on Preconception Care. MMWR 2006;55(No. RR-6) | | | |

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| **PCC Indicator: Percentage of women having a live birth who reported that before they got pregnant, a doctor, nurse, or other health care worker talked with them about the safety of using prescription or over-the-counter medicines during pregnancy** | | | |
| **Demographic Group**: Women aged 18—44 years with recent live birth | **Data Source**: Pregnancy Risk Assessment Monitoring System (PRAMS) | **Data availability**:  Phase 8 Standard | **Clinical Utility**: Potentially improves pregnancy outcomes |
| **Numerator**: Female respondents aged 18-44 years who received counseling about the safety of using prescription or over-the-counter medicines during pregnancy at a health care visit before pregnancy and answered “Yes” to the following questions:  “Before you got pregnant with your new baby, did a doctor, nurse or health care worker talk with you about any of the things listed below about preparing for a pregnancy?”  "The safety of using prescription or over-the-counter medicines during pregnancy" | | **Denominator**: Female respondents aged 18-44 years who answered “Yes” to the following question:  "Before you got pregnant with your new baby, did a doctor, nurse or other health care worker talk to you about preparing for a pregnancy?" | |
| **Clinical Recommendations**:  ACOG: (2019) Prepregnancy Counseling. ACOG Committee Opinion No. 762 Obstet Gynecol 2019;133:e78–89  Quality Family Planning Guidelines: (2014) Providing quality family planning services: recommendations of CDC and the US Office of Population Affairs. MMWR Recomm Rep;63(RR-04)  CDC: (2006) Recommendations to Improve Preconception Health and Health Care — United States: a report of the CDC/ ATSDR Preconception Care Work Group and the Select Panel on Preconception Care. MMWR 2006;55(No. RR-6) | | | |

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| **PCC Indicator: Percentage of women having a live birth who had a health care visit during the 12 months before pregnancy and received counseling from a doctor, nurse, or other health care worker about how to improve health before a pregnancy** | | | |
| **Demographic Group**: Women aged 18—44 years with recent live birth | **Data Source**: Pregnancy Risk Assessment Monitoring System (PRAMS) | **Data availability**:  Phase 8 Core | **Clinical Utility**: Potentially improves both pregnancy outcomes and long term women’s health outcomes |
| **Numerator**: Female respondents aged 18-44 years who received counseling about how to improve health before pregnancy at a health care visit in the 12 months before pregnancy and answered “Yes” to the following questions:  "During any of your health care visits in the 12 months before you got pregnant, did a doctor, nurse, or other health care worker do any of the following things?"  "Talk to me about how I could improve my health before a pregnancy" | | **Denominator**: Female respondents aged 18-44 years who answered “Yes” to the following question:  “In the 12 months before you got pregnant with your new baby, did you have any health care visits with a doctor, nurse, or other health care worker, including a dental or mental health worker?” | |
| **Clinical Recommendations**:  ACOG: (2019) Prepregnancy Counseling. ACOG Committee Opinion No. 762 Obstet Gynecol 2019;133:e78–89  AAFP: (2013) Recommendations for Preconception Counseling and Care Am Fam Physician. 2013 Oct 15;88(8):499-506  CDC: (2006) Recommendations to Improve Preconception Health and Health Care — United States: a report of the CDC/ ATSDR Preconception Care Work Group and the Select Panel on Preconception Care. MMWR 2006;55(No. RR-6) | | | |

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| **PCC Indicator: Percentage of women having a live birth who reported that before they got pregnant, a doctor, nurse, or other health care worker talked with them about how using illegal drugs during pregnancy can affect a baby** | | | |
| **Demographic Group**: Women aged 18—44 years with recent live birth | **Data Source**: Pregnancy Risk Assessment Monitoring System (PRAMS) | **Data availability**:  Phase 8 Standard | **Clinical Utility**: Potentially improves pregnancy outcomes |
| **Numerator**: Female respondents aged 18-44 years who received counseling about how using illegal drugs during pregnancy can affect a baby at a health care visit before pregnancy and answered “Yes” to the following questions:  “Before you got pregnant with your new baby, did a doctor, nurse, or other health care worker talk with you about any of the things listed below about preparing for a pregnancy?”  "How using illegal drugs during pregnancy can affect a baby" | | **Denominator**: Female respondents aged 18-44 years who answered “Yes” to the following question:  "Before you got pregnant with your new baby, did a doctor, nurse or other health care worker talk to you about preparing for a pregnancy?" | |
| **Clinical Recommendations**:  ACOG: (2019) Prepregnancy Counseling. ACOG Committee Opinion No. 762 Obstet Gynecol 2019;133:e78–89  CDC: (2006) Recommendations to Improve Preconception Health and Health Care — United States: a report of the CDC/ ATSDR Preconception Care Work Group and the Select Panel on Preconception Care. MMWR 2006;55(No. RR-6) | | | |

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| **PCC Indicator: Percentage of women having a live birth who had a health care visit during the 12 months before pregnancy and were asked by a doctor, nurse, or other health care worker about emotional or physical harm** | | | |
| **Demographic Group**: Women aged 18—44 years with recent live birth | **Data Source**: Pregnancy Risk Assessment Monitoring System (PRAMS) | **Data availability**:  Phase 8 Core | **Clinical Utility**: Potentially improves both pregnancy outcomes and long term women’s health outcomes |
| **Numerator**: Female respondents aged 18-44 years who were asked if someone was hurting them emotionally or physically at a health care visit in the 12 months before pregnancy and answered “Yes” to the following questions:  “During any of your health care visits in the 12 months before you got pregnant, did a doctor, nurse, or other health care worker do any of the following things?”  "Ask me if someone was hurting me emotionally or physically" | | **Denominator**: Female respondents aged 18-44 years who answered “Yes” to the following question:  “In the 12 months before you got pregnant with your new baby, did you have any health care visits with a doctor, nurse, or other health care worker, including a dental or mental health worker?” | |
| **Clinical Recommendations**:  ACOG: (2019) Prepregnancy Counseling. ACOG Committee Opinion No. 762 Obstet Gynecol 2019;133:e78–89  USPSTF: (2018) Intimate Partner Violence, Elder Abuse, and Abuse of Vulnerable Adults: Screening https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/intimate-partner-violence-and-abuse-of-elderly-and-vulnerable-adults-screening1  AAFP: (2016) Position Paper on Preconception care Am Fam Physician. 94(6):508-510.  Office of the Assistant Secretary for Planning and Evaluation: (2013) Screening for Domestic Violence in Health Care Settings https://aspe.hhs.gov/report/screening-domestic-violence-health-care-settings  ACOG: (2012) Intimate Partner Violence Committee Opinion No 518, Obstet Gynecol. 119:412–7.  CDC: (2006) Recommendations to Improve Preconception Health and Health Care — United States: a report of the CDC/ ATSDR Preconception Care Work Group and the Select Panel on Preconception Care. MMWR 2006;55(No. RR-6) | | | |

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| **PCC Indicator: Percentage of women having a live birth who were asked by a doctor, nurse, or other health care worker at their postpartum checkup for emotional or physical harm** | | | |
| **Demographic Group**: Women aged 18—44 years with recent live birth | **Data Source**: Pregnancy Risk Assessment Monitoring System (PRAMS) | **Data availability**:  Phase 8 Core | **Clinical Utility**: Potentially improves both pregnancy outcomes and long term women’s health outcomes |
| **Numerator**: Female respondents aged 18-44 years who were asked by a if someone was hurting them emotionally or physically at their postpartum checkup and answered “Yes” to the following questions:  “During your postpartum checkup, did a doctor, nurse, or other health care worker do any of the following things?”  "Ask me if someone was hurting me emotionally or physically" | | **Denominator**: Female respondents aged 18-44 years who answered “Yes” to the following question:  “Since your new baby was born, have you had a postpartum checkup for yourself? A postpartum checkup is the regular checkup a woman has about 4-6 weeks after she gives birth.” | |
| **Clinical Recommendations**:  ACOG: (2019) Prepregnancy Counseling. ACOG Committee Opinion No. 762 Obstet Gynecol 2019;133:e78–89  USPSTF: (2018) Intimate Partner Violence, Elder Abuse, and Abuse of Vulnerable Adults: Screening https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/intimate-partner-violence-and-abuse-of-elderly-and-vulnerable-adults-screening1  AAFP: (2016) Position Paper on Preconception care Am Fam Physician. 94(6):508-510.  Office of the Assistant Secretary for Planning and Evaluation: (2013) Screening for Domestic Violence in Health Care Settings https://aspe.hhs.gov/report/screening-domestic-violence-health-care-settings  ACOG: (2012) Intimate Partner Violence Committee Opinion No 518, Obstet Gynecol. 119:412–7.  CDC: (2006) Recommendations to Improve Preconception Health and Health Care — United States: a report of the CDC/ ATSDR Preconception Care Work Group and the Select Panel on Preconception Care. MMWR 2006;55(No. RR-6) | | | |

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| **PCC Indicator: Percentage of women having a live birth who reported that before they got pregnant, a doctor, nurse, or other health care worker talked with them about getting counseling for any genetic diseases that run in the family** | | | |
| **Demographic Group**: Women aged 18—44 years with recent live birth | **Data Source**: Pregnancy Risk Assessment Monitoring System (PRAMS) | **Data availability**:  Phase 8 Standard | **Clinical Utility**: Potentially improves pregnancy outcomes |
| **Numerator**: Female respondents aged 18-44 years who received counseling about any genetic diseases that run in their family at a health care visit before pregnancy and answered “Yes” to the following questions:  "Before you got pregnant with your new baby, did a doctor, nurse, or other health care worker talk with you about any of the things listed below about preparing for a pregnancy?"  "Getting counseling for any genetic diseases that run in my family" | | **Denominator**: Female respondents aged 18-44 years who answered “Yes” to the following question:  "Before you got pregnant with your new baby, did a doctor, nurse or other health care worker talk to you about preparing for a pregnancy?" | |
| **Clinical Recommendations**:  ACOG: (2019) Prepregnancy Counseling. ACOG Committee Opinion No. 762 Obstet Gynecol 2019;133:e78–89  AAFP: (2016) Position Paper on Preconception care Am Fam Physician. 94(6):508-510.  ACOG: (2015 reaffirmed 2017)Identification and Referral of Maternal Genetic Conditions in Pregnancy Committee Opinion No 643. Obstet Gynecol 2015;126:e49–51.  CDC: (2006) Recommendations to Improve Preconception Health and Health Care — United States: a report of the CDC/ ATSDR Preconception Care Work Group and the Select Panel on Preconception Care. MMWR 2006;55(No. RR-6) | | | |

1. This ACOG Committee Opinion states that the postpartum visit should include assessment of the patient’s reproductive life plans and information should be provided on the full range of contraceptive options so the patient can select the contraceptive method best suited to her needs. [↑](#footnote-ref-1)
2. This ACOG Committee Opinion states that prepregnancy counseling should begin with the question “Would you like to become pregnant in the next year?” and this should be followed up with evidence-based contraceptive counseling to meet the individual’s pregnancy spacing needs. [↑](#footnote-ref-2)
3. According to this guideline, client visits for family planning may relate to a desire to prevent or achieve pregnancy (or other reproductive concerns such as sexually transmitted infections). All of these visits should include a discussion of reproductive life goals and the client’s needs should guide service delivery. [↑](#footnote-ref-3)
4. This indicator can be used to reveal gaps in health care access (i.e., access to the full range of contraceptive methods), or alternatively, or evidence of possible provider bias and valorization of LARC over other methods. [↑](#footnote-ref-4)
5. This ACOG Committee Opinion states that the postpartum visit should include assessment of the patient’s reproductive life plans and information should be provided on the full range of contraceptive options so the patient can select the contraceptive method best suited to her needs. [↑](#footnote-ref-5)
6. This ACOG Committee Opinion states that the postpartum visit should include assessment of the patient’s reproductive life plans and information should be provided on the full range of contraceptive options so the patient can select the contraceptive method best suited to her needs. [↑](#footnote-ref-6)