



# **REPRODUCTIVE LIFE PLANNING (RLP)**

## **Integrating Reproductive Life Planning into the Life Course Model**

# REPRODUCTIVE LIFE PLAN VERSUS PRECONCEPTION CARE

- RLP moves the time line back by years
- Addresses reproductive goals in the life continuum
- Can be incorporated into history and addressed at multiple visits
- Encourages intention and responsibility



# THE BARKER HYPOTHESIS- DEVELOPMENTAL ORIGINS OF DISEASE

- Introduced in the 1980's and early 1990's,
- “named” in 1995 by the British Medical Journal
  - Disturbed intrauterine growth has a negative influence on the development of the cardiovascular system, favoring occurrence of hypertension, insulin resistance, hypercholesterolemia, and hyperuricemia



# THE BARKER HYPOTHESIS

- A growing body of evidence supports the early programming theory, implying that social structures:
  - certainly determine the relationships between people
  - also have biological effects
  - may influence an individual's functioning and health for life



## HOW DOES THIS HAPPEN?

- Epigenetics is the study of changes in gene activity that do not involve alterations to the genetic code but still get passed down to at least one successive generation.
- Epigenome — chemical group sits on top of the genome, It is these epigenetic "marks" that tell your genes to switch on or off, to speak loudly or whisper.
- It is through epigenetic marks that environmental factors like diet, stress and prenatal nutrition can make an imprint on genes that is passed from one generation to the next.



## FOR EXAMPLE

- A study published in *Child Development* in August 2011 suggests that parental stress during a child's early years may leave an imprint on a child's genes that may affect how these genes are expressed later in life.
- Another study demonstrated that cortisol levels (the primary stress hormone) in children in foster care whose foster parents were taught to promote emotional attachment mirrored the cortisol levels of children not in foster care but in stable homes.
- Another study published in *Environmental Health Perspectives* that proposed that maternal stress modulates the effects of lead exposure on the developing child.



# WHY REPRODUCTIVE LIFE PLANNING?

- Reproductive Life Planning is an effort to bring the science and biology of health into practice
- To view health not in stages but as a continuum
- One of many opportunities in the journey to intervene
- We have provided low cost and no cost contraceptives for many years without much impact on the incidence of unintended pregnancy
- Acknowledges that much of the improvement in health comes from behavior changes of individuals
- Many determinants of pregnancy outcome predate pregnancy and cannot be undone during gestation



# WHAT IS REPRODUCTIVE LIFE PLANNING?

- Conversation about an individual's goals, including reproductive goals, within the context of his/her life
- Prompts both non-sexually active and sexually active individuals to think of themselves in relationship to their life and parenting goals
- Helps people time and space pregnancies around their plans for the future (education, work, housing, community, finances)
- Encourages intention
- Encourages responsibility
- Promotes internal locus of control



# WHAT IS A REPRODUCTIVE LIFE PLAN ?

- Set of goals an individual makes reflecting their own goals and values
- Used to help her/him decide if or when she/he wishes to have children and under what circumstances
- Helps set personal health goals so they can be emotionally and physically healthy for pregnancy
- Highlights that health and lifestyle decisions will affect the development and health of their baby
- For women who have had an unexpected pregnancy outcome, provides a way to discuss timing another pregnancy and risk reduction in a universal, non judgmental way



# BUT I ALREADY HAVE SO MUCH TO COVER!

These do not have to be posed as part of a formal interview. Most of us have casual conversation with our clients, like “You’ve graduated from high school! Congratulations! What are your plans now? Where are you living?”

- A few simple conversational questions:
  - 1) Where do you see yourself in five years?
  - 2) Do you want to be a parent some day?



# THEN WHAT?

- If the answer to your question is yes, I want to be a parent some day, then:
  - How old do you think you want to be when you have your first baby or how many children you want?
  - What is your plan to prevent pregnancy until you are ready? (what can they do and what will they do?)
  - If you find yourself involved in a pregnancy before you are ready, what will you do?
  - Have you talked to your partner about this? How will you ?
  - There are many things you can do to help you achieve your parenting goals some day. Would you like some information that would help you have a healthy pregnancy when the time is right for you?



## AND IF THEY SAY NO?

- What is your plan to prevent pregnancy? (again focusing on what they can do and what they will do)
- If you get pregnant anyway, what will you do?



# WHO SHOULD I ASK?

- Every person capable of reproducing
- Chronic disease checks – diabetes and hypertension
- Nutrition visits (WIC)
- Social Service visits
- Mental health visits
- Substance abuse counseling
- Home visits
- Prenatal visits
- Contraceptive visits
- Pregnancy test visits
- Visits for STI testing
- Periodic health screenings
- Postpartum visits
- Sports physicals, school physicals
- Urgent care visits



# SUMMARY

- **Ask** about sexual activity, intention, contraception, comprehensive history as indicated by visit
- **Advise** about the risk of unintended pregnancy and offer recommendations for healthy pregnancy
- **Assess** client's understanding of risk for pregnancy and their readiness to hear more, take action or make changes
- **Assist** by offering information and education and advocating for effective methods of contraception; provide **RLP** resources
- **Arrange** referrals for FP services as appropriate



