



# Using SMART Goals and Process Improvement to Implement Changes in Pre-Conception Counseling, Including Sexual Health

2024 National Ryan White Conference on HIV Care and Treatment

*August 20 2024*

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**HIV/AIDS Bureau (HAB)**

**Vision: Healthy Communities, Healthy People**



# Overview of Preconception Counseling Requirements in the RWHAP Part D



# RWHAP Part D

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- As of 2022, the RWHAP (all Parts combined) serves nearly **142,469** women, infants, children, and youth with HIV.
- **RWHAP Part D: Women, Infant, Children and Youth**
  - Of WICY clients served by Part D, most are women, followed by youth aged 13-24.
  - Funds outpatient, ambulatory, family-centered primary and specialty medical care for women, infants, children, and youth with HIV.
  - 70,971 clients served by RWHAP Part D in 2020.



# RWHAP Part D Requirements and Expectations

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- Develop **comprehensive** and **coordinated** system of **family-centered** care and support services for low-income **women, infants, children, and youth (WICY)** with HIV in **entire** service area.

# What is a Comprehensive Coordinated System of Care?

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- Provides patient/family-centered services
- Maintains continuity of medical and support services
- Coordinates referrals for any clinical care needs
- Identifies problems and interventions early
- Transitions patients to new providers as necessary
- Facilitates communication between providers
- Utilizes culturally and linguistically competent staff
- Improves health outcomes



# RWHAP Part D Preconception Counseling including Sexual Health Expectations

## Women's Health

- Address the health care needs for women and people of childbearing potential, including **family planning, pre-conception counseling**, chronic disease self-management, and domestic violence awareness.
- Provision of **pre- and postnatal care**, including the **transition back into HIV primary medical care after delivery** for women and people of childbearing potential with HIV.



Source: HRSA-22-037 RWHAP Part D Coordinated HIV Services and Access to Research for WICY Existing Service Areas



# RWHAP Part D Preconception Counseling including Sexual Health Expectations

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## Adolescent Health

- Educate youth about basic HIV information, including therapy treatment adherence, viral suppression and its prevention and health benefits, transmission, prevention methods, as well as sexuality, **family planning**, and chronic disease self-management.



Source: HRSA-22-037 RWHAP Part D Coordinated HIV Services and Access to Research for WICY Existing Service Areas



# Common Challenges

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- **Population-specific care or services, such as:**
  - pre-conception counseling,
  - cervical cancer screening, or
  - pregnancy testing
- **Collaboration with Title V**
  - Lack of coordination of activities with other providers under Title V of the Social Security Act
  - Lack of documentation to support coordination of activities with other providers of health care services under the RWHAP



# HAB Clinical Performance Measures

Priority Measures for the RWHAP Part D



# Reproductive Health/Family Planning and Sexual Health Measures



Of the 22 eligible site visits, 45% (n=10) had a finding in pre-conception counseling.



Of the 22 eligible site visits, 50% (n=11) had a finding in cervical cancer screening.



Of the 22 eligible site visits, 45% (n=10) had a finding in pregnancy testing prior to initiation or modification of ART.

## Data as of June 1, 2023

Total Site Visits: n=25 (includes comprehensive and diagnostic)

Site Visits excluded: n=3 (includes two diagnostic and one Part F dental)

Remaining Eligible Site Visits: n=22



# DCHAP Activities Focusing on Reproductive Health

**Stakeholder  
Webinars &  
Symposiums**



Pre-Conception  
Counseling

HIV Reproductive Health  
and Family Planning

Part D Virtual Symposium

**Communities of  
Practice**



Pre-conception Counseling,  
Including Sexual Health

Trauma-Informed Care and  
Behavioral Health

Transitioning Adolescents to  
Adult Care

**Part D Basic  
Training Program**



Part D Legislative Training

Part D comprehensive,  
coordinated system of care

**Partnerships &  
Collaboration**



HRSA Maternal and Child  
Health Bureau

# **Enhancing HIV Care of Women, Infants, Children and Youth Building Capacity through Communities of Practice (CoP)**



# Background

## Leveraging the RWHAP Part D Women, Infants, Children and Youth (WICY)

- Two-year study conducted to determine factors to maximize the national impact of the RWHAP Part D
- Information collected through recipient listening sessions, literature review, analysis of RWHAP and surveillance data, and technical expert panel
- Recommendation from the study:
  - Provide training and technical assistance on RWHAP Part D legislative and program requirements
  - Capacity building in high impact areas: Communities of Practice
  - Implement a funding allocation methodology to determine FY 2022 RWHAP Part D award funding



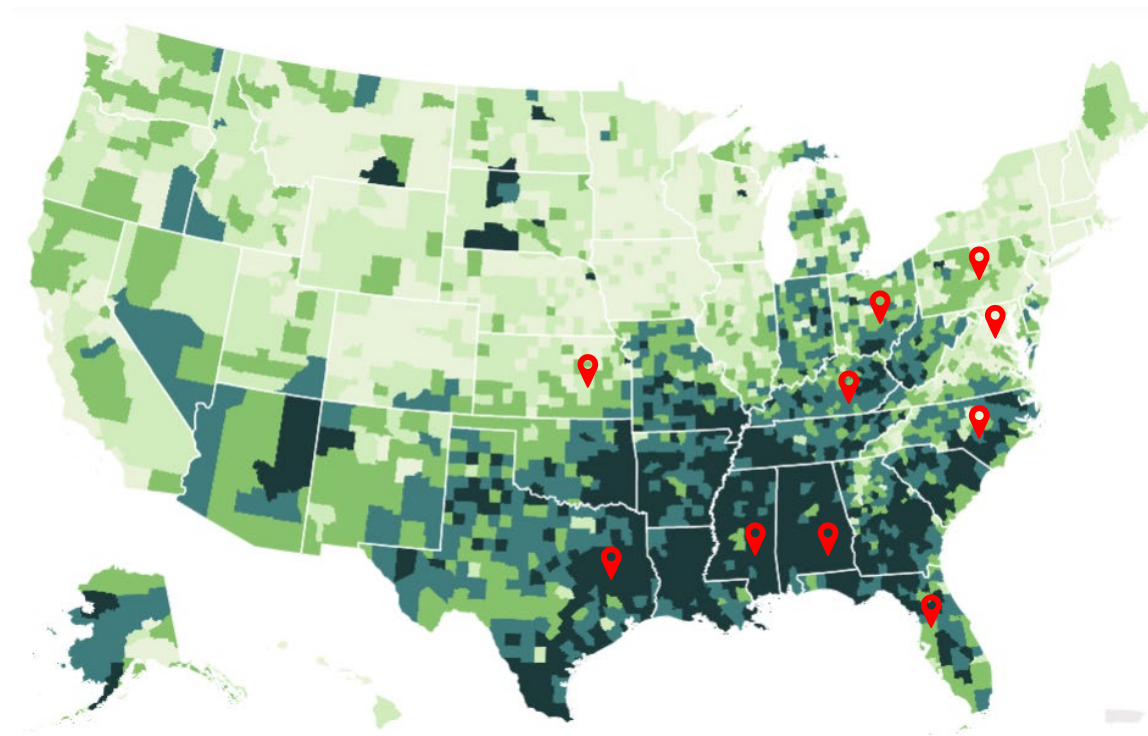
# RWHAP Part D Communities of Practice

- **Purpose:** Facilitate the delivery of evidence-informed interventions and promising strategies to improve family-centered services to WICY with HIV in HRSA-funded RWHAP Part D provider organizations and HRSA-funded organizations serving similar populations.
- **The Communities of Practice will focus on three important areas:**
  - Pre-conception counseling, including sexual health (2023-2024)
  - Trauma-informed care and behavioral health (2024-2025)
  - Youth transitioning from youth services to adult care (2025-2026)
- **Period:** 2023-2026



# RWHAP Part D Communities of Practice

- 15 recipients
- RWHAP Part(s):
  - Part D only : 8
  - Parts C/D: 7
- Recipient locations: 3 TX, 2 PA, 2 NC, 2 FL, MS, KY, AL, OH, KS, MD
- HHS Regions:
  - Region 3: 3
  - Region 4: 7
  - Region 5: 1
  - Region 6: 3
  - Region 7: 1
- Maternal Vulnerability Index (MVI) : *Very high* – AL, MS, TX; *high* – FL, KY, NC, OH; *moderate* – KS, MD, PA; *low* – N/A



**Using SMART Goals and Process Improvement to  
Implement Changes in Pre-Conception Counseling,  
Including Sexual Health: Enhancing HIV Care of  
Women, Infants, Children, and Youth (WICY) Building  
Capacity through Communities of Practice (CoP)  
Participant Panel**





# Contact Information

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# Connect with the Ryan White HIV/AIDS Program

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[ryanwhite.hrsa.gov](https://ryanwhite.hrsa.gov)



Sign up for the Ryan White HIV/AIDS Program Listserv:

<https://public.govdelivery.com/accounts/USHSHRSA/signup/29907>

# Connect with HRSA

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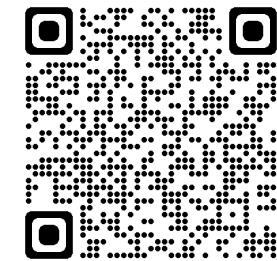


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# Using SMART Goals and Process Improvement to Implement Changes in Pre-Conception Counseling, Including Sexual Health

Enhancing HIV Care of Women, Infants, Children, and Youth (WICY) Building Capacity  
through Communities of Practice (CoP) Participant Panel

Renee J Ross, Bizzell US

Katie Himich, University of Toledo

Aspen Hardges, Southeast Mississippi Rural Health Initiative

Bendu Coleman, UT Southwestern Medical Center's Dallas Family Access Network (DFAN)

# Project Support



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Renee J Ross, Katie Himich, Aspen Hardges, and Bendu Colman have no relevant financial relationships with ineligible companies to disclose.

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# Objectives

By the end of this session, participants will be able to:

- Define preconception counseling (PCC) including sexual health and the Community of Practice (CoP) model.
- Identify quality improvement goals implemented by CoP participants.
- Explain the lessons learned and key takeaways of the CoP participants.

# Agenda



- Enhancing HIV Care of Women, Infants, Children, and Youth (WICY)  
Building Capacity through Communities of Practice (CoP) Program  
Overview
- CoP Participant Experience
  - University of Toledo
  - Southeast Mississippi Rural Health Initiative (SeMRHI)
  - UT Southwestern Dallas Family Access Network
- Questions and Discussion



# Risk of Perinatal HIV Transmission in the U.S.

- Once upon a time, prior to the availability of antiretroviral therapy (ART), the risk of perinatal transmission was **~25%**. *Perinatal transmission refers to mother to child transmission during pregnancy, labor, and delivery.*
- With zidovudine (AZT) during pregnancy (after 14 weeks gestation) and during labor (given intravenously) and for the infant after delivery for 6 weeks: **8%**
- With 3-drug ART regimens: **<1%**

## BUT...

- With ART and undetectable VL at conception, throughout pregnancy, and at delivery (5482 mother-baby pairs reported)



# Preconception Counseling



The purpose of prepregnancy care is to improve the health of each person before conception by identifying risk factors for adverse outcomes for the pregnant person and their fetus, tailoring education and counseling to individual needs, and treating or stabilizing medical conditions to optimize outcomes for the pregnancy and the fetus/newborn.



From the NIH guidelines: <https://clinicalinfo.hiv.gov/en/guidelines/perinatal/prepregnancy-counseling-childbearing-age-overview>

# Why PCC is Important for People with HIV

- High rates of unintended pregnancy.
- High rates of serodifferences.
- High rates of comorbidities potentially affecting maternal and fetal health.
- Advances in HIV care and prevention of perinatal transmission.
- Pregnancy desires and intentions of individuals with HIV similar to those without HIV.
- By the time a pregnant is realized, it may be too late.

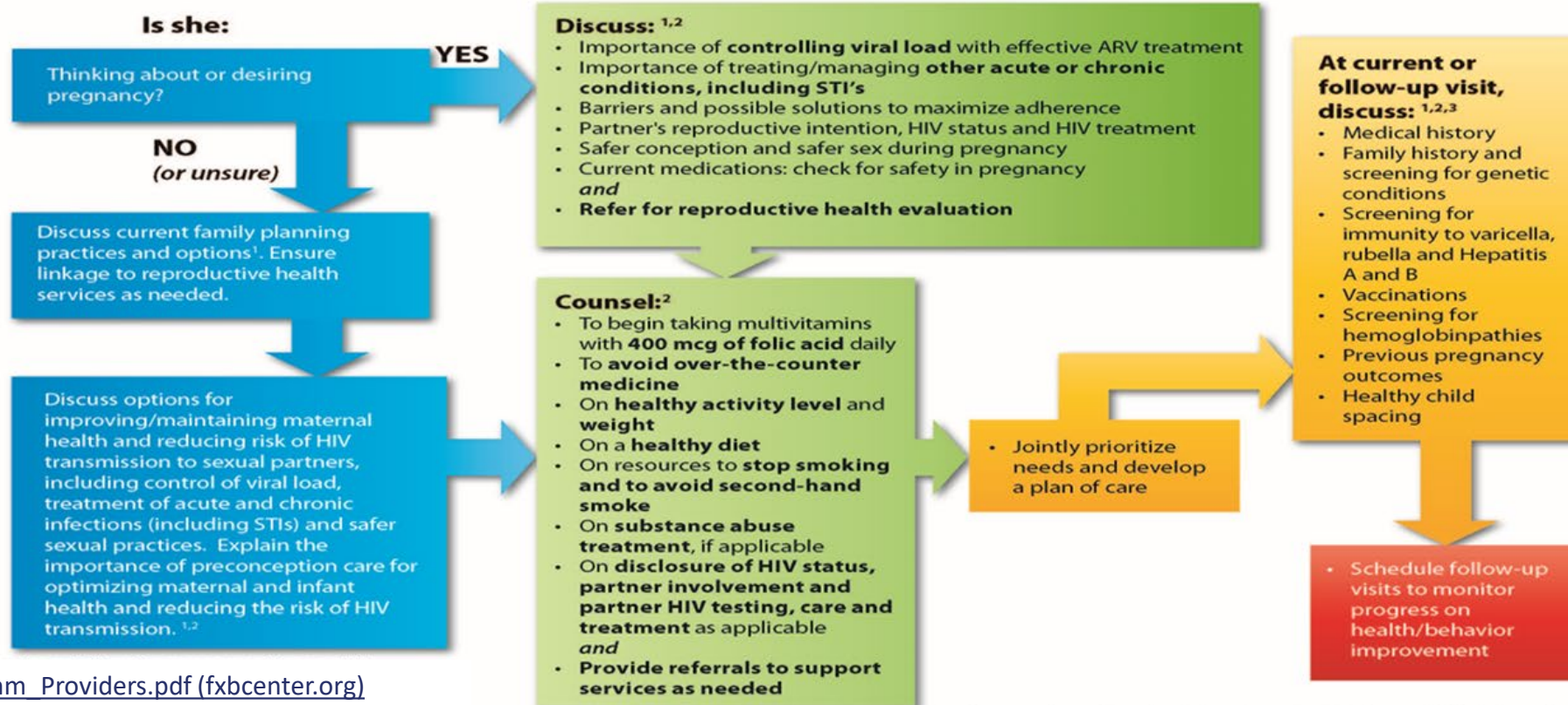
# Preconception Counseling and Care for People with HIV

- Ongoing education, care, and treatment to improve the health of a person with childbearing potential\* before pregnancy. Preconception counseling and care involves identifying and managing conditions and behaviors that could put the person or their child at risk.
- For people with HIV, this includes counseling on the risks and benefits of antiretroviral (ARV) drugs to prevent perinatal HIV transmission and to protect the pregnant person's health.
- Preconception counseling may include advising a partner with HIV on how to prevent HIV transmission to a partner with childbearing potential before and during pregnancy.

\*<https://clinicalinfo.hiv.gov/en/glossary/preconception-counseling-and-care> Note that original definition used the term “woman” and feminine pronouns, which have been altered on this slide to conform with the most up-to-date inclusive language guidelines.



## Preconception Care Algorithm for Women Living with HIV



EMCT\_Algorithm\_Providers.pdf (fxbcenter.org)

# Program Overview

## Implement CoP for RWHAP Part D Recipients to:

- Increase delivery of evidence-based interventions, evidence-informed interventions, and emerging interventions that enhance client outcomes.
- Increase the skill level of the HIV workforce providing care and treatment to WICY.
- Involve partner collaboration for dissemination of best practices.
- Drive improvements in pre-conception counseling and sexual health.

## CoP Domain:

- Pre-conception Counseling, including Sexual Health





# Overview: Community of Practice



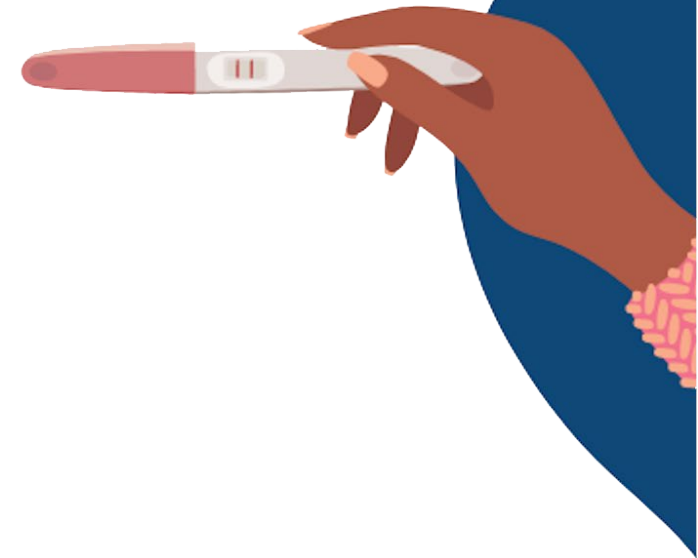
- A place for recipient teams to engage in collaborative learning sessions about a subject matter and implementation experts to **select, test, and implement changes in protocols or practices in providing direct care.**
- Teams work collectively to solve a recognized challenge or enhance a practice.

# What happened in the CoP?

- Core Teams **collected, analyzed, and provided updates** on intervention data.
- Recipient Core team of up to 10, including:
  - Project Director or Manager
  - HIV Case Manager
  - Clinical Provider
  - Part D WICY Participant
  - QI Lead
- Virtual Learning Sessions (5) that included didactic presentations and discussion.
- Action Periods (3) focused on implementing program improvement and enhancements.
  - 1-on-1 Technical Assistance (TA) with assigned CoP Lead team.
  - Conducted Plan, Do, Study, Act (PDSA) cycles to enhance PCC and sexual health practices.



# CoP Participant Experience



# University of Toledo-Health Science Campus (HSC) Ryan White HIV/AIDS Program (RWHAP) Part D

# Program Overview

## Program Description

Since 1984, The University of Toledo Medical Center has been the regional referral center for people with HIV (PWH) . Through RWHAP Part C and D grants, the center has developed a multidisciplinary clinic to meet the needs of the growing population of PWH.

## Core Team

- Katie Himich- Program Director
- Danielle Warren- Nurse Practitioner
- Kristin Huntsman- Clinical Supervisor
- Christina Williams- Billing/Claims Supervisor; Outreach
- Erin Durante – Lead Case Manager
- Tiffany Morgillo- Quality Supervisor
- Ginny York – Behavioral Health Manager

# Baseline

- New electronic health record (EHR) Epic goes live September 2022.
- From September 2022, PCC documentation as “free text” in E.H.R.
  - Customization at roll-out not available
  - No reporting capabilities
  - Manual data review
  - Not built into a provider template
- 95% of clients with childbearing potential have PCC documented at CoP initiation.

# SMART Goal Data & Progress

## SMART Goal

100% of all providers/staff affiliated with the Ryan White Part D Program will complete annual expanded preconception counseling education by 12/31/2023.

## Actions

- Identify and test educational opportunities
- Develop competencies



# SMART Goal Data & Progress

## SMART Goal

Expand the EMR template for preconception counseling to include reportable fields and gender inclusive opportunities by 9/30/2023.

## Actions

- Education related to PCC
- Develop and implement template
- Smart phrase testing with providers



# SMART Goal Data & Progress

## SMART Goal

100% of Ryan White Part D patients (not specific to childbearing potential) seen for a routine Outpatient Ambulatory Health Service between September 30, 2023, and December 12, 2023, will have the updated EMR template on PCC completed by their provider (Gender Inclusive Healthcare).

## Actions

- Template and education development
- Provider engagement and small-scale testing
- Collaboration with Information Technology (IT)



# Key Takeaways & Updates

- The schedules for integrating functionalities and reporting within the electronic health record are extensive and intricate.
  - Recommendation: Connect with your IT department in the early stages of planning.
- Transitioning preconception counseling services from being focused solely on individuals with a uterus to encompassing all individuals presents significant complexities.
  - Recommendation: Collaborate with an entity that specializes in gender inclusive healthcare.
- Implementing gender inclusive PCC has challenges in the face of ongoing staffing shortages.
  - Recommendation: Identify the scope and capacity of the current staffing/staffing model along with assessment of any increase in time commitment related to changes prior to implementation.



# Key Takeaways & Updates

- Extend the reach of our training programs and competencies to widen the impact of education.
- Examine, refine, and apply practices and policies for clinical care that are inclusive and gender neutral.
- Continuously update and maintain electronic health records to reflect the latest best practices in gender inclusive healthcare.

# **Southeast Mississippi Rural Health Initiative (SeMRHI)**

# Program Overview

## Program Description

Southeast Mississippi Rural Health Initiative, Inc. (SEMRHI) is a FQHC who has been providing HIV care since 1995 to people with HIV (PWH) in south Mississippi. We are the second largest HIV provider for the RWHAP Part C EIS. SEMRHI has been a RWHAP Part C EIS grantee since 2000.

## Core Team ★

- Project Director: Tonya Green
- Quality Improvement Lead: Tonya Green; Tiffany Gholar
- Project Manager: Aspen Hardges
- Community Outreach: Tosha Satcher
- Clinical Provider: Dr. Echols-Williams
- HIV Case Manager: Sandra Baker & Tosha Satcher

## \*\*\*Moment of Truth\*\*\*

SEMRHI did not have policies and procedures, or a routine screening for preconception counseling (PCC) for patients of childbearing years.



Our Ryan White Program initial intake did NOT inquire about patients' pregnancy goals.

If it is not documented, it did not happen!

We scored a zero percent for PCC on our 2023 Ryan White site visit.

## SMART Goals for CoP Involvement

- Provide preconception counseling (PCC) trainings to 80% of SEMRHI's clinical staff by February 29, 2024.
- 80% of people with HIV (PWH) who complete a medical visit starting November 1, 2023, will receive documented PCC in EHR and CAREWare.
- 80% of PWH will receive case management services to promote optimal sexual health/wellness outcomes by providing patients with educational materials, STI barriers, specialty referrals, and other needed services and resources.

# SMART Goal Data & Progress



**Initial Smart Goal #1:** Provide PCC trainings to 80% of SEMRHI's clinical staff by February 2024.



**Revised Smart Goal:** Provide preconception counseling (PCC) trainings to 80% of RWHAP clinical staff by February 2024.



**Progress Update:** All RWHAP case managers and social workers have received in-house preconception counseling education, via pamphlets and staff presentations.





# Training Materials

NATIONAL 2024  
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## Preconception Counseling

for Women Living with HIV Infection



Francis Xavier Bagnard Center  
Providing medical services to HIV-infected women

## WHAT WOMEN NEED TO KNOW



*The HIV Treatment Guidelines for Pregnant Women*

### What is preconception health?



Preconception health means planning a pregnancy to make sure you are as healthy and prepared as possible before you are pregnant.

#### Why is it important?

- Taking care of your health before you are pregnant is important for your health and the health of your baby.

#### Will pregnancy make HIV worse?

- **No.** With special care and medicines, women with HIV can manage their HIV and have healthy pregnancies.

#### Will my baby have HIV?

- The risk of passing HIV to your baby is very low as long as you are getting the prenatal and HIV care you need and are taking your medications as prescribed.

#### Should I talk with my HIV provider before I become pregnant?

- **Yes!** Tell your healthcare provider that you are thinking about having a baby. Your provider will help you prepare for a healthy and safe pregnancy.

#### Your provider will:

- Review and recommend the best HIV medicines for you.
- Check you and your partner for infections.
- Prescribe a multivitamin with folic acid to prevent birth defects.
- Make sure your immunizations are up to date.

#### What should I do during my pregnancy?

- Discuss the safest way for you to become pregnant.
- Refer you to a specialist in HIV and pregnancy. If needed, your provider can call the **National Perinatal HIV Consultation and Referral Service (1-888-448-8765)** for free advice and referral information.
- **Start prenatal care as soon as you know you are pregnant.** Women who get prenatal care early have healthier babies.
- **Take your medications every day,** exactly as prescribed.
- Go to **all** of your healthcare appointments.
- Ask for help, if needed, to **stop smoking** or to **stop using drugs or alcohol.**
- **Eat a healthy diet.** Ask to see a nutritionist if you are unsure about what to eat.
- **Use condoms** when you have sex to protect you, your partner and your baby from exposure to HIV and other infections. Pregnancy can increase the risk of passing HIV to others.
- **Do not take any medications** – even over the counter medications – unless your health provider says it's OK.
- **Do not breastfeed your baby.** HIV can be passed to the baby through breast milk.



*Pregnancy & HIV*  
*What You Need To Know*

# SMART Goal Data & Progress



**Initial Smart Goal #2:** Provide PCC to 80% of people with HIV, who received a medical visit, within one year.



**Revised Smart Goal:** People with HIV who completed a medical visit starting November 2023, will receive documented PCC in their EHR by their providers.



**Progress Update:** Unfortunately, we have not achieved this goal as indicated by our CAREWare data and documentation in Epic.



# SMART Goal Improvement Plan



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**To improve documented PCC in patients' electronic health record, the following goals have been implemented:**

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1.) All Ryan White clinical staff will be retrained on the implementation of the Sexual Health Screening by August 30, 2024.

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2.) Starting September 1, 2024, monthly chart reviews will be completed to assess completion of documented PCC and findings will be discussed during monthly staff meetings and quarterly HIV QMI committee meetings.

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3.) The importance of documenting and measures to improve PCC documentation will be discussed during monthly staff meetings and HIV QMI committee meetings.

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# Sexual Health Screening

## Sexual Health

Responsible Macro Manager

### Sexual Health Questions

Have you engaged in sexual activity in the last six months?

What type?

☐ Vaginal ☐ Insertive Anal ☐ Receptive Anal ☐ Insertive Oral ☐ Receptive Oral

Are you post-menopausal?

### Sexual Health Additional Questions

Are you currently on birth control?

What type of birth control?

Do you wish to become pregnant?

When do you wish to conceive?

Was Preconception Counseling completed?

Please select 1 or more from the list of counseling given.

- ☐ Reviewed medication list with patient to assess medications that are contraindicated in people trying to conceive. ☐ Discussed safest ways to get pregnant, if in a serodiscordant relationship.  
☐ Discussed the importance of managing significant medical comorbidities. ☐ Discussed the importance of abstaining from substance use.

### Sexual Health Questions

Have you been engaged in sexual activity in the last 6 months?

What type?

Are you currently on birth control?

Are you interested in getting pregnant?

When do you wish to conceive?

Vaginal

Insertive Anal

Receptive Anal

Insertive Oral

Receptive Oral

# SMART Goal Data & Progress



**Initial Smart Goal #3:** People with HIV who received PCC will report a 70% satisfaction rate via survey.

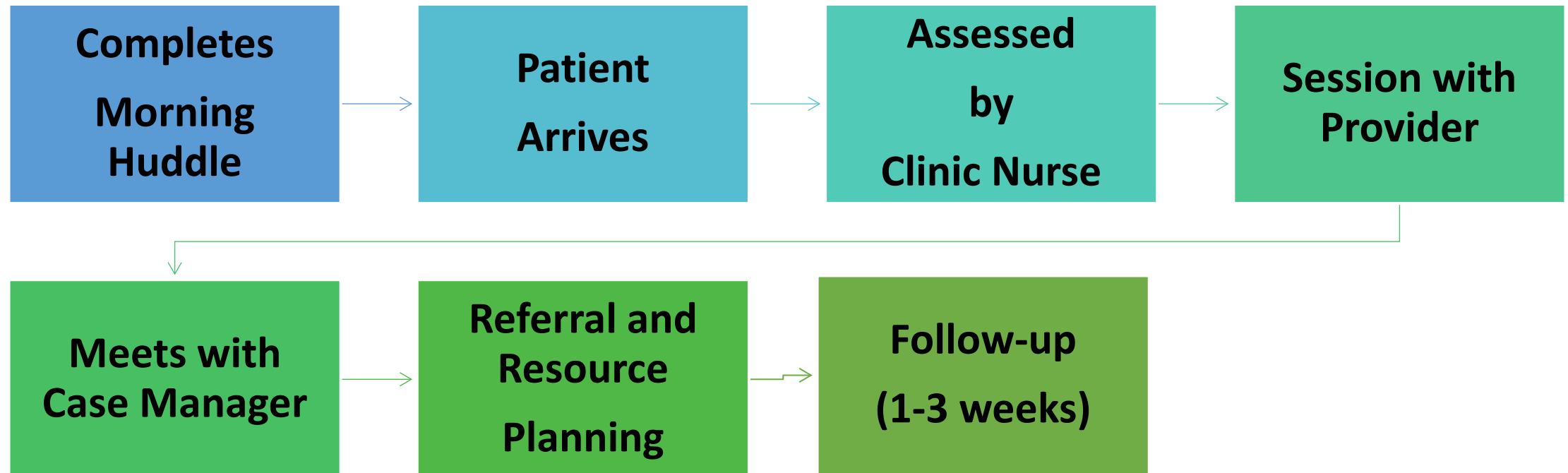


**Revised Smart Goal:** 80% of people with HIV will receive case management services to promote optimal sexual health/wellness outcomes by providing patients with educational materials, STI barriers, specialty referrals, and other needed services/resources.



**Progress Update:** Staff reported an increase in patients requesting educational materials, STI barriers, referrals, and other resources with the assistance of the sexual health screening in EHR.

# Implementation of PCC



# Key Takeaways & Updates

## Key Takeaways:

- Educating staff about PCC and using guided questions improved staff's confidence in implementing PCC with their patients. Teamwork makes the dream work!
- Reviewing and updating EHR templates helps with optimal patient outcomes.

## Updates

- **Ongoing Measurements:**
  - Tracking the number of PCC screenings completed in CAREWare. The number of PCC screenings continue to need improvement.
- **Benefits:**
  - STI barriers and patient educational materials received by patients has increased.
  - Patients are willing to discuss their plans of starting a family, which enables staff to provide valuable information aimed to promote optimal sexual outcomes.

# UT Southwestern Medical Center's Dallas Family Access Network (DFAN)

# Program Overview

## Program Description

UT Southwestern Medical Center's Dallas Family Access Network (DFAN), a program within the Community Prevention and Intervention Unit (CPIU), has been in operation for over 30 years serving WICY, both cis and transgender, across Dallas and 8 surrounding rural counties. In addition to providing medical and support services directly, DFAN subcontracts with 3 clinical, a dental, and transportation providers.

## Core Team

- Jeremy Chow, MD – CPIU Medical Director/PI DFAN
- Tracee Belzle – Interim DFAN Program Director
- Bendu Coleman – Prev. CQM Coordinator New DFAN Program Director

# Baseline

- No Specific PCC Initiatives:
  - No established PCC-specific programs prior to CoP.
  - Risk questions asked, but no tailored plans for clients of child-bearing potential.
- Subrecipients had informal conversations about birth control without formal tracking.



# SMART Goal Data & Progress



## SMART Goal

By June 30, 2023, increase the reach of DFAN and its clinical partners by developing a marketing campaign, including social media, outreach and public health detailing to increase community members' and clinical providers' awareness of the importance of PCC for individuals of childbearing potential with HIV as measured through analytics, evaluation, and outreach and public health detailing reports.

# SMART Goal Data & Progress

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Knowledge is power! Preconception counseling for women living with HIV helps in making informed decisions about family planning, medication, and reducing the risk of HIV transmission during pregnancy. #HIV #Dallas #dfw #HealthEducation #PlanningAhead #DallasFamilyAccessNetwork #UTSouthwestern

**Planning to start a family?**



## Preconception Counseling

Are you living with HIV and thinking about starting a family? Preconception counseling can provide crucial guidance! Learn how to manage your health and plan for a safe pregnancy.

Call us today to learn more about what questions to ask your doctor on how to have a healthy pregnancy while living with HIV.  
469-291-2899

@cpiu.utsw

**PRECONCEPTION  
COUNSELING:  
THE FIRST STEP  
TO A HAPPY  
BABY.**



Planning for a baby when you're living with HIV? Preconception counseling empowers you with knowledge about treatment, minimizing risks, and optimizing your health before pregnancy.

# SMART Goal Data & Progress

## SMART Goal

By December 31, 2023, improve documentation of PCC to reach the 80% Performance Measure standard for DFAN and its clinical partners by ensuring partners' contracts reflect this standard and CAREWare and intake forms capture this data for individuals with childbearing potential with HIV as measured through data and chart reviews for each entity and implement quality management projects, as needed to reach this performance measure.

# SMART Goal Data & Progress

## SMART Goal

Deliver two PCC skills trainings based on the ARVT Guidelines by July 31, 2023. Identify existing training, modify, and deliver two online trainings to enhance DFAN and its clinical providers' skills to provide PCC based on the ARVT Guidelines for individuals with childbearing potential with HIV as measured by pre- and post-evaluations.

# Key Takeaways & Updates



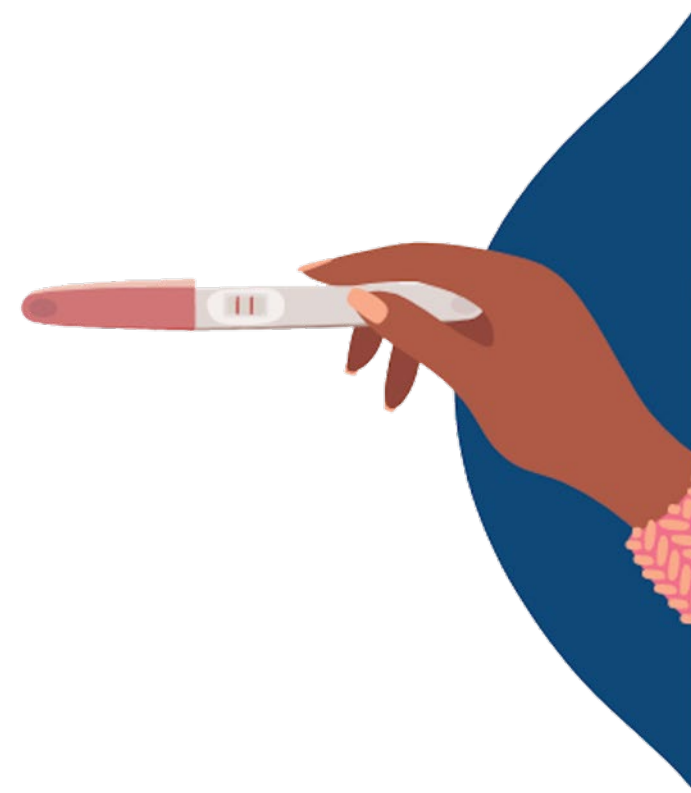
## Key Takeaways

- Content creators are important
- Dedicated time for objectives
- Buy-in from partners

## Next Steps toward Achieving Goals

- Post on social media consistently
- Create Physical Posters
- Host training sessions for clinicians

# Reflections



# Lessons Learned

- Collaborating with clients and partners is essential, as they have a unique perspective on services.
- Patient-centered and provider-driven PCC tools, like EHR prompts, templates, and scripts, are key in capturing individual and aggregate process and outcome data.
- Providers benefit from education that addresses their comfort level by assessing pregnancy intentions.



# Toolkit

NATIONAL 2024  
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[Preconception Counseling and Sexual Health Toolkit](#)



Tools for HRSA's Ryan White HIV/AIDS Program

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## Enhancing HIV Care of Women, Infants, Children and Youth: Building Capacity through Communities of Practice

The Enhancing HIV Care of Women, Infants, Children and Youth Building Capacity through Communities of Practice program is a platform for Ryan White HIV/AIDS Program (RWHAP) Part D recipients to increase the delivery of evidence-based interventions, evidence informed interventions and emerging interventions that enhance client outcomes; increase the skill level of the





### Contact Information

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# Questions?



# Resources

- [Institute for Healthcare Improvement](#)
- [Preconception counseling for women living with HIV infection](#)
- [Models of HIV Preconception Care and Key Elements Influencing These Services: Findings from Healthcare Providers in Seven US Cities](#)
- [Preconception counseling checklist | Reproductive Health National Training Center](#)
- [Pre-pregnancy Counseling | ACOG](#)
- [Recommendations for the Use of Antiretroviral Drugs During Pregnancy and Interventions to Reduce Perinatal HIV Transmission in the United States | NIH \(hiv.gov\)](#)
- [National Preconception Health and Health Care's Preconception CoIN](#)

# Continuing Education Credit



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