A New Clinical Guideline for Preventing Unintended Pregnancy in Adults

Provider Toolkit
developed under the auspices of the Governor’s Blueprint for Preventing Unintended Pregnancies
State of Michigan, 2007
“Unintended pregnancy” means:

- Mistimed or unwanted at the time of conception, and does not reflect parental perception of the child at the time of birth.
Developed under the auspices of

The Michigan Governor’s Blueprint for Preventing Unintended Pregnancies

- Increase public knowledge and skills related to avoiding an unintended pregnancy.
- Expand and improve coverage for family planning.
- Challenge and engage Michigan’s health care community in a statewide effort to reduce Michigan’s unintended pregnancy rate.
This Presentation Is For...

- Physicians and support staff in a variety of settings
- Family planning, Title X clinics
- Professional associations, medical societies, specialty societies
- Medical students, interns, residents
- College health professionals
- Local public health practitioners

... No missed opportunities to talk to patients about preventing unintended pregnancies!
This Presentation Includes...

A. Who and when? (slide 6)

B. Why? The vision & the data (slides 7-17)

C. Public-private partnership (slides 18-19)
   1. Governor’s Blueprint, Provider Task Force, MQIC, others

D. What and how? (slides 20-32)
   1. Using the adult guideline
      ■ What about teens?
   2. Patient education & supports
      ■ Downloadable fact sheets
      ■ Plan First!
      ■ Patient phone numbers and websites

E. For more information (slides 33-42)
   1. Background – organizations and people
   2. Get involved!

Preventing Unintended Pregnancy in Adults
The Guideline Is For:

- All **females** of childbearing age 18 and older
- All **males** 18 years of age and older
- **Yearly** at regular physical
- **Or more often** at provider’s discretion
The Vision:

If all pregnancies were intended...

- We would have significant reductions in infant mortality, child abuse and neglect, and Medicaid costs
- Abortion would be reduced (about 50% of unintended pregnancies result in abortion)

1. Guttmacher Institute
Why Is It Important?

The U.S. has one of the highest unintended pregnancy rates in the industrialized world – about half of all pregnancies are unintended.
Who Is Most At Risk for Unintended Pregnancy?

- Teens have the highest *percentage* of unintended pregnancies
- Women in their twenties have the highest *number* of unintended pregnancies
- Young and impoverished women are disproportionately burdened by unintended pregnancies
- Unmarried women
- Women with an annual household income below 200% of the federal poverty level
- African American and Hispanic women
- Low-income women without contraceptive health insurance coverage are twice as likely to have an unintended pregnancy

*Michigan Department of Community Health, PRAMS 2005*
Almost 4 out of every 10 babies born in Michigan are unintended.

PRAMS 2004 Report, Michigan Department of Community Health, 2007
Why is it important? Reducing Costs

• In FY 2000, the state Medicaid program paid for prenatal, delivery and post-natal care of about 26,000 unintended births¹

• Each birth cost Medicaid $11,000, which translates to $286 million in costs for Michigan¹

• If Michigan can reduce the number of unintended pregnancies by just 10%, > $27 million in Medicaid expenditures would be saved annually¹

Every $1 spent on family planning services saves an estimated $3 in medical costs.²

1. Michigan Department of Community Health
**Why is it important?**

Reducing Abortions

- 25,636 induced abortions were reported in Michigan in 2006, a 1.7% increase from the total of 25,209 reported in 2005.

- The abortion rate in Michigan has not decreased in the past decade (between 11/1000 live births & 13/1000 live births).

Why is it important?

Reducing Infant Mortality

- Unintended pregnancy is strongly correlated with increased infant mortality and morbidity
  - When the unintended pregnancy is wanted, there still may be late or lack of prenatal care
  - There is a higher incidence of unintended pregnancy in young, impoverished mothers

- Health disparity: In 2005, Michigan’s infant mortality rate for infants of color was 17.9 deaths per 1,000 live births, while for whites it was 5.5 deaths per 1,000 live births \(^1\)

- In 2004, the U.S. overall rate was 6.78 infant deaths per 1,000 births, near the bottom of industrialized countries \(^2\)

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1. http://www.mdch.state.mi.us/pha/osr/InDxMain/Tab2.aps
2. “Infant Mortality Statistics from the 2004 Period Linked Birth/Infant Death Data Set,” CDC.
“... Singapore has the best infant mortality rate in the world: 2.3 babies die before the age of 1 for every 1,000 live births. Sweden, Japan and Iceland all have a rate that is less than half of ours. If we had a rate as good as Singapore's, we would save 18,900 babies each year.”

-- Nicholas D. Kristoff, *The New York Times*

http://www.nytimes.com/2005/01/12/opinion/12kris.html?ex=1263272400&en=c7ea472ff9651976&ei=5090
Why is it important?

Increasing Opportunities for a Healthy Pregnancy

- Early weeks are key – if a woman knows she is pregnant she can:
  - Start timely prenatal care
  - Choose healthy foods
  - Have a healthy weight; maintain a healthy level of physical activity
  - Stop tobacco, alcohol, use of other drugs
  - Begin folic acid
  - Assess the home environment for harmful toxins
  - Be evaluated for STDs, family history, immunizations, medications, domestic violence, other risks and conditions

Why a Clinical Guideline? The CDC on Preconception Care.

“Several providers and maternal and child health researchers have recommended that health risks and behaviors be addressed during any encounter with the health-care system because approximately half of pregnancies in the United States are unintended … provision of preconception care can increase pregnancy planning and intention … studies have consistently demonstrated that planned pregnancies typically have improved outcomes for both women and infants.”

-- MMWR, 2006

CDC Recommendations

1. Individual responsibility across the lifespan
2. Consumer awareness
3. Preventive visits
4. Interventions for identified risks,
5. Interconception care
6. Pre-pregnancy checkup
7. Health insurance coverage for women with low incomes
8. Public health programs and strategies
9. Research
10. Monitoring improvements

Public-Private Partnership: Provider Task Force

- Part of Governor’s Blueprint for Preventing Unintended Pregnancies, 40-member statewide advisory group
- Under auspices of Interagency Governor’s Workgroup
- Convened by Michigan Surgeon General Dr. Kimberlydawn Wisdom in September 2006
- Key leadership from Brenda Fink, Director, Division of Family and Community Health, MDCH
- Chaired by Dr. Thomas Petroff, CMO of McLaren Health Plan and chair of Michigan Assoc. of Health Plans Medical Directors
- In partnership with Michigan Quality Improvement Consortium - collaboration that ensures evidence basis, standardizes and disseminates clinical guidelines
- See “Background” section
Public-Private Partnership: Michigan Quality Improvement Consortium

...“a collaborative effort whose participants include physicians and other personnel representing the Michigan HMOs along with the Michigan State Medical Society, the Michigan Osteopathic Association, the Michigan Association of Health Plans, the Michigan Peer Review Organization and Blue Cross Blue Shield of Michigan.”

For more information, see www.mqic.org
# Michigan Quality Improvement Consortium Guideline

## Prevention of Unintended Pregnancy in Adults 18 Years and Older

The following guideline recommends specific interventions for assessing and counseling to lower the risk of unintended pregnancies.

<table>
<thead>
<tr>
<th>Eligible Population</th>
<th>Key Components</th>
<th>Recommendation and Level of Evidence</th>
<th>Frequency</th>
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<tbody>
<tr>
<td>Males and Females</td>
<td>Assessment for risk of unintended pregnancy</td>
<td><strong>Ask</strong> about:</td>
<td>At annual health exam; more frequently at the discretion of the health care provider [D]</td>
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<td>• Sexual activity/involvement, past pregnancy and outcome</td>
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<td>• Abuse (e.g. Were you pressured or forced to have sex when you did not want to?)</td>
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<td>• Consistent use of birth control or protection (e.g. Does it ever happen that you have sex without using birth control or protection?)</td>
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<td></td>
<td></td>
<td>- If contraception is used, assess type</td>
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<td>• Intent to become pregnant or father a child (e.g. Are you trying to get pregnant? Are you trying to father a child?)</td>
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<td></td>
<td>If currently pregnant discuss postpartum contraception.</td>
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<td>Interventions to prevent unintended pregnancies</td>
<td><strong>Advise</strong> and discuss:</td>
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<td>• Patient's risk of pregnancy or contributing to an unintended pregnancy</td>
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<td></td>
<td>• Risks and adverse outcomes associated with unintended pregnancies</td>
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<td><strong>Assess:</strong></td>
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<td>• Patient's understanding of risks and readiness to make behavior changes.</td>
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<td><strong>Assist</strong> patients in preventing unintended pregnancy by:</td>
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<td></td>
<td></td>
<td>• Discussing all contraceptive methods [B]</td>
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<td></td>
<td></td>
<td>• Offering prescriptions</td>
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<td>• Encouraging consistent latex condom use for sexually transmitted infection prevention [B]</td>
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<td>• Referring to primary care provider, local health department, family planning clinic, Plan First, federally qualified health center or hotline</td>
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<td><strong>Arrange</strong> follow-up</td>
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**Levels of Evidence for the most significant recommendations:** A = randomized controlled trials; B = controlled trials, no randomization; C = observational studies; D = opinion of expert panel

This guideline lists core management steps. It is based on several sources including the Centers for Disease Control and Prevention Morbidity and Mortality Weekly Report: Recommendations to Improve Preconception Health and Health Care - United States, 06-Apr-2006; 55 (RR-6), (www.cdc.gov). Individual patient considerations and advances in medical science may supersede or modify these recommendations.

Approved by MQIC Medical Directors 06/07
Guideline Objectives

- To increase conversations between providers and patients $\geq 18$ (men as well as women) about risks and consequences of unintended pregnancies
- To empower patients with family planning information for responsible decision-making
- To decrease unintended pregnancies in adults ages 18 and over in Michigan
The Clinical Interview

- It’s effective, evidence-based ("My doctor said...")
  - Longstanding approach for prevention and chronic disease
  - Health care provider recommendation is central to patient acceptance

- It’s low-intensive, low-tech, low-cost ("a conversation")
Increasing Intentionality for One of Life’s Most Important Decisions

Why women who don’t want to be pregnant say they have unprotected sex (focus groups):

- “Not thinking, not planning, going with the flow” (87% of those interviewed)
  - Ambivalence towards pregnancy
  - Lack of thought/preparation (‘go with the flow’)
  - Perceived low risk of getting pregnant
  - Shy, embarrassed to acquire contraception
  - Pre-existing condition limits choice of method
  - Reliance on alternate methods (e.g. withdrawal)

- Other reasons: method, partner-related, cost/access

“Risking Unintended Pregnancy,” Mary Nettleman, MD, MS, Adejoke Ayoola, RN, MSc, Jennifer Brewer, BA, Michigan State University, 2006.
Why Focus on Adults?

- A different approach is needed for talking with teens
- Most pregnancies in teens are unintended, but **75% of unintended pregnancies occur in adults**
Less than 4% of babies born are to teens under 18.

Ask About…

- Sexual activity
- Abuse
- Intention to have a child
- Birth control
  - Consistent and correct use
  - Assess current type used
  - If currently pregnant, discuss postpartum contraception

- Advise Patient about Their Risk Of:
  - An unintended pregnancy
  - Adverse outcomes of unintended pregnancy

- Assess Patient’s:
  - Understanding of risk
  - Readiness to make needed behavior changes

- Assist in Preventing Unintended Pregnancy
  - Discuss contraception methods
  - Offer prescriptions
  - Encourage latex condom use for STI prevention
  - Refer to PCP, health department, Plan First!, family planning clinic or hotline

- Arrange for Follow-Up
Suggested Clinical Process:

- Medical Assistant/Nurse gives fact sheets to patient $\geq 18$ (reproductive age) to read while waiting to see the physician. Staff advises patient to ask doctor about the fact sheets.
- Or, fact sheets can be handed to the patient when s/he checks in.
- Provider discusses with patient and notes in chart.
How the Guideline Can Help:

User-Friendly Patient Information

I want to decide my own future.
I can choose to wait until I’m ready to have a baby.

How do I plan to wait until I’m ready to get pregnant?
You can ask your health care provider about your birth control choices. No matter what type of birth control you choose, regular visits with your doctor are important. Make sure you understand how to use your birth control. Ask if it is still the best birth control choice for you.

What if I am not sure my birth control worked, or I forgot to use my birth control?
Emergency contraception can be taken within five days to prevent pregnancy. It is meant as backup birth control only. It is not as effective as the correct and consistent use of birth control. Ask your doctor or pharmacist.

What about cost?
If you are worried about how to pay for your birth control, tell your doctor cost is a concern for you. If you have a health plan, call the number on your card. On average it costs about $260,700 to raise a child from birth to age 17.

Will my birth control keep me from getting a sexually transmitted disease (STD)?
NO. However if you are sexually active, using condoms and other birth control methods together will greatly reduce your risk of pregnancy and STDs, including HIV/AIDS.

Not having sex is the only guarantee against pregnancy and STDs, including HIV/AIDS. The only way to be sure you won’t get pregnant is not to have sex. Using birth control the right way and every time you

I am pregnant or plan to become pregnant soon.

What should my doctor and I talk about?
Health problems you have such as (sugar) diabetes, high blood pressure, asthma or

Are there other things besides my health I should think about?
- Do you have the support of your partner, family and those around you?
- Does your health plan pay for programs to help you stop smoking? Check the number on your ID card.
- Are there other kinds of help or support you can get?
- On average it costs about $260,700 to raise a child from birth to age 17.

For more information contact:
- March of Dimes www.marchofdimes.com 248-359-1550
- CDC www.cdc.gov/lifeStages click on Pregnancy
- American College of Obstetricians and Gynecologists http://www.acog.org/clinicians/content.cfm?topicid=00127&
- Your local health department www.michigan.gov/health department map

What do I need to know about birth control?
There are many kinds of birth control. You and your health care provider can choose the one that fits how you live.

Talk to your doctor about:
- How safe is it?
- How well does it work?
- How easy is it to use?
Patient Fact Sheets

- Health-literate
- Interactive
- “News to Use” – info and referral
- “Male perspective” under development
- Spanish and Arabic versions planned
- Free, download at Michigan Surgeon General web page:
  http://www.michigan.gov/mdch/0,1607,7-132--65525--,00.html
Plan First!

- Will expand subsidized family planning services to about 200,000 more women in Michigan.
- For women who do not have insurance coverage for family planning services, or do not qualify for Medicaid, Plan First! may help pay for out-of-pocket costs related to reproductive health care.
- Covers office visits for family planning related services, lab tests, prescriptions for birth control, contraceptive supplies and devices, treatment of sexually transmitted diseases, some sterilizations for women 21 and older. Does not cover abortions or treatment of infertility.
- For women ages 19-44 years; U.S. citizens or qualified immigrants; must be Michigan residents.
- Family income limits - up to 185% of Federal Poverty Level guidelines.
- Have a Social Security number or have applied for one.
- Are not receiving Medicaid.
- Are not pregnant.

1-800-642-3195  www.michigan.gov/mdch
Or, go to local health department or MDHS office
# More Information for Patients

## Preconception Health
- March of Dimes [www.marchofdimes.com](http://www.marchofdimes.com) 248-359-1550
- CDC [www.cdc.gov/LifeStages/](http://www.cdc.gov/LifeStages/) Click on Pregnancy
- Local health department [www.michigan.gov/mdch](http://www.michigan.gov/mdch) Click on local health dept. map
- American Cancer Society [www.cancer.org](http://www.cancer.org) Click on Guide to Quit Smoking
- American Lung Association [www.lungusa.org](http://www.lungusa.org) Click on Freedom from Smoking
- MDCH QUITLINE 800-480-7848
- CDC [www.fruitsandveggiesmatter.gov](http://www.fruitsandveggiesmatter.gov)
- Michigan Steps Up [www.michiganstepsup.org](http://www.michiganstepsup.org)

## Delay of Pregnancy
- Michigan Medicaid [www.michigan.gov/mdch](http://www.michigan.gov/mdch) Click on health care coverage
- Plan First! 800-642-3195
- Your DHS office [www.michigan.gov/mdch](http://www.michigan.gov/mdch) Click on county offices
- Local health department [www.michigan.gov/mdch](http://www.michigan.gov/mdch) Click on local health dept. map
- Local Planned Parenthood [www.plannedparenthood.org](http://www.plannedparenthood.org) 800-230-PLAN
Background – Organizations & People

Get Involved!

Clinical Guideline for Preventing Unintended Pregnancy in Adults
1. **Plan First!** Michigan requested and received a waiver from the federal government to allow expanded access to family planning through Medicaid, for women earning up to 185% of the poverty level. This expansion is the Plan First! Program. Since Plan First! was introduced in July 2006, more than 35,000 women have signed up for it, with an estimated savings to the state of approximately $27 million per year.

2. **Talk Early & Talk Often** helps parents of middle school children develop the necessary skills to talk to their children about abstinence and sexuality. Since it began in October 2005, more than 70 workshops have been held throughout Michigan in public and parochial schools, medical centers, worship centers, health departments, and libraries.
Governor’s Blueprint for Preventing Unintended Pregnancies

First 4 Initiatives (cont’d….)

3. **Contraceptive Equity** The Governor has called upon the legislature to require that health plans that cover prescription drugs also cover birth control. Also, the Michigan Civil Rights Commission issued a Declaratory Ruling stating that Michigan employers violate Elliott-Larsen Civil Rights Act if the employer excludes contraceptive coverage in an employer-provided comprehensive health plan that provides prescription drug coverage.

4. **New Clinical Guideline** Health care providers are being challenged and supported with user-friendly resources to engage their patients in conversation on this crucial issue, by including discussions about family planning with all men and women of childbearing age, to ask them about their intentions regarding pregnancy and to provide information on family planning. A statewide advisory group of providers built a new evidence-based Clinical Guideline, approved through the Michigan Quality Improvement Consortium, and a toolkit for physicians and other providers to use in counseling their patients.
“The Michigan Quality Improvement Consortium will establish and implement a core set of clinical practice guidelines and performance measures. The interventions designed and implemented by each plan to improve consistent delivery of services will be at the discretion of individual plans, but guidelines, performance goals, measurement methodology, and performance reporting will be standardized.”

http://www.mqic.org
MQIC Participating Organizations

- Blue Cross Blue Shield of Michigan
- Blue Care Network
- Great Lakes Health Plan
- Health Alliance Plan
- HealthPlus of Michigan
- Health Plan of Michigan
- Midwest Health Plan
- Michigan Association of Health Plans
- Michigan Department of Community Health
- Michigan Osteopathic Association
- Michigan State Medical Society
- Molina Health Care of Michigan
- Michigan Peer Review Organization
- OmniCare, A Coventry Health Care Plan
- Physicians Health Plan of Mid-Michigan
- Physicians Health Plan of South Michigan
- Priority Health
- Total Health Care, Inc.
- University of Michigan Health System

http://www.mqic.org
Provider Task Force Composition

- Physicians (OB/GYN, Family Practice, Internal Medicine, Emergency Medicine)
- Nurses/nurse practitioners/nurse midwife
- Community-based/Medicaid and Title X providers
- MDCH, MDHS, local public health
- Michigan Primary Care Consortium, Michigan Quality Improvement Consortium, Michigan Association of Health Plans; ACOG
- Health plans and health systems (medical directors, quality management, IT, provider education)
- Universities/medical schools
- School-based health care
- Psychology/social workers
- Those working with cultural minorities and underserved
## Provider Task Force Members

### Kimberlydawn Wisdom, MD, MS
Michigan Surgeon General

### Tom Petroff, DO, FACOOG
McLaren Health Plan
Provider Task Force Chair

### Sheryl Lowe, RN, MA, BCBSM
Chair, Guideline Development & Evaluation Subcommittee

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<thead>
<tr>
<th>Member Name</th>
<th>Position/Institution</th>
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<tbody>
<tr>
<td>Wilmetta Anderson</td>
<td>Blue Cross Blue Shield of MI</td>
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<tr>
<td>Sharifa Abou-Mediene, MD, MPH</td>
<td>ACCESS</td>
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<tr>
<td>Delores Baker, MD</td>
<td>Molina Healthcare</td>
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<tr>
<td>Mary Beth Bolton, MD, DACP</td>
<td>Health Alliance Plan</td>
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<tr>
<td>Carl Christensen, MD, PhD</td>
<td>WSU/Detroit Medical Center</td>
</tr>
<tr>
<td>Vanessa Dalton, MD, MPH</td>
<td>U of M Medical School</td>
</tr>
<tr>
<td>Betty Dawson, CNP</td>
<td>Ingham County Health Department</td>
</tr>
<tr>
<td>Paulette Dobynes Dunbar</td>
<td>MI Department of Community Health</td>
</tr>
<tr>
<td>Brenda Fink, ACSW</td>
<td>MI Department of Community Health</td>
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<tr>
<td>Cheryl Gibson Fountain, MD, FACOOG</td>
<td>St. John Detroit Riverview Hospital</td>
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<tr>
<td>Violanda Grigorescu, MD, MSPH</td>
<td>MI Department of Community Health</td>
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<tr>
<td>Rebecca Hite-Horn, MSW</td>
<td>The Corner Health Center</td>
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<tr>
<td>Sharon Karber, RN, MSN, FNP</td>
<td>MI Department of Community Health</td>
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<tr>
<td>Mary Nettleman, MD, MS</td>
<td>Michigan State University</td>
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<tr>
<td>Valerie Overholt, DO</td>
<td>Providence Hospital</td>
</tr>
<tr>
<td>Margaret Punch, MD</td>
<td>ACOG – Michigan Chapter</td>
</tr>
<tr>
<td>Rose Ramirez, MD</td>
<td>Jupiter Family Medicine, PC</td>
</tr>
<tr>
<td>William Ridella, MPH, BMA</td>
<td>Detroit Dept. of Health &amp; Wellness Promotion</td>
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<tr>
<td>George Shade, MD, FACOOG, FACPE</td>
<td>Sinai-Grace Hospital</td>
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<tr>
<td>Dianne Singleton, PhD</td>
<td>Michigan State University</td>
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<tr>
<td>Linda Thompson Adams, DrPH, RN</td>
<td>Oakland University</td>
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<tr>
<td>Bob VanEck</td>
<td>Priority Health</td>
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Preventing Unintended Pregnancy in Adults
# Provider Task Force Members

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<tbody>
<tr>
<td>Kimberlydawn Wisdom, MD, MS</td>
<td>Tom Petroff, DO, FACOOG</td>
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<td>Michigan Surgeon General</td>
<td>McLaren Health Plan</td>
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<td>Provider Task Force Chair</td>
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<tr>
<td>Janet MacQueen, Blue Care Network</td>
<td>Chair, Guideline Dissemination &amp; Communication Subcommittee</td>
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<tr>
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<td>Asif Bakhsh</td>
<td>Blue Care Network</td>
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<tr>
<td>Nancy Combs</td>
<td>MI Department of Community Health</td>
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<tr>
<td>Donna Garrison</td>
<td>Health Communications Intern, Michigan State University</td>
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<tr>
<td>Lynn Gray, MD</td>
<td>MI Academy of Family Physicians</td>
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<tr>
<td>Sheri Greenhoe</td>
<td>MI State Medical Society</td>
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<tr>
<td>Kevin Kelly</td>
<td>MI State Medical Society</td>
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<tr>
<td>Gail Martin</td>
<td>March of Dimes, MI Chapter</td>
</tr>
<tr>
<td>Gail Maurer, RN, BSH</td>
<td>MI Department of Community Health</td>
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<tr>
<td>Lydia McBurrows, MS, RN, CPNP</td>
<td>Henry Ford Health System</td>
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<tr>
<td>Dennis Paradis, MPH</td>
<td>Michigan Osteopathic Association</td>
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<td>Doug Paterson</td>
<td>Michigan Primary Care Association</td>
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<tr>
<td>Sarah Scranton</td>
<td>Planned Parenthood Affiliates of MI</td>
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<td>Sameerah Shareef, CNM</td>
<td>Meridian Women’s Health</td>
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<tr>
<td>Richard Smith, MD</td>
<td>Henry Ford Health System</td>
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<tr>
<td>Velma Theisen, MPH</td>
<td>MI Department of Community Health</td>
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<tr>
<td>Maxine Thome, PhD, LMSW, MPH</td>
<td>NASW – Michigan Chapter</td>
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<tr>
<td>Cosmos Van de Ven, MD</td>
<td>University of Michigan</td>
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<td>Jocelyn Vanda</td>
<td>MI Department of Human Services</td>
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<tr>
<td>Michael Weiss, DO, FACOOG</td>
<td>Michigan Osteopathic Association</td>
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<td>Laydell Wyatt</td>
<td>St. John Macomb Hospital</td>
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<td>Henry Ford Health System</td>
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Interagency Work Group Members

Laurie Bechhofer, HIV/STD Education Consultant
Michigan Department of Education

Maxine Berman, Director of Special Projects
Office of the Governor

Patty Cantu, Director, Office of Career and Technical Preparation
Michigan Department of Labor and Economic Growth

Jean Chabut, Chief Public Health Administrative Officer
Michigan Department of Community Health

Nancy Combs, Program Manager
Office of the Michigan Surgeon General
Michigan Department of Community Health

Brenda Fink, Director
Division of Family and Community Health
Michigan Department of Community Health

Kyle Guerrant, Supervisor
Coordinated School Health & Safety Programs
Michigan Department of Education

Gilda Jacobs, Senator
Huntington Woods, District 14

Judy Karandjeff, Director
Michigan Women’s Commission

Jackie Prokop, RN, BSN
Federal Regulation and Hospital Reimbursement Section
Michigan Department of Community Health

Marilyn Stephen, Director of Child Support
Michigan Department of Human Services

Carrie Tarry, Adolescent Health Coordinator
Division of Family and Community Health
Michigan Department of Community Health

Jocelyn Vanda, Director of Interagency and Community Services
Michigan Department of Human Services

Kimberlydawn Wisdom, MD,
Surgeon General
Michigan Department of Community Health

Pam Yager, Policy Advisor on Health Care and Financial Services
Office of the Governor
Get Involved!

- To learn more about the new Adult Clinical Guideline for Preventing Unintended Pregnancies, or
- To host a provider presentation, publish a newsletter article, or otherwise communicate the Guideline to relevant audiences, contact:

  Office of the Surgeon General
  Michigan Department of Community Health
  surgeongeneral@michigan.gov
  (517) 335-8011

This presentation can be accessed at
http://www.michigan.gov/mdch/0,1607,7-132--65525--,00.html