

## Division of Maternal & Child Health

### BRIEF: Well-Woman Visits

*The vision of the Division of Maternal and Child Health is that the health and wellness of Vermont's women, children, and families is a foundation for the health of all Vermonters. We work to achieve this vision through strategies that are family centered, evidence-based, and data driven.*

#### Priority Area

Ensure optimal health prior to pregnancy

#### Performance Measure

% of women with a past year preventive medical visit

#### Key Strategies

- # of primary care providers outreached to with materials and tools to improve well-women visits/preconception health visits
- Collaborate with community and state partners to develop consumer messaging and education materials to increase awareness of importance of preconception health/well-women visits, and birth control options, with an emphasis on the most effective methods

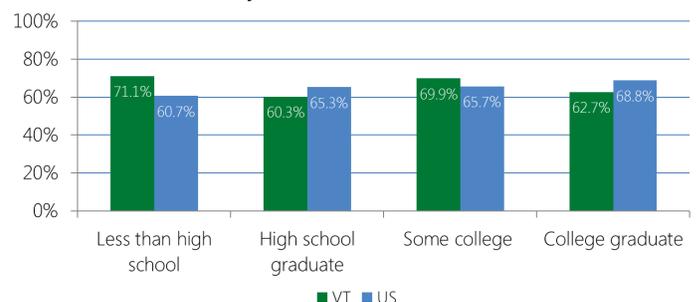
**Introduction.** A well-woman or preconception visit provides a critical opportunity to receive recommended clinical preventive services, including screening, counseling, and immunizations. These services can lead to appropriate identification, treatment, and prevention of disease to optimize the health of women before, between, and beyond potential pregnancies. The well-woman visit can be used to promote women's health prior to and between pregnancies and improve subsequent maternal and perinatal outcomes. For example, screening and management of chronic conditions such as diabetes, and counseling to achieve a healthy weight and smoking cessation, can be advanced within a visit. The annual well-woman visit has been endorsed by the American College of Obstetrics and Gynecologists (ACOG) and was identified among the women's preventive services required by the Affordable Care Act (ACA) to be covered by private insurance plans without cost-sharing.

**Results.** Our baseline measure of women ages 18 through 44 with a preventive medical visit in the past year, is drawn from the Behavioral Risk Factor Surveillance System (BRFSS). Over the years 2011 to 2015, there was no statistically significant trend in well-woman visit rates for either Vermont or the US overall. Within each year, the Vermont rate and the US rate do not significantly differ from one another. In Vermont, those with some college have higher visit rates than either high school or college graduates. In the national results, high school graduates and those with some college have higher rates than women who did not complete high school, and college graduates have the highest visit rate. Vermont college graduates have lower visit rates than US college graduates.

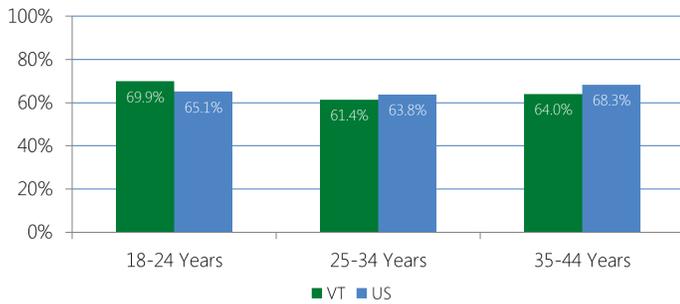
**% of women (ages 18-44) with a past year preventive medical visit, 2011-2015**



**% of women (ages 18-44) with a past year preventive medical visit, by educational attainment, 2013-2015**

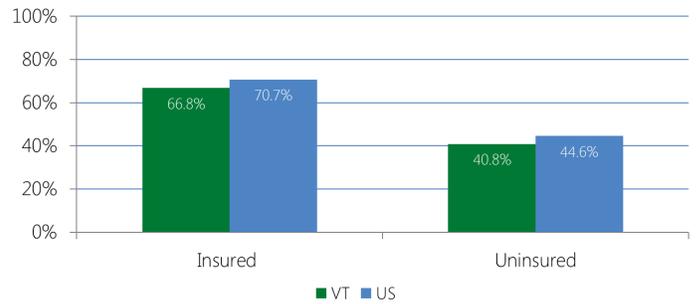


**% of women (ages 18-44) with a past year preventive medical visit, by age, 2013-2015**



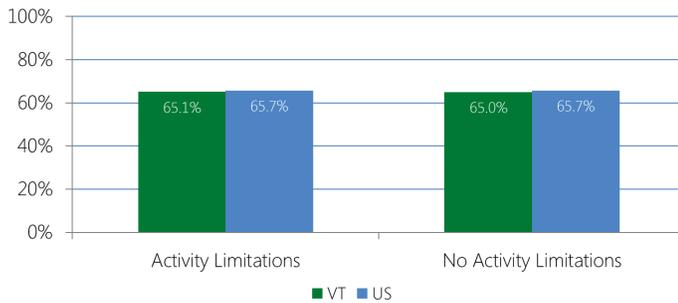
The Vermont rate is lower than the US rate in women ages 35-44. US rate among those aged 35-44 exceeds the rate in the younger two categories.

**% of women (ages 18-44) with a past year preventive medical visit, by insurance status, 2013-2015**



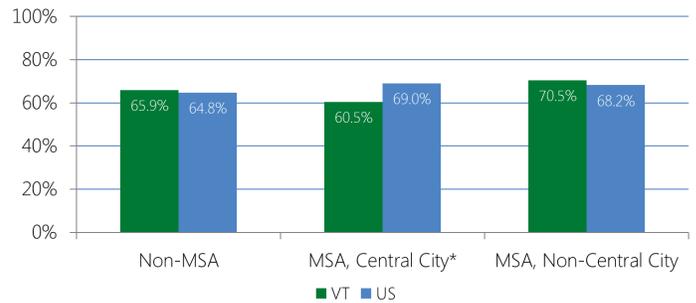
Among those with health insurance, the rate is significantly lower in Vermont than in the US as a whole. Insured people have higher visit rates than the uninsured.

**% of women (ages 18-44) with a past year preventive medical visit, by disability status, 2013-2015**



There are no significant differences with regard to disability status.

**% of women (ages 18-44) with a past year preventive medical visit, by urban-rural residence, 2013-2015**



No statistically significant differences in Vermont, or between Vermont and US data by residence.

## Vermont Strategies.

- Facilitate a reproductive health workgroup, to enhance Vermont's family planning system
- Collaborate with the Vermont Blueprint for Health on the Women's Health Initiative to support women's health specialty practices to increase capacity for enhanced psychosocial screening and improved access to long acting reversible contraception (LARC)
- Expand the use of *One Key Question* to promote pregnancy intention screening and targeted preconception and family planning counseling, in primary care
- Identify and develop promotional and educational tools and materials on preconception health and family planning for distribution to health care providers and community partners and consumers
- Work collaboratively with WIC and Nurse Family Part-

nership to ensure preconception health planning and pregnancy spacing counseling with clients

- Work collaboratively with the Vermont chapter of ACOG to provide training and organizational support to ensure key public health messaging/ content is integrated into clinical services
- Promote strategies to health care providers to prevent and address the issue of reproductive coercion and domestic violence in Vermont
- Expand the reach of Text4Baby in Vermont
- Identify and work with key community partners that serve Vermont's New American population to identify outreach and engagement strategies to promote messaging around unintentional pregnancy, prenatal care, interpregnancy spacing, and other public health issues

## Data Issues.

\*Due to small Vermont sample size, interpret with caution. Vermont's relatively small sample sizes are often associated with suppressed data or wide confidence intervals, hindering interpretation in these subgroup analyses.

## Data Sources.

2011-2015 [Behavioral Risk Factor Surveillance System](#) (BRFSS). The BRFSS is a random and anonymous telephone survey that tracks adult health-related risk behaviors, chronic health conditions, and use of preventive services. The data presented above are based on self-report.

## Contact.

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