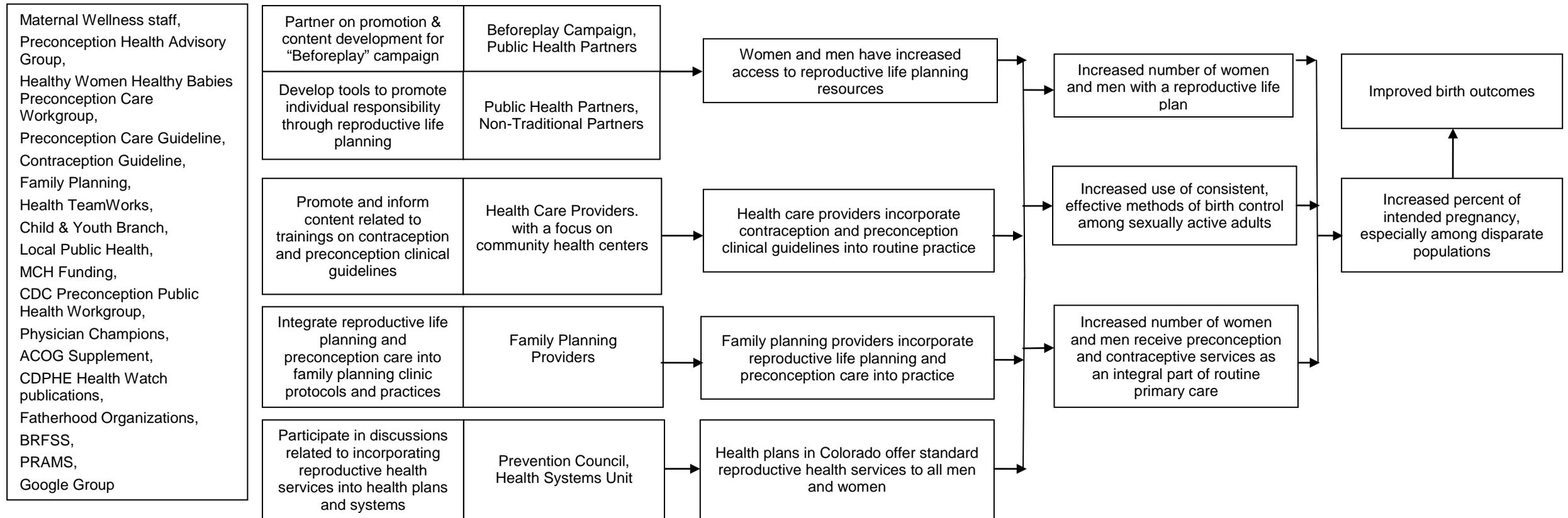


# Colorado Maternal & Child Health State Logic Model - FINAL

## Preconception Health: Intended Pregnancy

<b>Overarching Goal:</b> Optimal health and well-being for the Maternal & Child Health (MCH) population in Colorado						
INPUTS	OUTPUTS		OUTCOMES			IMPACT
	Strategies	Participation	Short Term Accomplished in 1-3 years		Medium Term Accomplished in 4-6 years	Long Term Accomplished in 7-10 years



**Logic Assumptions**

Efforts to address intended pregnancy through MCH will be partnered with the Colorado Family Planning Initiative efforts. The Centers for Disease Control and Prevention Workgroup on Preconception Health and Health Care concluded there was good evidence to support the recommendation that routine health promotion activities for all women of reproductive age should begin with screening women about their intentions to become or not become pregnant in the short and long-term and their risk of conceiving. Unintended pregnancies are associated with poor birth outcomes such as low birthweight, preterm birth, and birth defects. Preconception health messages will be incorporated into broad initiatives to address reproductive health services. The state role includes promoting these concepts through social marketing, clinical guidelines and protocols, and development of standards for health plans as a component of the Affordable Care Act requirements. Health Care Providers include primary care, family planning, community health center and OB/GYN practices. Non-traditional partners include family resource centers, vocational schools, colleges/universities, community and faith-based organizations, etc.)

**External Factors**

Decreasing unintended pregnancy is one of Colorado's Winnable Battles and efforts are in place to collaborate with the Departments of Health Care Policy & Financing and Human Services. Preconception care, preconception health and reproductive life planning are part of Colorado Family Planning work plans and a Federal requirement for Title X funding of Family Planning clinics. As of July 1, 2012, all new health plans are required to provide with no cost-sharing all FDA-approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity.