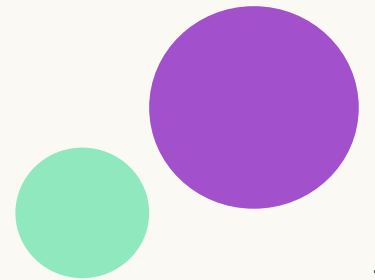


upstream USA

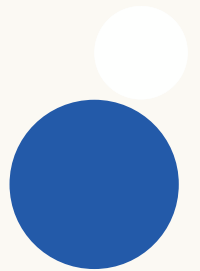
Championing North Carolina Preconception and Interconception Health

Poll Time!

Upstream Familiarity



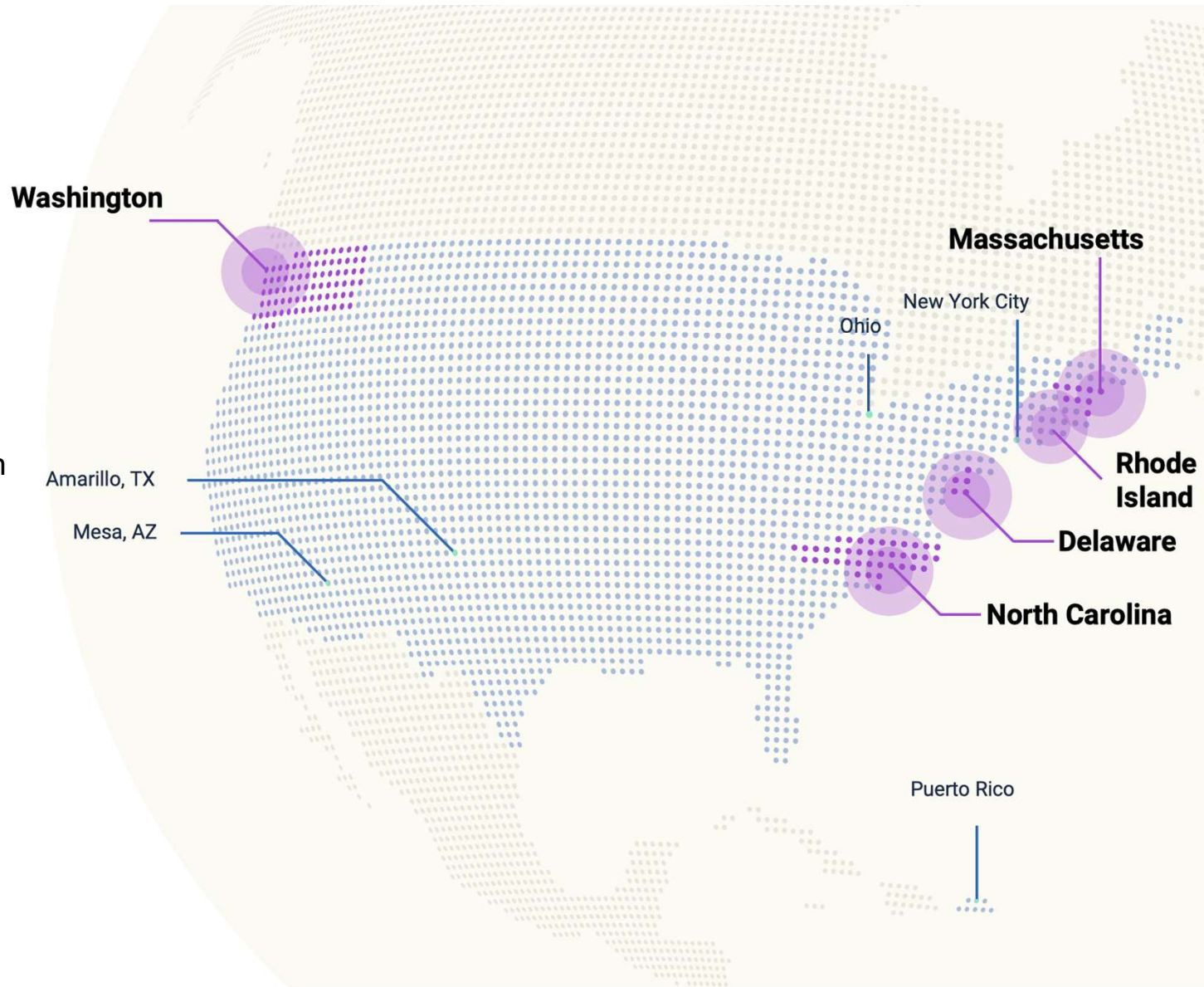
Upstream USA works to expand opportunity by reducing unplanned pregnancy across the U.S. We work in partnership with health centers to strengthen reproductive care and autonomy, and increase equitable access to the full range of contraceptive options.



Where we work

Upstream has worked across the United States, and is now engaged in five state-based efforts in **Delaware, Massachusetts, Washington, North Carolina and Rhode Island**.

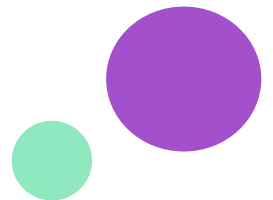
We are on track to reach more than **1 million women by 2024**.



Upstream is a reproductive health organization that utilizes a Reproductive Justice framework to inform our program.

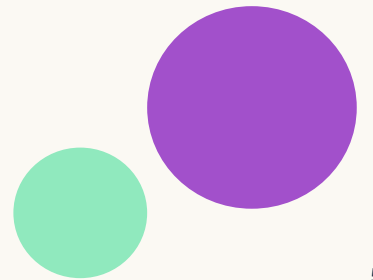
- Inducted **reproductive justice advocates and scholars** on our NC Advisory Committee
- Signed the **LARC Statement of Principles** for use in training and program curriculum development
- Engaged patients, stakeholders and reproductive justice organizations to obtain **feedback** on our program and materials
- Highlight **reproductive coercion, oppression, bias, and racism** in agency training and in implementation coaching with staff and providers
- **Support policy priorities** that address racial disparities in maternal and infant health outcomes, reproductive coercion, and social determinants of health


Read more on our [website](#).



Poll Time!

NC Unplanned Pregnancy Rate



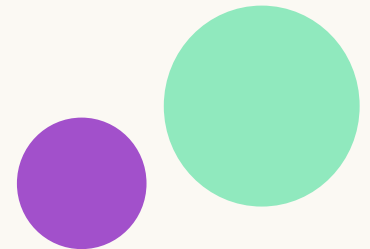


Almost half of pregnancies in NC are unplanned.

NC ranks as **13th** highest in national infant mortality rate.

Most unplanned pregnancies occur to women who are not using contraception or are using a method that doesn't work well for them.

What are some barriers that you think agencies may face in providing contraceptives?



Many patients face barriers when accessing birth control.



**Provider & Staff
Training**



Workflow



**Unnecessary
Appointments**



**Inconsistent
Counseling**



Billing & Coding



Stocking Full Range

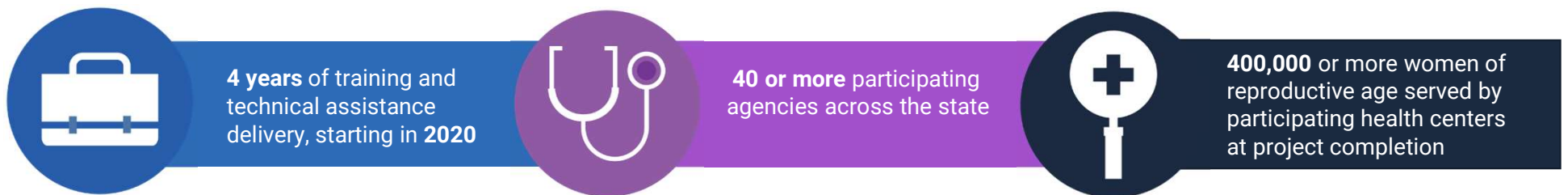
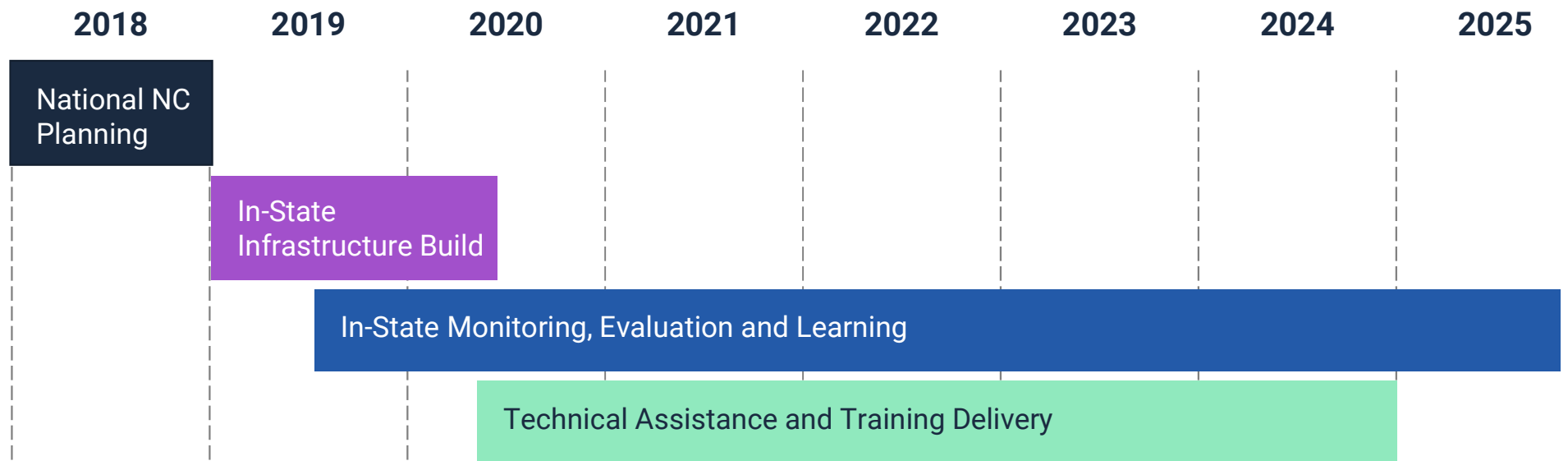


Bias & Coercion



COVID-19

Our Intervention Timeline



The Upstream Model

Phase 0: Administration

Build the foundation for
data-driven
implementation

Phase 1: Agency Readiness

Establish Project Roles
Identify Barriers to Contraceptive Care
Formulate Plan for Technical
Assistance

Phase 2: Technical Assistance and Site Readiness

Deliver necessary changes in workflow,
policies, and procedures to prepare
post-training implementation.

Phase 3: Training

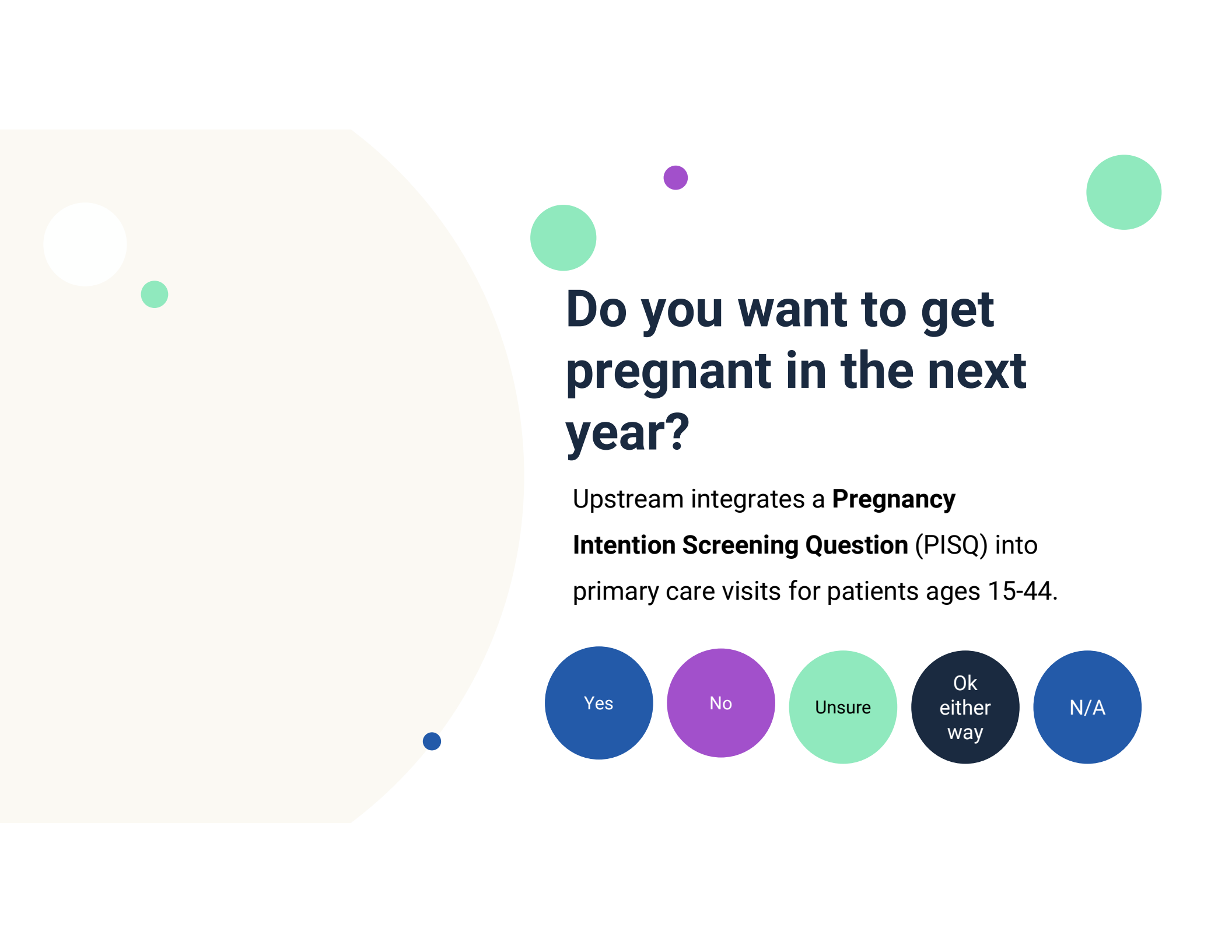
Support staff and
clinicians are trained

Phase 4: Ongoing Quality Improvement

Implementation coaching begins
Quality improvement initiates data
reviews.

Phase 5: Sustainability & Maintenance

Operationalize and ensure the
sustainability of practice changes



Do you want to get pregnant in the next year?

Upstream integrates a **Pregnancy Intention Screening Question (PISQ)** into primary care visits for patients ages 15-44.

Yes

No

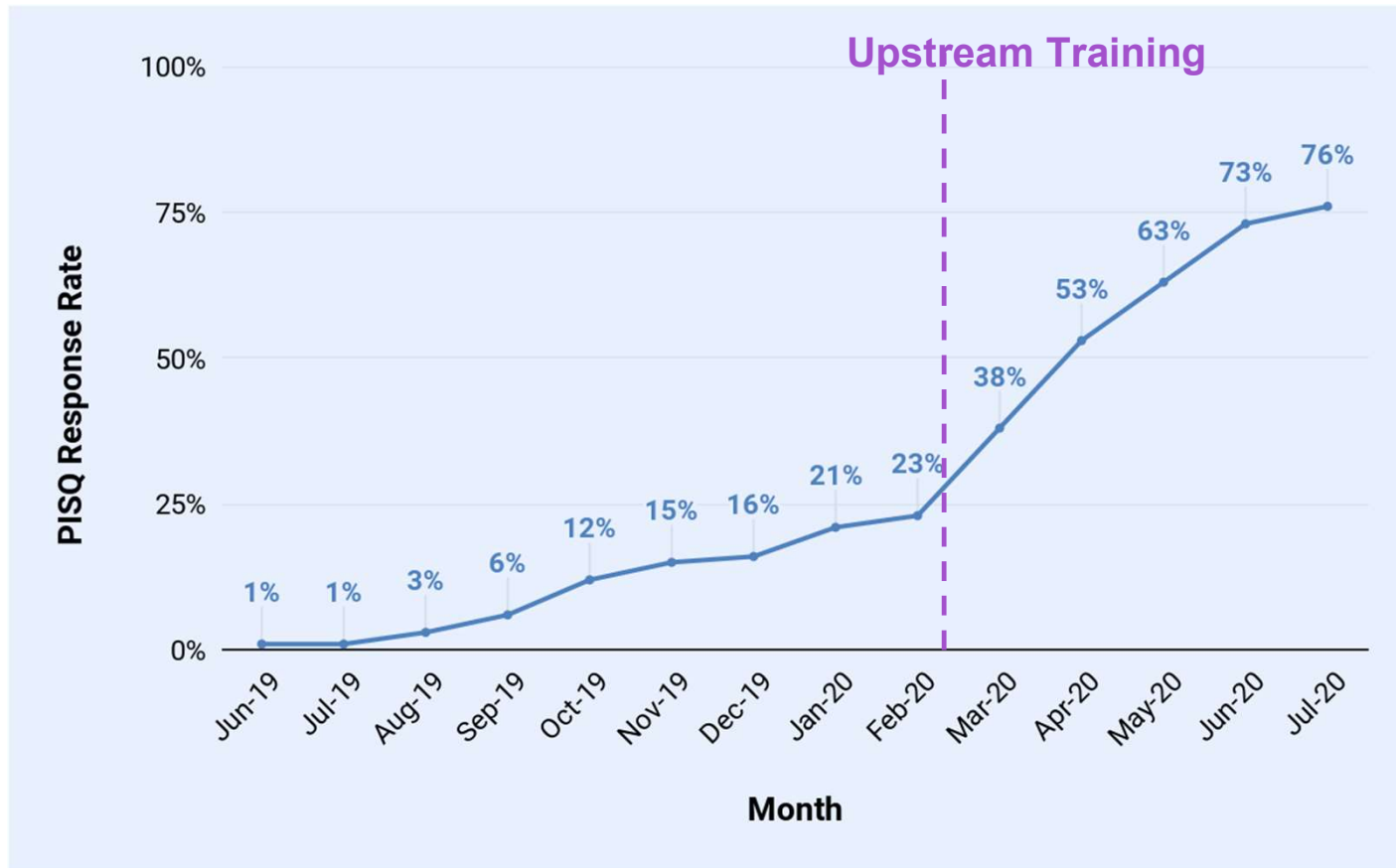
Unsure

Ok
either
way

N/A

PISQ Response Rate

Harvard Street Neighborhood Health Center in Massachusetts



Upstream Family Planning Measures

We collect data to monitor your success and demonstrate impact

**Pregnancy
Intention
Screening
Question**

**Contraceptive
Counseling**

**Provision of
Most/Mod
Effective
Contraception***

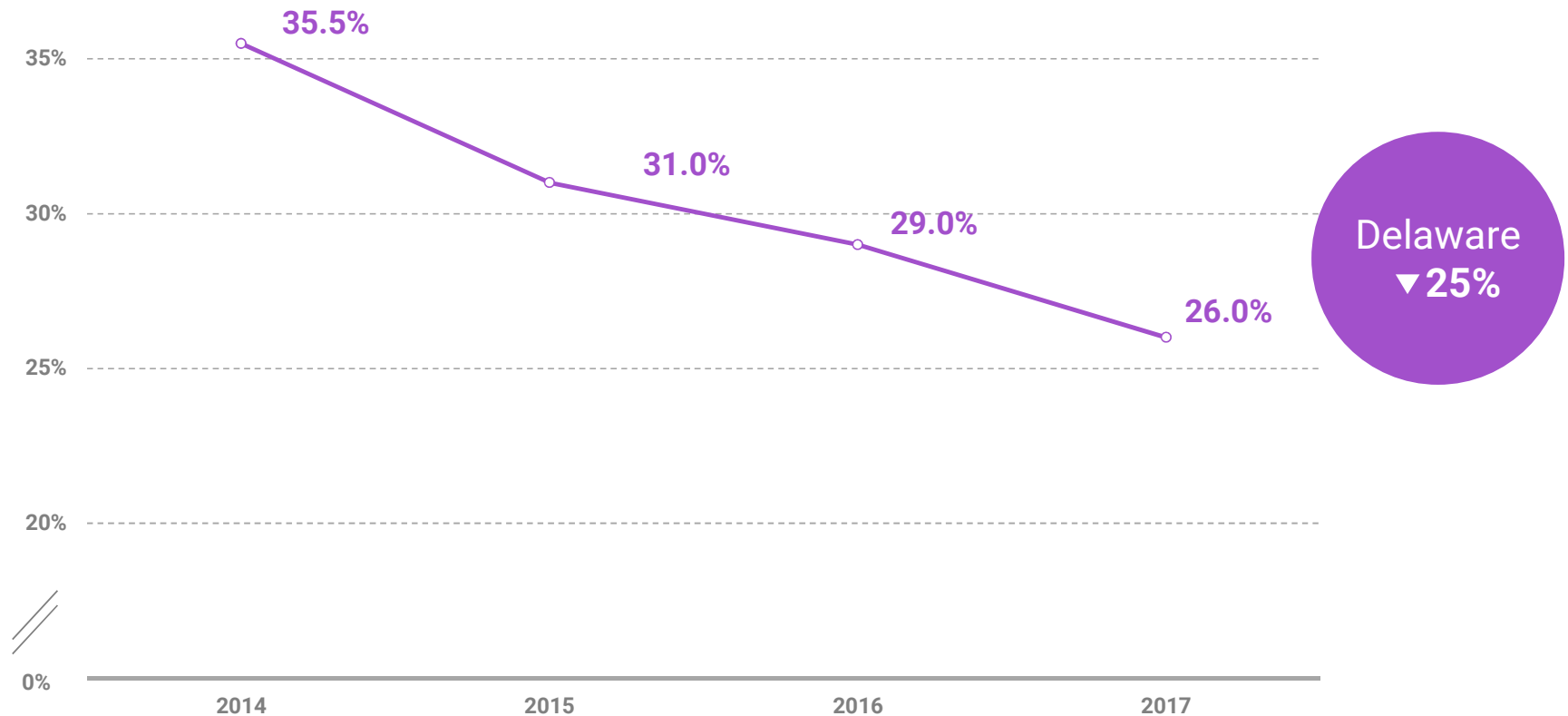
**Contraceptive
End Method
Use**

**LARC
Placements &
Removals***

**Immediate
Postpartum
Contraceptive
Provision***

**Immediate
Postpartum
Contraceptive
Plan**

Delaware experienced a 25% drop in births from pregnancies wanted later or not wanted (unintended)



"Prevalence of Selected Maternal and Child Health Indicators* for Delaware, Pregnancy Risk Assessment Monitoring System (PRAMS), 2012-2015" and
"Prevalence of Selected Maternal and Child Health Indicators for Delaware, Pregnancy Risk Assessment Monitoring System (PRAMS), 2016-2017"



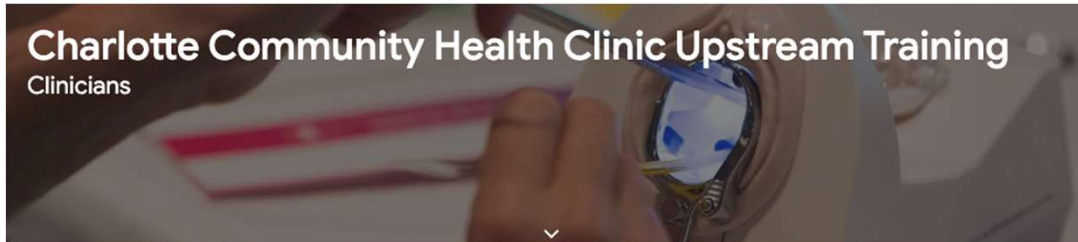
Contraceptive Care Training

Upstream provides **virtual** training. These sessions are delivered to all health care providers and staff to expand contraceptive knowledge, and build counseling and clinical skills.

Training

For Support staff:

- e-Learning: 3 hours
- Live Zoom sessions: 3 hours



For Clinicians:

- e-Learning: 2 hours
- Live Zoom sessions: 3.5 hours
- IUD Practicum: 1.5 hours (*non-accredited*)

Maximum of 6.25 CME/CE credits

Cabarrus Health Alliance

“It was important that we were all together today so we can be the best champion for our patients and their reproductive choices. I’m so excited to see how engaged they were in this virtual training.”

– Suzanne Knight, MPH, BSN, RN, Clinical Director

	Knowledge Score Pre-Training	Knowledge Score Post-Training	Percentage Point Increase
Support Staff	65%	83%	18%
Clinicians	78%	85%	7%

89%

of support staff would recommend this training to others.

100%

of clinicians would recommend this training to others.

North Carolina Agency Partners

**Alamance County Health
Departments**

**Albemarle Regional Health
Services**

**Appalachian Mountain
Community Health Centers**

Atrium Health

**Buncombe County Health and
Human Services**

Cabarrus Health Alliance

**Charlotte Community Health
Clinic**

CommWell Health

Cone Health

**Gaston County Department of
Health & Human Services**

**Guilford County Health
Department**

Kintegra Health

**Mecklenburg County Health
Department**

Nash County Health Department

Novant Health

Piedmont Health Services, Inc.

**Planned Parenthood South
Atlantic**

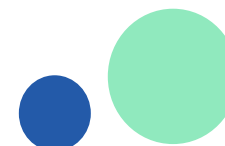
**Rowan County Health
Department**

Union County Public Health

Wake County Human Services

Wake Forest Baptist Health

Women's Birth Wellness Center



Upstream North Carolina Advisory Committee



Dr. Ophelia Garmon-Brown

Chairwoman &
Executive Ambassador



Dr. Adam Zolotor

Professor, UNC School
of Medicine, Family
Medicine



Jenny Black

President & CEO,
Planned Parenthood
South Atlantic



Kay Mitchell, CNM

Perinatal and Neonatal
Outreach Coordinator,
Vidant Health



Randy Jordan, JD

CEO, NC Association of Free
and Charitable Clinics



Tanya Bass, MS

Reproductive Justice
Advocate, Founder,
NCSEXCON



Dr. Augustus Parker

OB/GYN,
Novant Health



Dr. Jennifer Mullendore

Representative, North
Carolina Academy of
Family Physicians



Dr. Kinneil Coltman, DHA

Senior Vice President,
Chief Community &
External Affairs Officer,
Atrium Health



Rocio Anderson

Former State Coordinator, NC
Preconception Health
Campaign, March of Dimes



Dr. Tanya Pratt

OB/GYN,
Cone Health



Belinda Pettiford, MPH

Branch Head, Women's
Health Branch, NC DHHS



Dr. Jes Morse

OB/GYN,
Associate Professor,
UNC Family Planning



Libby Lawson, M.Ed., RN

Clinical Quality Contractor, NC
Community Health Care
Association



Dr. Ronny Bell

Chair, NC American Indian
Health Board, Chair, Public
Health, ECU



Walker Wilson

Assistant Secretary for
Policy, NC DHHS



Christian Adams, MSW

Membership and
Development
Coordinator, SisterSong



Dr. Jonas Swartz

OB/GYN,
Duke Health



Maggie Behm,

Patient Advocate,
App. State University



Schquithia Peacock, FNP

NC Nurses Association
Chair, Council of Nurse Practitioners



Dr. Katie Borders

OB/GYN,
Member-at-Large
NC ACOG



Stacie Saunders, MPH

Public Health Director,
Buncombe County

North Carolina Reproductive Life Planning Summit

How can we improve equitable access to high-quality, comprehensive, non-coercive family planning care?

Highlights:

- 100 Reproductive Life Planning Stakeholders
- Keynote: Dr. Mandy Cohen
- Focus on Reproductive Justice
- Roundtable discussions created and refined RLP policy priorities





“Upstream’s model and intervention with providers will help to ensure that women across North Carolina are empowered to decide if and when they want to become pregnant by providing access to the full range of contraceptive methods in a single visit. DHHS is committed to supporting this work, which will have positive ripple effects for women, children, and families across North Carolina.”

Dr. Mandy Cohen

Secretary, NC Department of Health and Human Services

Shared Policy Priorities for Maternal Health

- Close the coverage gap through Medicaid Expansion
- Administrative changes that would allow automatic rollover from Medicaid for Pregnant Women (MPW) to BE SMART, the NC Family Planning Amendment
- Expand Medicaid for Pregnant Women (MPW) for all pregnant residents of NC, including women who are non-citizens
- Extend MPW to one year postpartum (currently 60 days postpartum)



“We know we have a lot of things that are not in place, but we are excited about this partnership. We can't wait for Upstream to come in and help us work on improving.”

- Marie Brown, Assistant Medical Director, FNP,
Charlotte Community Health Clinic



Contact us:

nc@upstream.org

Sign up to receive the latest updates
from our NC State Project

mailchi.mp/upstream/nc

Visit our new website:

upstream.org/

Questions?