



January 12, 2011

Karen Helsing, MHS  
Study Director  
Institute of Medicine of the National Academies  
The Keck Center  
500 Fifth Street, NW  
Washington, DC

RE: Comments on Preventive Services for Women

Dear Ms. Helsing:

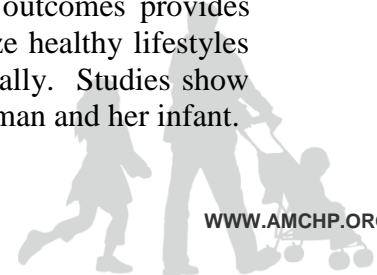
The Association of Maternal & Child Health Programs (AMCHP) appreciates the opportunity to comment on the development of evidence-based comprehensive guidelines for women's preventive services. AMCHP is the national organization representing state and territorial maternal and child health program directors whose mission is to improve the health and well-being of all women, children, and families, including children and youth with special health care needs. Enumerated below are AMCHP's recommendations for preventive services that should be covered by all health insurance plans and provided with no cost-sharing.

### **Comprehensive Well Woman Visits**

AMCHP strongly encourages the committee to include coverage of a "well woman" benefit consisting of coverage of routine preventive visits (at unspecified intervals and including a pre-pregnancy checkup known as a preconception care visit) to assess risks, identify, and treat, previously undiagnosed chronic illnesses and conditions, and provide health promotion counseling. Although prenatal care has long been a focus and continues to remain essential to healthy pregnancies, the value of long-term health for women is recognized as making further improvements in infant and women's health. The opportunity to improve health via comprehensive well women visits will provide enormous public health benefits by establishing a system for a continuum of care tailored towards women's unique reproductive and other health care needs whether or not they choose to become parents. Building the infrastructure to address women's health care needs throughout the lifespan will go a long way to promote health and prevent many chronic diseases such as diabetes.

### **Preconception Care Visit**

AMCHP strongly encourages the committee to include a preconception health visit as a requirement for all health plans with no cost sharing. This provision will greatly expand women's access to preventive health services before pregnancy thus supporting healthier birth outcomes. The opportunity to improve maternal, fetal, and infant health outcomes provides enormous public health benefits and supports a strong rationale to emphasize healthy lifestyles before a woman becomes pregnant during the preconception period specifically. Studies show that preconception and interconception care can improve the health of the woman and her infant.



Additionally, women often do not realize that they are pregnant in the first few weeks, and the first prenatal visit with a health care provider typically does not occur before 6-12 weeks after conception. Beginning care at this point misses opportunities to intervene before the crucial early weeks of fetal development. During the first weeks of pregnancy exposure to alcohol, tobacco and other drugs and lack of essential vitamins, such as folate, can adversely affect fetal development and result in pregnancy complications and poor outcomes for both the woman and infant.

Preconception care (including interconception care) is defined by the Centers for Disease Control and Prevention (CDC) as a set of interventions that aim to identify and modify biomedical, behavioral and social risks to a woman's health or pregnancy outcome through prevention and management. Some specific examples of interventions include: counseling on drug and alcohol use, nutrition, and controlling chronic conditions such as diabetes. The evidence for the content of preconception care has been extensively reviewed and was published in the American Journal of Obstetrics and Gynecology in 2008.

A special report on preconception care, issued jointly in 2006 by the CDC/ATSDR Preconception Care Work Group and the Select Panel on Preconception Care, identifies the health of women of reproductive age as a critical aspect of population health, not only in relation to the health of women themselves, but that of their children, as well. The CDC made national recommendations for increasing emphasis on preconception care, including a recommendation for preconception visits. While many of these services are part of the U.S. Preventive Task Force recommendations for preventive care, the preconception care or well woman visit itself may not be provided without cost sharing so we therefore recommend its inclusion.

### **Family Planning**

AMCHP recommends that all women of childbearing age should have access to family planning counseling and all Food and Drug Administration (FDA) approved contraceptives drugs and devices with no cost sharing. Family planning services are an essential preventive service for women and critical to appropriately spacing and ensuring intended pregnancies which results in improved maternal health and better birth outcomes.

The evidence in support of family planning to prevent unintended pregnancies was synthesized in the 1995 Institute of Medicine Report, *The Best Intentions: Unintended Pregnancy and the Well-Being of Children and Families*. The report called for a campaign to reduce unintended pregnancy that had increasing access to contraception as one of its four main goals. Contraceptive costs were cited as an important barrier to access.

In the United States approximately half of all pregnancies are unplanned. Studies indicate that unintended pregnancies often times result in delays in initiating prenatal care, in poor maternal mental health, and in less likelihood of breastfeeding. Additionally, if a woman becomes pregnant too soon after a previous pregnancy her infant is at greater risk for serious complications including preterm birth and delivering a low birth weight infant. These complications can be very costly. According to a 2006 Institute of Medicine Report the annual

societal costs associated with preterm birth was \$26.2 billion. Inclusion of family planning services and supplies without cost-sharing should be included in the panel's recommendations.

### **Breast Pumps**

AMCHP encourages the committee to include breast pumps and nursing supplies as a preventive service to promote sustained breastfeeding which improves health outcomes for children. Total medical costs are lower for fully breastfed infants than never-breastfed infants since breastfed infants typically need fewer sick care visits, prescriptions and hospitalizations. Recently studies show that babies who are not exclusively breastfed for six months are more likely to develop a wide range of health problems including ear infections, diarrhea, and respiratory illnesses. Infants who are breastfed have better outcomes later in life including lower rates of obesity and asthma.

Unfortunately, one of the barriers for continuous and exclusive breastfeeding for six months is the cost of purchasing or renting breast pumps and nursing related supplies. Breast pumps and nursing supplies are expensive which may pose a financial burden on the mother. According to a study on the effects of maternal employment, during the early postpartum period as many as 40 to 50 percent of mothers return to work full time within six months of their infant's birth. Maternal employment is one of the most cited obstacles to initiation and continuation of breastfeeding. During this period of separation between a breastfeeding mother and her infant the mother needs to express breast milk to ensure supply continuation.

### **Oral Health**

According to the California Dental Association (CDA) Foundation's oral health during pregnancy evidence based guidelines, the current understanding of maternal and fetal physiology indicates that the benefits of providing dental care during pregnancy far outweigh potential risks. Moreover, controlling oral diseases in pregnant women has the potential to reduce the transmission of oral bacteria from mothers to their children. AMCHP urges the committee to include oral health for pregnant women as a preventive service. Maintaining good oral health is a key facet of overall health. Additionally, early access to oral health facilitates a dialogue with dentists about beginning and maintaining good oral hygiene for their infants.

### **Conclusion**

Thank you for the opportunity to provide recommendations from state Title V Maternal and Child Health leaders regarding evidence based comprehensive guidelines for women's preventive services. We look forward to continuing to be a resource to you and our members during the development and implementation of these guidelines. We appreciate your consideration.

Sincerely,



Michael Fraser, PhD  
Chief Executive Officer

