



Preconception Health and Health Care

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Good health before becoming pregnant is an important contributor to a healthy pregnancy and baby. This optimal health includes maintaining a healthy weight, managing chronic diseases, and being tobacco and substance-free. Studies have shown that being at an ideal body mass index (BMI) is important, as is eating a nutritious diet including adequate amounts of folic acid daily which has been shown to reduce the risk of certain birth defects. Smoking during pregnancy can increase the risk of miscarriage, infant mortality and low birth weight. Drinking alcohol or other substance use during pregnancy may cause long-term brain damage to the child, among other birth defects. Chronic disease, medications or exposure to chemicals may increase a woman's risk for adverse outcomes during pregnancies. These risks can be reviewed and addressed to reduce possible impact on a pregnant woman and her baby.

Many pregnancy outcomes are determined before health care providers meet with their patients for their first prenatal care visit. In many cases, critical periods of fetal development occur before a woman is aware of her pregnancy. Although early and regular prenatal care is important, planning for pregnancy and being at optimal health prior to pregnancy are keys to improving a woman's chance of having a healthy pregnancy and baby.

CDC Recommendations

In April 2006, the Centers for Disease Control and Prevention (CDC) released revised preconception care guidelines. The recommendations aim to: improve the knowledge and attitudes and behaviors of men and women related to preconception health; assure that all women of childbearing age in the United States receive preconception care services that will enable them to enter pregnancy in optimal health; reduce risks indicated by a previous adverse pregnancy outcome through interventions during the interconception period; and, reduce the disparities in adverse pregnancy outcomes.¹ The recommendations are:

- *Individual responsibility across the lifespan* – each woman, man and couple should be encouraged to have a reproductive life plan;

- *Consumer awareness* – increase public awareness of the importance of preconception health behaviors and preconception care services by using information and tools appropriate across various ages, literacy, and cultural and linguistic contexts;
- *Preventive visits* – as a part of primary care visits, provide risk assessment and educational and health promotion counseling to all women of childbearing age to reduce reproductive risks and improve pregnancy outcomes;
- *Interventions for identified risks* – increase the proportion of women receiving follow-up interventions to preconception risk screening, focusing on high priority interventions;
- *Interconception care* – use the interconception period to provide additional intensive interventions to women who have had a previous pregnancy with an adverse outcome;
- *Prepregnancy checkup* – offer, as a component of maternity care, one prepregnancy visit for couples and persons planning pregnancy;
- *Health insurance coverage for women with low incomes* – increase public and private health insurance coverage for women with low incomes to improve access to preventive women's health and preconception and interconception care;
- *Public health programs and strategies* – integrate components of preconception health into existing local public health and related programs, including emphasis on interconception interventions for women with previous adverse outcomes;
- *Research* – increase the evidence base and promote the use of the evidence to improve preconception health; and,
- *Monitoring improvements* – maximize public health surveillance and related research mechanisms to monitor preconception health.

The MCH Role

The Association of Maternal and Child Health Programs (AMCHP) promotes and advocates for quality health and care for women, families, children and youth, including those with special health care needs. As part of AMCHP's holistic view of women's health and well-being, the association believes that preconception health and care are central to improving

women's and perinatal health, assuring quality and effective care, and improved pregnancy outcomes. The CDC guidelines follow from this viewpoint, and many state maternal and child health (MCH) programs already function in ways that promote the holistic view of women's health and are an opportune place to implement many of the recommendations.

State MCH programs already collaborate with managed care organizations, community partners and local health departments to improve women's overall health. This includes providing and referring women to services for mental health, tobacco cessation and drug abuse, domestic violence and chronic conditions such as diabetes. These services and referrals improve women's health and in turn improve pregnancies and birth outcomes. MCH programs also organize consumer education campaigns which not only inform women about how to achieve a healthy pregnancy, but also educate partners and families supporting a woman during a pregnancy.

While the CDC recommendations note that a limited number of states are monitoring trends in access to pre- and interconception care and primary care for women of childbearing age, unintended pregnancy and other related topics,² the recommendations also highlight the Title V Information System, operated by the Maternal and Child Health Bureau in cooperation with state MCH programs, as an opportunity to strengthen public health surveillance and performance monitoring around preconception care.

State MCH programs already collect data using the Pregnancy Risk Assessment and Monitoring System (PRAMS) and utilize this data to improve prenatal and preconception health and care. Applying their data collection skills to issues surrounding preconception care can enable MCH agencies to establish priorities and improve birth outcomes in a more ef-

fective manner. For example, the Washington State Department of Health used PRAMS data to monitor prenatal care provider discussion with women about maternal risk behaviors. Based on this data, they developed a statewide project to improve women's preconception and prenatal health education by their health care providers.³

State Title V agencies and their partners can utilize the CDC guidelines to address disparities among minority and underserved women and infants through the lens of preconception and interception health and health care. Identifying high risk subpopulations with disparate pregnancy outcomes and implementing targeted interventions, particularly during the interconception period, will provide real opportunities to improve pregnancy outcomes. Additionally, the guidelines provide suggestions for Title V state and community partners to develop culturally and linguistically sensitive interventions to meet the needs of specific populations.

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This fact sheet was prepared by the Preconception Care Work Group of AMCHP's Emerging Issues Committee. For more information on preconception care and other maternal and child health issues, please visit the AMCHP website at www.amchp.org.

Endnotes

¹To view the full document on recommendations, visit: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5506a1.htm>.

²<http://springerlink.metapress.com/content/mn77u157695tx437/?p=9d81e0f389014370b0f0be47c74f8b3e&pi=1>

³http://www.cdc.gov/PRAMS/dataAct2002/prenatal_care.htm