Preconception Health Promotion: From Concept to Practice

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Preconception Health in Fifteen Minutes?

USA Today Approach—The Headlines and Little More

- What is this thing called “preconception” health care?
- Why is it important?
- When should it be done?
- Who should do it?
- How should it be done?
WHAT is this thing called “preconception health care”? 
WHAT Is Preconception Health?

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, emphasizing those factors which must be acted on before conception or early in pregnancy to have maximal impact.

CDC’s Select Panel on Preconception Care, June 2005
My Current Favorite Definition of Preconception Care

“Any intervention provided to women of childbearing age, regardless of pregnancy status or desire, before pregnancy, to improve health outcomes for women, newborns and children.”

Clearly underscores that improving women’s health status is a good unto itself and implies that some pregnancies may not be planned!!

WHY Is It Important?
We Ask Too Much of Prenatal Care:

“As attractive and relatively inexpensive as prenatal care is, a medical model directed at a 6-8 month interval in a woman’s life cannot erase the influence of years of social, economic, [physical] and emotional distress and hardship.”

Dillard R, NCMJ,
In obstetrics. . .

most outcomes and known contributors to poor outcomes are already present before we ever meet our pregnant patients
Important Examples

- Intendedness of conception
- Interpregnancy interval
- Maternal weight
- Maternal age
- Abnormal placentation
- Chronic disease control
- Congenital anomalies
- Timing of entry into prenatal care
Over time, it has come to be recognized that Prepregnancy Health Status and Preconception Health Care provide pathways to the Primary Prevention of many poor pregnancy outcomes beyond that available through traditional prenatal care.
Summary

- Prenatal care, the usual approach to prevention of poor pregnancy outcomes, is largely ineffective in meeting primary prevention needs of pregnant women and unborn children.

- Impacting the health of this and the next generations requires new prevention approaches through an emphasis on women’s health and the life course perspective.
WHEN should it be done?
Women’s health care in this country (and many others) have evolved into categorical, disjointed services that largely address a woman’s current reproductive status rather than her general preventive health needs or her likely life course.

50% of pregnancies in US are self-identified as “unintended”
Over the last decades many projects have been undertaken to break down the silo walls to transform categorical services to a focus on preventive services, including preconception health promotion, for

“Every Woman, Every Time”
What Drove the Course Correction?

- The health status and habits of women in the US places them at risk for short and long term morbidities and early mortalities.
- Promoting high levels of health in all women is likely to result in preconceptional health promotion for those who become pregnant.
- Categorical care serves programs not people.
- And...nearly 50% of pregnancies in the US are categorized as unintended.
“Every Woman—Every Time” is Opportunistic Care

- Takes advantage of all health care encounters to stress prevention opportunities throughout the lifespan
- Addresses conception and contraception choices at every encounter
- Involves all medical specialties—not only those directly involved in reproductive health
WHO Should Do It?
“If you take care of women of reproductive age, it’s not a question of whether you provide preconception care, rather it’s a question of what kind of preconception care you are providing.”

Joseph Stanford
HOW Should It Be Done?
The Three Tier Approach for Prevention and Follow-Up to Prevent the Preventable

- Public awareness (social marketing)
- Routine preventive services (“every woman, every time”)
- Specialty Care (known high risk factors such as: previous PTB, previous fetal/neonatal death, chronic disease; etc.)
Issues in Consumer Awareness

- Few (professionals, patients, men, future grandmothers, etc.) understand how important the earliest weeks of pregnancy are.
- Women most in need of preconceptional health promotion are often those least likely to have intended conceptions.
- Considerations include how to best reach various age groups, literacy levels, cultures and languages and how to avoid framing all women as awaiting pregnancy.
Consumer Awareness

- **Objective:** Increase preconception knowledge, awareness, and behavior among women of childbearing age

- **KEY STRATEGY:** Develop, implement and evaluate a preconception health social marketing campaign

- Segmented population into “planners” and “non-planners”

- Visit [www.cdc.gov/showyourlove](http://www.cdc.gov/showyourlove) or [www.cdc.gov/quiere](http://www.cdc.gov/quiere)
Basis for “Show Your Love” Campaign

- Women are nurturing, juggling many things and caring for others
- Women need to love themselves by taking care of their health
- Good health can help a woman achieve her goals and dreams
- Women can show love to their future baby by loving themselves now
Helping Providers Incorporate Preconception Orientation to “Routine Preventive Services”?
Why This Focus, NOW? We Have Need and Opportunity

- The data is clear that a majority of women receive health care services every year but are not experiencing basic health promotion/disease prevention emphases in their encounters.
- ACA is projected to increase the numbers of women seeking and receiving routine primary care.
- Providers are already overwhelmed by all of the demands on content and foci to be included in routine care—to be effective it MUST make sense and be easy.
- Kellogg Foundation elected to provide support to move the need for clinical guidance forward.
The Steering Committee did **NOT** want to

Focus on high risk women, first, but rather on the majority of women.

Frame preconception health promotion as a new silo in women’s preventive health care.
Ten Key Components of Toolkit
(chosen because standard components of primary care which also have preconception significance)

- Family Planning Guidance
- Nutritional status including nutrient intake and weight control
- Infection disease assessment, treatment and immunization status
- Chronic disease assessment and management
- Medication exposures
- Substance use including legal, illegal and illicit drugs
- Previous reproductive history
- Family/genetic history and risks
- Mental health history, status and risks during and beyond pregnancy
- Interpersonal violence
Specific Content of Toolkit Builds on Existing Resources


- Systematic review of the evidence in support of the clinical content of preconception care

- Reviewed > 80 topics using approach consistent with United States Preventive Services Task Force

- Available at www.beforeandbeyond.com
THE NATIONAL PRECONCEPTION CURRICULUM AND RESOURCES GUIDE FOR CLINICIANS

Before, Between, & Beyond Pregnancy

CME MODULES  MORE CE SOURCES  BREAKING NEWS  FOR NURSES
PRACTICE SUPPORTS  MODEL PROGRAMS  SLIDES FOR GROUPS  KEY ARTICLES AND GUIDANCE
The Benefits of a Systematic Approach to Women’s Wellness

- It is very likely that we will achieve better “before and between” pregnancy health status by addressing women’s wellness “every woman, every time”.
- Higher levels of women’s wellness before pregnancy will result in healthier pregnancy outcomes.
- Higher levels of women’s wellness will result in healthier women across the lifespan, thereby impacting “beyond pregnancy”
Advancing the Health and Well-being of Women of Reproductive Age

- Promotion of Lifelong Wellness
- Promotion of Desired and Healthy Future Pregnancies
- Promotion of Healthy Future Offspring