

## RECOMMENDATIONS TO IMPROVE PRECONCEPTION HEALTH AND HEALTH CARE IN THE U.S.<sup>(1)</sup>

Utilizing mounting evidence that pregnancy is too late to address poor maternal and birth outcomes, the U.S. Centers for Disease Control and Prevention (CDC) developed a strategic plan to improve the health of women and men of reproductive age so they may be in optimal reproductive health prior to pregnancy.<sup>(1)</sup>

Much is known about preconception care but there are no nationally accepted standards for preconception care (PCC) (prior to a first birth) and interconception care (ICC) (between births). Great differences exist in services provided by practitioners.<sup>(2)</sup> Consumers lack access to the knowledge they need to take responsibility for their reproductive health. Access is limited due to the high rate of uninsured and the lack of third party reimbursements for preconception and interconception (between births) visits.

The CDC released four goals and 10 recommendations with action steps that were guided by: research, the work of two expert panels (the CDC/ATSDR Preconception Care Work Group and the Select Panel on Preconception Care) and the information on promising models and best practices from the National Summit on Preconception Care in June of 2005. At the summit, presentations by Healthy Start programs, public health officials, the CDC, the March of Dimes, federally qualified health centers and many community and national partners provided evidence that the time is right to bring forth a national strategic plan for PCC.

### Healthy Start Has a Role

The CDC's report recommends analyzing and evaluating Healthy Start activities and supports program replication.<sup>(1)</sup> All Healthy Start programs are called to action to work with local, state and national public and private partners to develop and introduce preconception care standards into clinical practice. As an ongoing laboratory, Healthy Start programs and their partners in PCC need to be armed with the latest information. This recognition is a result of the hard work of the almost 100 Healthy Start programs located in communities throughout the U.S. with a history of poor birth outcomes.

#### **Preconceptional Care (PCC) Goals<sup>(1,p9)</sup>**

1. *Improve the knowledge and attitudes and behaviors of men and women related to preconception health.*
2. *Assure that all*

#### **Preconception Care Recommendations.<sup>(1)</sup>**

*"The recommendations focus on changes in consumer knowledge, clinical practice, public health programs, health-care financing, and data and research activities...and, when implemented, can yield results within 2–5 years."(1.p1)*

Recommendations and action steps are not in order of priority or time sequence, but all are suggested for simultaneous action and implementation.

### **Recommendations and Action Steps**

1. *Individual Responsibility across the Lifespan*
2. *Consumer Awareness.*
3. *Preventive Visits.*
4. *Interventions for Identified Risks*
5. *Interconception Care*
6. *Prepregnancy Checkup*
7. *Health Insurance Coverage for Women with Low Incomes*
8. *Public Health Programs and Strategies*
9. *Research*

### **A Large Population of Consumers to Reach with PCC and ICC**

In 2000, over 44% or over 124 million U.S. men and women were of childbearing age (between 15 and 44 years of age).<sup>(1,3)</sup>...Fifty percent of all women gave birth to at least one child by age 25 and 85% by age 44.<sup>(4)</sup>

Both men and women are the targets for PCC because they will become pregnant or be the partner of someone who becomes pregnant once or more. Social marketing campaigns are needed to arm consumers with knowledge and planning tools to change behaviors and seek appropriate care.

### **Many Provider Types to Involve in PCC Educational Campaigns**

*“In the action steps, persons, public health and clinical providers, communities, governments (i.e., local, state, and federal), and professional organizations all have roles.”<sup>(1,p9)</sup>*

Educational campaigns must target not only the traditional providers (e.g. pediatricians, obstetricians and gynecologists), but a broad array of health caregivers and disciplines who are not normally considering reproductive health, such as dentists, family practitioners, internists, mental health professionals and general practitioners.<sup>(2)</sup> In addition, these providers will need tools to assist in counseling.

### **Preconception/Interconception Planning Tools Support Personal Responsibility**

Evidence-based health care planning tools have proven their worth assisting consumers maintain updated vaccinations and appointments,<sup>(5)</sup> reduce weight, prevent or ameliorate the affects of chronic diseases, such as cardio-vascular disease,<sup>(6)</sup> diabetes,<sup>(7)</sup> and asthma<sup>(8)</sup> and planning in emergencies (e.g., hurricanes or terrorism). Yet, they are not used in assisting individuals to take personal responsibility for being in the best possible health as they take on the awesome responsibility of conceiving a future generation. Effectiveness requires developing tools for various population groups and they therefore must be age, literacy level, culturally and linguistically appropriate.<sup>(1)</sup> In addition, “...*these recommendations are designed to reduce disparities in maternal and infant health by improving the preconception health of women and men.*”<sup>(1,p9)</sup> Healthy Start programs can be a major support to this effort since they work in areas